

# K-12 SUPPORTIVE GUIDANCE

## • FOR SUMMER 2020 •

### REOPENING GUIDANCE FOR K-12 SUMMER ACTIVITIES

The State of Louisiana has been focused on following the guidance of experts in public health when making decisions about the reopening of facilities and resumption of activities statewide. Louisiana’s plan for reopening outlines a set of phases that are initiated once certain public health criteria are met. Throughout these phases, restrictions will be gradually relaxed, allowing greater flexibility, including as it relates to the operation of summer programming in schools.

In Phases 1, 2, and 3, summer activities on K-12 campuses may occur with certain **restrictions in place**. The Louisiana Department of Education (LDOE), in consultation with the State of Louisiana Office of Public Health, offers the following supporting guidance in order to assist K-12 schools in adhering to public health guidelines and ensuring the health and safety of their children and staff.

*NOTE: Guidance may change in accordance with updates from the Centers for Disease Control (CDC) and Louisiana’s Office of Public Health. Guidance is based on current medical knowledge of how COVID-19 is transmitted, primarily through close physical contact, vocal and musical activities during which aerosol particles might be emitted, and touching shared surface or objects.*

For information regarding coronavirus 2019/COVID 19, please visit the LDH website and CDC website: <https://www.ldh.la.gov/coronavirus> and <https://www.cdc.gov/coronavirus/2019-ncov/index.html>, and follow the below general guidelines.

Protecting Yourself and Others in Louisiana		
<b>Practice Social Distancing</b>	<b>Wash Your Hands, Cover Your Cough</b>	<b>Take Caution with Louisianans Who Are at Risk</b>
Even if you feel well, stay at home as much as possible. In public, keep at least six feet distance from others. Avoid unnecessary appointments.	Cover your cough and sneezes. Use your elbow or a tissue. Avoid touching your eyes, nose and mouth.	Take special caution to avoid exposing the elderly and people with underlying health conditions. Avoid visiting those most at risk, and call instead. Offer to help with groceries and other needs.



# CHECKLIST FOR SUMMER CAMPS, SUMMER SCHOOL, AND EXTRACURRICULAR ACTIVITIES

The following sections contain both required actions and supportive guidance for keeping children and staff healthy and safe at summer camps, summer schools, and in extracurricular activities.

Required actions that **must be taken for safe operations per the guidance issued by the State Office of Public Health** are contained in this **memorandum**. All other content is non-binding guidance to support schools in keeping students and staff well.

Category	No.	Checklist Item
<b>Group Size and Physical Standards</b>	1.	Implement social distancing strategies
	2.	Change parent drop-off and pick-up processes to limit contact
	3.	Ensure extracurricular and athletic activities follow established safety and hygiene protocols
<b>Symptom Monitoring</b>	4.	Require sick students and staff to stay home
	5.	Screen students for sickness upon arrival
	6.	Implement isolation measures if a student becomes sick, and follow with a cleaning and disinfecting processes
	7.	Address vulnerable individuals
<b>Environmental Cleaning and Personal Hygiene</b>	8.	Ensure healthy personal hygiene
	9.	Intensify cleaning and disinfecting efforts
<b>Additional Operating Considerations</b>	10.	Ensure healthy food preparation and meal service
	11.	Ensure transportation staff are following safety and hygiene protocols

**Updated transportation guidance was added to this document on May 18, 2020.**

**Please reference the added transportation section in Number 1 and Number 11 for updated transportation guidance**

# GROUP SIZE AND PHYSICAL STANDARDS

## NUMBER 1: IMPLEMENT SOCIAL DISTANCING MEASURES

Establish and maintain static groups for the maximum duration of any summer school, camp, or extracurricular program.

<b>Group size</b>	<b>Phase 1:</b> 10, including adults <b>Phase 2:</b> 25, including adults <b>Phase 3:</b> 50, including adults
<b>Groups</b>	<ul style="list-style-type: none"><li>• Groups convene indoors in rooms enclosed by walls or partitions</li><li>• Groups do not convene in shared indoor spaces unless they are cleaned before and after the group's use</li><li>• Groups are separated outdoors but do not require a physical barrier<ul style="list-style-type: none"><li>» <b>Phase 1 and 2:</b> refrain from contact sports</li><li>» <b>Phase 3:</b> contact sports are allowable within defined groups</li></ul></li><li>• Groups are separated in pools by lane lines or ropes</li><li>• Groups pass singly through entry and exit points</li></ul>
<b>Transportation</b>	<b>In Phase 1:</b> <ul style="list-style-type: none"><li>• School bus passengers ride one per seat with every other seat empty<ul style="list-style-type: none"><li>» Members of the same household may sit in the same seat or adjacent seats, with an empty seat between household groups</li></ul></li><li>• The maximum number of passengers, including adults, should not exceed 25 percent of the school bus's capacity</li><li>• To increase airflow, windows should be open to the maximum extent possible</li><li>• Assess each passenger's symptoms, including initial temperature check, before boarding the school bus. Riders that do not meet the temperature check must return home. Whenever possible, an aide should assess passengers' symptoms and temperature.</li><li>• High-touch surfaces are cleaned after each group's use</li><li>• The bus is cleaned and disinfected at least once per day</li></ul>

