

Montgomery County Guidance for Reopening for Pre-K to 12 Schools

As Montgomery County Pre-K to 12 schools start to plan for the upcoming 2020-21 school year while dealing with on-going COVID-19 pandemic, Montgomery County Office of Public Health in collaboration with Montgomery County Superintendents has developed general recommendations to support the prevention of disease transmission in the school environment. Montgomery County guidance should be utilized to support the development of [Health and Safety Plan](#) for reopening as required by the Pennsylvania Department of Education.

Health and Safety Plan Expectations	Recommendations
Identification of a "pandemic coordinator" and/or "pandemic team" with defined roles and responsibilities for health and safety preparedness and response planning	<ul style="list-style-type: none"> Schools will need to consider the appropriate staffing of school nurses or other certified health personnel to lead surveillance and quarantine protocol activities or coordinate with state or local public health departments or health care systems to address workforce shortages. Post Health and Safety Plan on public school/district website. Provide regular update information on school website and in parent flyers/letters. Encourage caregivers and families to practice and reinforce good prevention habits at home and within their families. Remind parents to keep child at home if sick with any illness. Prepare parents and families for remote learning if school is temporarily dismissed. Provide training to prepare parents/guardians for digital and remote learning. Discourage students and families from gathering in other public places while school is dismissed to help slow the spread of COVID-19 in the community.
Strategy for school communication	<ul style="list-style-type: none"> Family and caregiver communication about protocols and schedules will be critical. Schools should be particularly mindful of frequent communications that are accessible in non-English languages and to all caregivers (this is particularly important for children residing with grandparents or other kin or foster caregivers).
Protect students and staff that are high risk :	<ul style="list-style-type: none"> Students and staff with higher risk for severe illness should be supported and encouraged options to telework. Explore offering activities that will minimize higher risk individuals having contact with others. Students and staff who are high risk and most vulnerable to SARS-CoV-2 morbidity, are encourage to wear face coverings, while on school property and engaging in school related activities.

<p>Monitoring students and staff for symptoms and history of exposure</p>	<ul style="list-style-type: none"> • Require routine, daily self-monitoring (e.g., temperature and symptom screening) and checks for history of exposure. MCOPH suggest monitoring and health check be completed at home by parents/ caregivers and staff members before use of school transportation and arriving to school. • It is recommended that the school take responsibility of monitoring when staff and student are in the building. • Create a communication system for families and staff for self-reporting of symptoms and notification of exposures and closures. Refer to most recent DOH Guidance on Home Isolation or Quarantine and Returning to Work. • Monitor absenteeism to identify any trends in student and staff absences due to illness. • Encourage parents to keep sick children home and staff to stay home if they are sick. • Adopt a flexible attendance policies for students and staff: Flexible attendance policies should be considered for students, teachers and staff with: (1) signs of symptoms or confirmed illness, (2) household members with a positive test, or (3) households with high-risk caregivers or siblings.
<p>Isolation or quarantine when a student, staff member becomes sick or demonstrates a history of exposure.</p>	<ul style="list-style-type: none"> • Immediately separate staff and students with COVID-19 symptoms such as fever, cough, or shortness of breath) at school. See attached OPH exclusion guidance. • Identify an isolation room or area to separate anyone who exhibits COVID-19 like symptoms. Areas used by a sick person should be closed off and do not use before cleaning and disinfection. • Individuals who are sick should go home or to a healthcare facility depending on how severe their symptoms and follow the exclusion guidelines. • Plan for communication and removal of staff and students who are identified as household contact or close contact to a confirmed case.
<p>Guidelines for hygiene practices for students and staff which include the manner and frequency of hand-washing and other best practices</p>	<ul style="list-style-type: none"> • Ensure handwashing strategies include washing with soap and water for at least 20 seconds. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol. <ul style="list-style-type: none"> ➤ After going to the bathroom ➤ Before eating ➤ After blowing your nose, coughing, or sneezing ➤ After Touching your face • Teachers and staff will need rigorous and routine refresher training on proper hygiene, distancing and personal protective equipment protocols.

Guidelines on the use of face coverings (masks or face shields) by all staff students as appropriate
Face coverings are most essential at times when social distancing is not possible.

All individuals in school entities are mandated to wear face coverings when indoors and outdoors when social distancing (at least 6 ft.) cannot be continuously maintained. This includes prioritizing the wear of face coverings to times when it is difficult for the child to maintain a social distancing of a least 6 ft from others who are not a part of their household (e.g. during carpool drop off or pick up, or when standing in line at school).

