Re-opening TK-12 Schools for In-Person, On-Site Instruction  
Interim Guidance for School Year 2020-2021

December 1, 2020

The following guidance was developed by the San Francisco Department of Public Health (SFDPH) for local use. It will be posted at http://www.sfcdcp.org/CovidSchoolsChildcare.

AUDIENCE: Public, private and parochial TK-12 schools in San Francisco. Transitional kindergarten (TK) programs that are not part of an elementary school should refer to SFDPH guidance for childcare programs.

Summary of Changes since the 10/16/2020 Version

- Outdoor shelters and structures must follow CDPH guidance on outdoor structures.
- Ventilation section updated. Fire doors should not be propped or wedged open.
- Recommendations for plexiglass barriers updated.
- Face masks required when working alone in spaces where others may enter or use later.
- Sports, dance and exercise section added. Sports, dance and PE must be outdoors with masks and physical distancing. Competition between different cohorts or schools is not allowed.
- Promote flu vaccination for staff and students during flu season.

PURPOSE: To provide guidance on health and safety practices needed to safely resume in-person, on-site instruction at TK-12 schools.

BACKGROUND: San Francisco now allows schools to apply to re-open for in-person instruction. In order for a school to reopen, SFDPH must first review and approve the school’s application. In addition, local COVID-19 transmission must be low enough to allow school reopening, as defined by state and local health orders.

Since the start of the COVID-19 epidemic, our understanding of COVID-19 and how it spreads has increased tremendously. We now know that certain precautions, such as universal face coverings, effectively decrease the risk of COVID-19 transmission. Coordinating and layering effective interventions can reduce the risk of COVID-19 enough to safely reopen schools for students and adult staff.

The recommendations below are based on the best science available at this time and the current degree of COVID-19 transmission in San Francisco. They are subject to change as new knowledge emerges and as local community transmission changes.
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Key messages for schools

- **Address adult-to-adult transmission and adults as sources of infection.** In many cases, staff are the source of COVID-19 in a school. Although children can be infected with COVID-19 and can spread it to adults, spread of infection between adults is more common.

- **Preventing person-to-person transmission via respiratory droplets is more important than frequent cleaning and disinfection.** COVID-19 mostly spreads from person-to-person in the air through virus-containing droplets in the breath of someone with COVID-19. These respiratory droplets enter the air when a person breathes, especially when they talk, sing, cough or sneeze. In poorly ventilated indoor spaces, smaller droplets can float in the air and travel more than 6 feet. The virus that causes COVID-19 must enter a person’s eyes, nose or mouth. People are infected when they breathe in virus-containing droplets, or when the virus lands in their eyes, nose or mouth.

  COVID-19 can also spread if a person touches their eyes, nose or mouth after touching a contaminated surface (also known as a fomite), however this is less common.

- **Face coverings, physical distancing, and indoor ventilation are most important in preventing the spread of COVID-19.**

- **Exposure risk lies along a continuum.** A rule of thumb is that a person must spend a total of 15 minutes within 6 feet of someone with COVID-19 to be at risk of infection.
  - Spending less time together is safer than more time; being further apart is better than being closer together.
  - Smaller groups are safer than larger ones, outdoor settings are safer than indoor ones.
  - More people using face coverings is safer than fewer people using face coverings.
  - Activities that produce fewer respiratory droplets are safer than those that produce many droplets (silence < quiet talking < loud talking < singing).

Prepare for re-opening

- **Submit an application with a health and safety plan to SFDPH, and undergo a facility review and site assessment before being allowed to re-open for in-person instruction.** For details on the application process, see [https://www.sfdph.org/dph/COVID-19/Schools-Education.asp](https://www.sfdph.org/dph/COVID-19/Schools-Education.asp).

- **Designate a COVID-19 staff liaison to be the single point of contact at each school for questions or concerns around practices, protocols, or potential exposure.** This person will also serve as a liaison to SFDPH.

- **Establish health and safety protocols to prevent COVID-19 transmission, as required by any SFDPH Health Order allowing schools to reopen.**
  - Train staff and students on health and safety practices. Limit staff in different cohorts from mixing together. Avoid having in-person staff development, meetings, or team-building during the two weeks before school opens.
Create a health and safety plan outlining what the school will do to implement the requirements in this guidance and any relevant Health Officer directives or orders. Share this plan with staff, families, students and other members of the school community.

- Collaborate with SFDPH to develop a strategy for surveillance testing of school staff. With increasing community transmission, testing strategies should emphasize increased testing of school staff, as lab testing capacity allows. Examples may include testing all staff over 2 months, where 25% of staff are tested every 2 weeks, or 50% every month to rotate testing of all staff over time.

- Establish protocols for staff and students with symptoms of COVID-19 and for communication with staff, students and families after COVID-19 exposure or a confirmed COVID-19 case in the school.