## NUMBER 2: CHANGE PARENT DROP-OFF AND PICK-UP PROCESSES TO LIMIT CONTACT

Establish **curbside drop-off and pick-up** to limit direct contact between parents and staff members.

- The plan for curbside drop-off and pick-up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- If children must be met outside, an assigned staff member from the child's static group should escort the child into the facility they arrive.
- Consider staggering arrival and drop-off times to manage the flow of students into and out of the facility.

Establish **hand hygiene stations** at the entrance to the facility so that children can clean their hands before they enter.

- If a sink with soap and water is not available, provide hand sanitizer with at least 60 percent alcohol and supervise its use.

Keep hand sanitizer out of the reach of children before and after use.

## NUMBER 3: ENSURE EXTRACURRICULAR AND ATHLETIC ACTIVITIES FOLLOW ESTABLISHED SAFETY AND HYGIENE PROTOCOLS

In Phase 1 and Phase 2, students should refrain from contact sports. In Phase 3, students may engage in contact sports *within their static group*. It is important to clean sporting equipment after each group's use.

There is no evidence that COVID-19 can be spread to humans through the water. Proper operation, maintenance, and disinfection (with chlorine or bromine) of pools should kill COVID-19. Individuals participating in organized water activities must be separated in pools by lane lines or ropes.

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# SYMPTOM MONITORING

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## NUMBER 4: REQUIRE SICK STUDENTS AND STAFF TO STAY HOME

Individuals who have a fever of 100.4°F or above, or other signs of illness, must not be admitted to the facility.

- Communicate to parents the importance of keeping children home when they are sick, the steps being taken to ensure the health and safety of their children, and other important information related to limiting COVID-19 exposure.
  - » See this [sample letter](#) to families. The letter to families should outline all health and safety precautions taken by your facility.
  - » Another sample can be found from [Child Care Aware of America](#).
- Communicate to staff the importance of being vigilant for symptoms and staying in touch with school leadership if or when they start to feel sick.
- Follow procedures to ensure that children and staff who come to summer camps, summer school, or extracurricular activities sick or who become sick while at your location are placed in isolation and sent home as soon as possible. See Section 6 for guidance on how to manage a student who becomes sick while at your location.

## NUMBER 5: SCREEN CHILDREN FOR ILLNESS UPON ARRIVAL

Individuals who have a fever of 100.4°F or above or other signs of illness must not be admitted to the facility. Participants must be screened for fever upon arrival as well as throughout the day.

- » Ask the parent/guardian to confirm that the student has not taken fever reducing medication in the last 24 hours and does not have shortness of breath, sore throat, or a cough.
- » Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing, fatigue, or, in young children, extreme or unusual fussiness.

**Examples of how to conduct temperature screenings are listed below.**

### *Example 1: Reliance on Barrier/Partition Controls*

1. Stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
2. Conduct temperature screening, following steps below
  - » Perform hand hygiene.
  - » Put on disposable gloves.
  - » Check the child's temperature, reaching around the partition or through the window.
  - » Make sure your face stays behind the barrier at all times during the screening.
  - » If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned between each check.
  - » If you use disposable or non-contact thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
  - » If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each child. You can reuse the same wipe as long as it remains wet.

### **Example 2: Reliance on Personal Protective Equipment**

1. If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within six feet of a child.
2. Upon arrival wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
3. Take the child's temperature.
  - » If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned between each check.
  - » If you use disposable or non-contact thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
  - » If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client.
  - » After each screening, remove and discard PPE, and wash hands.

## **NUMBER 6: IMPLEMENT ISOLATION MEASURES IF A STUDENT BECOMES SICK, AND FOLLOW WITH A CLEANING AND DISINFECTING PROCESSES**

It is important to establish a space to isolate students who become sick, and be prepared with a cleaning and disinfecting process.