Acceptable Face Coverings: Face coverings means a covering of the nose and mouth that is secured to the head with ties, straps, or loops over the ears or is wrapped around the lower face. A “face covering” can be made of a variety of synthetic or natural fabrics, including cotton, silk, or linen, and, for the purposes of the order, can include a plastic face shield that covers the nose and mouth.

- Face Mask *plus* Face Shield: Provides the ultimate protection is primarily recommended for health care works who have direct exposure to individuals with COVID-19.
- Face Mask Only: Strongly encouraged by CDC. Face masks protect the nose and mouth, and is near-complete barrier on the sides of the wearer’s face
- Face Shields Only: May be the most well-suited facial protection option for certain school situations, as these devices do not obstruct the mouth.
 - Face shields are easier to disinfect than cloth masks
 - It is easier to breathe then wearing a mask
 - Prevent the wearer from touching much if not all of their face, while a cloth mask only covers the nose, cheeks, and mouth.
 - Students who are deaf, hard-of-hearing, or have autism spectrum disorder must be able to see the face and mouth of their teacher.

Consider using plexiglass or clear “sneeze guards” that sit atop the desk to contain respiratory droplets. Schools should prioritize plexiglass barriers for classrooms that have the most students or for classrooms without enough space for desks to be at least 6 ft. apart.

When social distancing is not a feasible it is highly encouraged the use of face masks, face shields and plexiglass or clear “sneeze guards”.

Students are permitted to remove their face covering:

- If they are outdoors and able to maintain a distant of 6 feet from individuals who are not members of their household
- Eating and drinking when spaced at least 6 feet apart;
- Seated at desks or assigned work spaces at least 6 feet apart;
- Engaged in any activity at least 6 feet apart (e.g. face covering breaks, recess, etc.)

Communication:

	<ul style="list-style-type: none"> • Developmentally appropriate communication with students from their educators regarding masking should be prioritized when school commences to provide reassurance and reduce anxiety among students as appropriate. Staff are to wear facial protection while in the building. • Students are to wear facial protection when social distancing cannot be maintained in communal areas. • Students and staff should be frequently be reminded not a touch the face covering and to wash their hands frequently. Information should be provided to all staff on proper use, removal, and washing of cloth face coverings. • Ensuring proper face covering size and fit and providing children with frequent reminders and education on the importance and proper wearing of cloth face coverings may help address these issues. <p>Supplies</p> <ul style="list-style-type: none"> • Inventory of face coverings should be carefully monitored. • If students and staff do not have access to face coverings, the school district should make all attempts to provide adequate face coverings and other personal protective equipment available.
<p>Post of signs in highly visible locations, that promote everyday protective measures and how to stop the spread of germs</p> <p>CDC Printable Materials Mask Up MontCo</p>	<ul style="list-style-type: none"> • Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, hand hygiene and properly wear a face covering. • Post signs in highly visible locations (e.g., school entrances, restrooms). • Broadcast regular announcements on reducing the spread of COVID-19. Include messages (e.g., videos) about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and on school social media accounts). • Ensure communications are in common languages spoken at school and easily understandable for children and adults.
<p>Procedures for ventilation learning space and other areas used by students:</p>	<ul style="list-style-type: none"> • Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible such as by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to staff and students using the facility. • Holding classroom activities in outdoor spaces or larger school spaces (e.g., auditoriums, gymnasiums) instead of small classrooms and using windows and open classroom doors for cross-ventilation can be considered. • If alternative ventilation options cannot be deployed, an enhanced focus on other means of on-site distancing, class size reduction, and/or flexible scheduling may be weighed as alternative strategies to minimize transmission risk.
<p>Procedures for cleaning, sanitizing, disinfecting (i.e. restrooms, hallways, and transportation)</p> <p>CDC Cleaning and Disinfection EPA-Registered Products</p>	<ul style="list-style-type: none"> • Procurement of sanitation supplies such as hand sanitizer, soaps, disinfectant, and masks should begin in advance of school re-opening. Disinfectant supplies should be EPA- approved for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). • Clean and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school at least daily or between use as much as possible. • If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. <p>Cleaning/Disinfection COVID Exposure</p>