Staff considerations

- Protect staff, especially those at higher risk of severe COVID-19 illness. See sfcdcp.org/vulnerable for a list of groups at higher risk for severe COVID-19.
  - Offer options that limit exposure risk to staff who are in groups at higher risk for severe COVID-19 illness (e.g. telework, reassignment, or modified job duties to minimize direct interaction with students and staff).
  - Non-medical staff at higher risk for severe COVID-19 illness should not be assigned to assess students who feel sick or monitor/care for sick students waiting to be picked up.
  - Consider using portable plexiglass barriers, a clear window, or other barriers for staff who must interact with large numbers of students or adults within 6 feet, for example, staff screening persons entering the school for COVID-19 symptoms.
  - Consider the use of face shields, to be used with face coverings, for staff whose duties make it difficult to maintain 6 feet of distancing. If supplies of face shields are limited, prioritize them for staff who are in groups at higher-risk of severe COVID-19 illness.
  - Encourage all personnel to be vaccinated against influenza

- Monitor staff absenteeism. Plan for staff absences of 10-14 days due to COVID-19 infection or exposure, as community transmission increases. Cross-train staff and have a roster of trained back-up staff. Avoid combining cohorts when staff are absent, as this increases the risk of widespread infection. Be prepared to offer distance learning to students whose teachers must stay home due to COVID-19 infection or exposure, and no other teacher is available.

Student considerations

- Prioritize students who are likely to experience the greatest negative impacts from not being able to attend school in-person, keeping equity in mind.

- Ensure that students, including students with disabilities, have access to instruction when out of class, as required by federal and state law.
Offer distance learning for students for whom in-person attendance would pose a health risk to the student or their family/household. Examples include students who are at higher risk for severe COVID-19, students who live with or regularly interact with people at higher risk of severe COVID-19, and those otherwise identified as at-risk by the parent/guardian. For a list of groups at higher risk of severe COVID-19, see sfcdcp.org/vulnerable.

Do not exclude students from in-person attendance solely because of medical conditions such as diabetes, asthma, leukemia and other malignancies, and autoimmune diseases that may put them at higher risk of severe COVID-19. Allow the child’s medical team and family to determine whether in-person attendance is safe.

Strategies to prevent spread of COVID-19 in schools

Prevent COVID-19 from entering the school

Screen everyone entering the campus

- Ask all persons entering the building or campus about symptoms and exposure to COVID-19, including staff, students, parents/caregivers, contractors, visitors, and government officials. Emergency personnel responding to a 9-1-1 call do not need to be screened.

- Do not allow adults with COVID-19 symptoms or exposure to enter the campus. Students with symptoms should be sent home. Keep students who are waiting to be picked up in a designated isolation room.
  - For more information about screening, refer to sfcdcp.org/screen and COVID-19 Health Checks at Programs for Children and Youth (student screening)
  - Schools may also choose to require temperature checks, either on-site or done by parents at home.

- Staff and students who are sick should stay home.

- Staff and students should follow San Francisco Health Orders regarding quarantine after travel outside of the San Francisco Bay Area. Consider asking staff and students to stay at home for 14 days before returning to schools after travel to areas with high levels of COVID-19 transmission, even if not required by local or state health orders. This does not apply to staff and children who regularly commute to school from places outside of San Francisco.

- Encourage family members of students and staff with symptoms of COVID-19 to get tested promptly, before they can spread infection to students and staff.

Restrict non-essential visitors

- Limit non-essential visitors, including volunteers.

- Discourage parents and other family members from entering the school. Avoid allowing family members into classrooms and other student areas.
• Redesign school tours and open houses to meet SFDPH and CDPH requirements for gatherings, summarized at https://www.sfdph.org/dph/alerts/covid-guidance/Gatherings-Tips.pdf. Do not allow tours when students are present. Keep a log of all persons present. As of November 29, 2020, outdoor tours are limited to people from no more than 3 households, including school personnel. Indoor tours are not allowed.

Stable cohorts of staff and students

Keeping teachers and students in the same group lowers their exposure risk by decreasing the number of people they come into contact with each day. When feasible, smaller class sizes may be considered to further reduce risk of exposures but must be weighed for cost/benefit and performed in an equitable fashion.

• For elementary schools, keep students in stable classroom cohorts (no larger than standard class size for each respective grade level) with the same teacher(s) for the entire day.

• For middle and high schools, larger cohorts made up of students from more than one classroom are allowable. Keep cohorts as small as possible, while ensuring that cohorts are not segregated by race/ethnicity or socioeconomic class. Limit cross-over of students and teachers to the extent possible. Cross-over of students between cohorts is permitted to meet students’ educational needs.
  o Consider block schedules or other schedules with longer classes and fewer subjects per day, to decrease the number of students that a teacher interacts with each day. This will also decrease opportunities for students to mix in hallways during class changes. If a block schedule is chosen, cohorts should change no more often than once every 3-4 weeks.

• School staff should document visits to classrooms that are not part of their cohort. Consider a sign-in sheet/log on the classroom door.

Limit mixing of cohorts, including their assigned staff

• Stagger schedules for arrival/dismissal, recess and lunch to prevent mixing of cohorts.

• Designate specific routes for entry and exit to the campus for each cohort, using as many entrances/exits as feasible.