- Create an isolation room or area, such as a cot in a corner of the classroom, a small office, or an empty classroom that can be used to isolate a sick student. Ensure proper adult supervision of an isolated child as needed and based on age.
- Follow CDC guidance on how to **disinfect the building** if someone is sick.
- If a sick child has been isolated in the facility, clean and disinfect surfaces in the isolation room or area after the sick child has gone home.

If COVID-19 is confirmed in a student or staff member:

- Close off areas used by the person who is sick.
- Open outside doors and windows to increase air circulation in those areas.
- Wait up to 24 hours, or as long as possible, to allow respiratory droplets to settle before cleaning or disinfecting.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms and common areas.
- If more than seven days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Simply continue routine cleaning and disinfecting.
- Follow **CDC Guidance** on home isolation.

## **NUMBER 7: ADDRESS VULNERABLE INDIVIDUALS**

**Federal guidance** indicates that elderly individuals and those with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer, might be at higher risk for severe illness from COVID-19.

Speak to the parents of children with health conditions to ensure that participation in the summer camp is approved by the child's physician.

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## PERSONAL HYGIENE

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### NUMBER 8: ENSURE HEALTHY PERSONAL HYGIENE

Adults and children, as able, should wear cloth masks. Children under two years old and individuals with severe breathing difficulties should not wear masks.

**All children and staff must engage in hand hygiene at least every two hours and at the following times:**

- Arrival and exit of the facility and after breaks
- Before and after using outdoor play equipment
- Before and after preparing, eating, or handling food or drinks, or feeding children
- Before and after administering medication or medical ointment
- After using the bathroom or helping a child use the bathroom
- After coming in contact with bodily fluid
- After handling animals or cleaning up animal waste
- After playing outdoors or in sand
- After handling garbage

Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60 percent alcohol can be used if soap and water are not readily available.

- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing who cannot wash hands alone. After assisting children with handwashing, staff should also wash their hands.

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## ENVIRONMENTAL CLEANING

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### NUMBER 9: INTENSIFY CLEANING AND DISINFECTING EFFORTS

- Every hour, **clean and disinfect** surfaces, bathrooms, and objects that are frequently touched, such as doorknobs, light switches, classroom sink handles, and countertops.
- Schedule and follow additional procedures for cleaning and disinfecting, including cleaning and sanitizing toys and other shared materials. All cleaning materials must be kept secure and out of reach of children.
- Do not share toys among static groups unless they are cleaned and sanitized before and after each group's use.
- Clean and sanitize toys.
  - » Reduce the number of toys in classrooms.
  - » Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves.
  - » Children's books, like other paper-based materials, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

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# OPERATIONAL STANDARDS

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## NUMBER 10: ENSURE HEALTHY FOOD PREPARATION AND MEAL SERVICE

- Serve meals in classrooms, rather than in cafeteria or group settings. If meals are typically served family-style, plate each student's meal to serve it so that multiple students are not using the same serving utensils.
- Sinks used for food preparation should not be used for any other purposes.
- Teachers must ensure that children wash hands prior to and immediately after eating.
- Teachers must wash their hands before preparing food and after helping children to eat.

For school food and nutrition professionals and volunteers working in meal preparation or distribution at a summer school or camp, potential sources of exposure include close contact with others on site with COVID-19 and touching one's nose, mouth, or eyes after touching surfaces or handling items that others infected with COVID-19 have touched. Currently, there is no evidence to support transmission of COVID-19 through food.

### Food and Nutrition staff should:

- Notify a supervisor and stay home if having **symptoms**.
- Follow **CDC-recommended steps** if sick. Staff should not return to work until the criteria to **discontinue home isolation** are met, in consultation with healthcare providers and **state** and local health departments.
- Follow **CDC recommended precautions** and notify a supervisor if living with a family member with COVID-19.
- Limit close contact with others and maintain a distance of at least six feet, when possible.
- Wear a cloth face covering. These face coverings are not surgical masks or respirators and are not appropriate substitutes for them in workplaces where masks or respirators are recommended or required.
- **Clean**, sanitize, and **disinfect** frequently touched surfaces such as kitchen countertops, cafeteria and service tables, door handles, carts, and trays, throughout the day. Follow the directions on the cleaning product's label and clean hands afterwards.
- Practice proper **hand hygiene**. This is an important infection control measure. With appropriate hand hygiene, gloves are not necessary for workers who are not involved in food preparation. Wash hands regularly with soap and water for at least 20 seconds. An alcohol-based hand sanitizer containing at least 60 percent alcohol can be used, but not as a substitute for cleaning hands with soap and water.
- **Key times to wash hands include:**
  - » Before and after work shifts
  - » Before and after work breaks
  - » After using the restroom
  - » Before eating or preparing food
  - » Before putting on and after taking off disposable gloves when preparing food
  - » After touching objects with bare hands which have been handled by other staff, customers or visitors, such as tables, trays, carts, racks, dishes, cups, utensils, bags, coolers, totes, and trash
  - » After blowing your nose, coughing, or sneezing
  - » After putting on, touching, or removing cloth face coverings
- Avoid contact with body fluids.
- Do not touch eyes, nose, or mouth.
- Use tissues when you cough, sneeze, or touch your face. Throw used tissues in the trash, and then wash your hands.