	<ul style="list-style-type: none"> • 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. Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
<p>Protocols for social distancing practices-classroom/learning space occupancy that allows for 6 feet of separation among students and staff throughout the day when feasible</p>	<ul style="list-style-type: none"> • Physical distancing of desks should be implemented. Desk should face in the same direction (rather than facing each other) or have students sit on only one side of tables, encouraged to be configured to be spaced 6 feet apart, if feasible. • Having the same group of students (co-horting) stay with the same staff based on age and developmental level of students. • Provide students with assigned seating. • Staggered schedules to limit the number of individuals in classrooms and other spaces, if feasible. • An alternative class space and staggered/hybrid scheduling need to be considered. Hybrid models is currently being endorsed by the American Academy of Pediatrics. • Hold classes in gyms, auditoriums, or other large spaces.
<p>Procedures for use of communal space</p>	<ul style="list-style-type: none"> • Consider alternate approaches to communal use spaces such as cafeterias and playgrounds; otherwise stagger use and disinfect in between use • Stagger classes of students in hallways to limit numbers in hallways at any time. Separate students within common areas. • Identifying alternative classroom space in an effort to reduce class size. • Consider classroom-based meals eaten at student desks or increased staggering of meal times in multiple locations of the school with enforcement of physical distancing. Sharing of food should be discouraged. Encourage students to bring their own personal water bottles. • Serve individually plated meals/box lunches and avoid buffet style meals whenever possible. • Regulate social contact and crowding in bathrooms. • Staggering transitions and arrivals and dismissals and one-directional hallway designations. • Limiting classroom rotations by students (instead having teachers rotate rooms while students remain in place) is another strategy that might reduce hallway crowding.
<p>Protocols for sporting & other group activities</p>	<ul style="list-style-type: none"> • Coaches, athletes and spectators must wear face coverings, unless they are outdoors and can consistently maintain social distance of at least 6 feet. • Athletes are not required to wear face coverings while actively engaged in workouts and competition that prevent wearing of face coverings, but must wear face coverings when on the sidelines, in the dugout, etc. and anytime 6 feet of social distancing is not possible. • Consider postponing non-critical gatherings and events. Ensure you have a clear understanding of all upcoming gatherings and large events for your school community (e.g., assemblies, field days, spirit nights, athletic events). Give special consideration to events that might put students, staff, or their families in close proximity to others from communities that may have identified cases of COVID-19. Consider whether any of these events should be canceled. • Limit or cancel all non-essential travel as necessary. Refrain from scheduling large group activities such as field trips, inter-group events, and extracurricular activities.

<p>Methods of limiting the number of individuals in classrooms and other learning spaces, and interactions between groups of students</p>	<ul style="list-style-type: none"> • Keep each child’s belongings separated and in individually labeled storage 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 child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use. • Minimizing sharing of electronic devices (e.g., tablets, calculators) or disinfecting between use; keeping children’s belongings separated in labeled cubbies, containers or desks; and limiting outside objects brought into schools. • Hold classes in gyms, auditoriums, or other large spaces where social distancing can be practiced.
<p>Processes for identifying and restricting non-essential visitors and volunteers</p>	<ul style="list-style-type: none"> • Restrict nonessential visitors, volunteers, and activities that involve other groups. • Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size in accordance with Governor Wolf’s Process to Reopen Pennsylvania.
<p>Protocols for adjusting transportation schedules and practices to create social distance between students</p>	<ul style="list-style-type: none"> • Social distancing is to be maintained, when feasible, while on school transportation. • All individuals on school transportation are required to wear face coverings (<i>see above guideline on the use of face covering</i>). • Individuals on school transportation should have assigned seating. • Household members should be seated together on school transportation. • When feasible there should be no more than 2 individuals per seat. • School buses will need protocols for increased cleaning and disinfection. Urban areas where student rely on mass transit will need policies to minimize risk of student exposure, which may include masking recommendations or distribution of hand sanitizer. • Staggering transitions and arrivals and dismissals.

References:

[Center for Disease Control and Prevention, CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening America Up Again, May 2020](#)

[Pennsylvania Department of Education, Preliminary Guidance for Phased Reopening of Pre-K to 12 Schools, June 3,2020; Version 1](#)

[Children’s Hospital of Philadelphia, Policy Lab, Policy Review, Evidence and Considerations for School Reopenings](#)

[American Academy of Pediatrics \(AAP\), COVID-19 Planning Considerations: Return to In-person Education in Schools](#)

[Order of the Secretary of Pennsylvania Department of Health Requiring Universal Face Coverings, July 1, 2020](#)

[Universal Face Coverings Order FAQ, Pennsylvania Department of Health](#)