## NUMBER 11: ENSURE TRANSPORTATION STAFF ARE FOLLOWING SAFETY AND HYGIENE PROTOCOLS

### ***Ensuring physical distance***

- School bus passengers ride one per seat with every other seat empty.
  - » Members of the same household may sit in the same seat or adjacent seats with one empty seat between household groups.
- The maximum number of passengers, including adults, should not exceed 25 percent of the school bus's capacity.

### **Suggestions for ensuring physically distant seating:**

- Mark off seats
- Assigned seating
- Sequential seating
  - » Passengers should take the rear most available seat upon entry to the bus.
  - » Passengers should enter and exit the bus one at a time and at least six feet apart.
  - » Upon exiting the bus, passengers seated in the front of the bus should exit first, one at a time.
  - » While waiting to exit the bus, passengers should stay seated and not congregate in the aisle.

For bus stops, consider developing a communication plan to encourage parents and students to maintain social distance at bus stops and to avoid congregating in groups while waiting for the bus.

### ***Modifications to reduce transmission***

- To increase airflow, windows should be open to the maximum extent possible.
- A protective plastic barrier may be installed behind the driver or alongside the driver to assist in maintaining social distance between the driver and passengers.

### ***Symptom monitoring***

- Assess each passenger's symptoms, including performing an initial temperature check, before boarding the school bus. Riders that do not meet the temperature check must return home. Whenever possible, an aide should assess passengers' symptoms and temperature.

### **Suggestions for implementing symptom monitoring:**

- Ask parents and guardians to remain with their children until they board the bus, and communicate that individuals with a fever of 100.4 F or above or with **symptoms of illness** will not be able to board the bus.
- Equip each bus with an aide or staff member to conduct temperature checks.
  - » If contactless thermometers are used, PPE is not required for the staff member performing the temperature check.
  - » See **pages 4-5** of this document for additional guidance on temperature checks.
- When possible, establish bus stops in residential neighborhoods or parking areas where the bus can be safely removed from the road during symptom and temperature checks.

### ***Hygiene***

#### **Hygiene best practices:**

- All passengers should engage in **hand hygiene** upon entering the bus.
- Alcohol-based hand sanitizers with at least 60 percent alcohol should be made available and used by passengers upon entering the bus or transportation vehicle.
- Supervise children when they use hand sanitizer to prevent ingestion.

## **Cleaning**

- High-touch surfaces are cleaned after each group's use.
- The bus is cleaned and disinfected at least once per day.

### **Cleaning best practices:**

- Focus on high-touch areas in buses.
- Clean floors first. Often when cleaning the floor of a bus, dust and contaminants on the floor become airborne and land on nearby surfaces. By cleaning the floor first, we can remove these pathogens, so this does not happen.
- Vacuum floors. If possible, school bus floors should be vacuumed with a backpack or canister vacuum. These are more effective at removing dust and soils and they prevent them from becoming airborne.
- Avoid mops. Mops collect soils and contaminants, but these also build up on the mop. When this happens, the mop spreads soils. This can be dangerous because this build-up can collect on shoe bottoms and shoelaces that are later touched by children.
- Consider floor-cleaning alternatives, including “spray-and-vac” cleaning systems or “dispense-and-vac” cleaning systems, which eliminate the use of mops.
- Practice two-step cleaning. Clean all touchable surfaces of the bus, then the same surfaces must be disinfected.

### **Disinfection best practices:**

- **Disinfectants** should always be diluted per the manufacturer's instructions.
- The disinfectant must set or “dwell” on surfaces for as much as five minutes; if it dries, it must be reapplied.
- If manually cleaning, workers should use one set of towels for cleaning and another for disinfecting.
- Use microfiber towels or “smart towels” when cleaning school bus interiors. Wet the surface first and then use the microfiber towel. Studies using ATP monitors indicate this is more effective at removing soils. Microfiber towels should be changed frequently. Do not use the same microfiber towel on another bus. The smart towels are designed to be folded into eight quadrants. This allows the user to fold the towel and only use one quadrant at a time, helping to reduce the risk of cross-contamination.

### **[View additional cleaning and disinfection guidance.](#)**