• Minimize movement of students through hallways

Examples of strategies to keep hallways clear:
  o Have a small, stable set of teachers rotate into the classroom for different subjects while students remain in the classroom, when feasible.
  o Stagger class change times so that only one cohort is in the hallway at any given time. Consider creating one-way hallways to minimize congestion. Place physical guides, such as tape, on floors and sidewalks to mark one-way routes.
  o Assign adjacent classrooms to teachers in the same cohort to minimize the distance that students travel between classes.
  o Gatherings of more than one cohort are currently prohibited (i.e., school assemblies, performances, morning circle).
Physical distancing

- Staff within schools should stay 6 feet from other adults as much as possible.
  - Set up staff workspaces so that staff do not work within 6 feet of each other.
  - Consider virtual meetings using video conferencing apps for parent-teacher meetings and staff meetings, even if all staff are on campus.
- Staff should stay 6 feet away from students when feasible.
- Consider ways to establish separation of students through other means if practicable, such as:
  - six feet between desks where practicable, partitions between desks, markings on classroom floors to promote distancing, or arranging desks in a way that minimizes face-to-face contact.
  - Consider rearranging furniture and play spaces to maintain separation.
  - Consider using other campus spaces like cafeterias and auditoriums for instruction to allow more optimal spacing.
  - Staff desks should be 6 feet away from student desks, regardless of space limitations.
- Elementary school: During group activities, playtime and recess, physical distancing may be relaxed for students in stable classroom cohorts who are wearing face coverings. When outside or in shared spaces, preventing interactions between cohorts should be prioritized over distancing of students within a cohort.
- Middle and high school: Physical distancing of students is more important when student cohorts are larger than a single class, or if there is cross-over between cohorts.

In the classroom

- Arrange desks facing in the same direction, so that students do not sit facing each other.
- When students must sit less than 6 feet apart,
  - Consider use of privacy boards or clear screens
  - Have students sit in the same seats each day if feasible. Avoid changes of seating arrangements more often than once every 3-4 weeks, unless needed for student safety or well-being. If cohorts must change classrooms for different subjects, try to keep the same seating arrangements across classes.
- Implement procedures for turning in assignments to minimize contact.

Outside the classroom

- Limit occupancy of bathrooms, elevators, locker rooms, staff rooms and similar shared spaces to allow 6 feet of distancing. Adjacent bathroom stalls may be used. Post signs with occupancy limits.
- At places where students congregate or wait in line, mark spots on the floor or the walls 6 feet apart to indicate where to stand.
• Consider eliminating use of lockers in hallways and other shared spaces. If used, ensure 6 feet of distancing between students accessing lockers.  
   *Example:* Assign lockers so that students in the same cohort are given lockers 6 feet apart, and stagger times for locker access between cohorts.

• When sports or physical education is allowed by Health Officer directives, consider suspending uniform requirements for PE, so that students do not need to use the locker room to change.

**Face masks and cloth face coverings**

*Face masks and other face coverings keep people from spreading the infection to others, by trapping respiratory droplets before they can travel through the air. The widespread use of face coverings can significantly reduce the spread of infection, even if a few children are unable to wear face coverings.*

• All adults and students in 3rd grade and above must wear face masks or cloth face coverings over both their nose and mouth at all times. This includes family members and caregivers dropping-off or picking-up children.
  
  o Staff, family and visitors may not enter the building unless they are wearing a face covering or have documentation of a medical contraindication to face coverings. Keep a supply of face coverings for individuals who have forgotten to bring one.

  o Family members must wear face coverings when dropping-off or picking-up a child.

• Students in TK-2nd grade should wear face coverings over both their nose and mouth as much as feasible, especially in the following situations:
  
  o During group activities or playtime when children are not physical distancing, especially indoors.

  o When children may encounter staff and children from other cohorts, for example, at drop-off and pickup, and in hallways, bathrooms and outside play areas.

  o When in public when within 6 feet of others, for example, when walking to a nearby park, or when outside the facility at drop-off or pick-up. Wearing face coverings at drop-off is especially important to protect staff who are screening children for COVID-19 symptoms or checking temperatures.

  o If a child becomes ill after arriving and is waiting for pick-up (and is not asleep).

• Provide face coverings to students who forget to bring their face covering to school. Keep a supply of face coverings for other individuals who have forgotten to bring one.

• Reusable cloth face coverings are recommended over disposable face masks, and can be sent home with families to be laundered.

• Students exempt from wearing a face covering, those in second grade and below, or those with developmental delays should not be excluded from class if they cannot consistently wear a face covering. Continue to encourage and remind them to wear their face covering.
• The California Department of Public Health (CDPH) requires schools to exclude students in 3rd grade and above from campus if the student refuses to wear a face covering and does not have a medical exemption. Schools should act judiciously and consider equity when considering whether to exclude students from in-person learning. Exclusion from in-person learning should be done only after careful consideration of the unique circumstances of each student and exhausting efforts to encourage face coverings. Offer alternative educational opportunities for students who are excluded from campus.

• For students who have difficulty keeping their face coverings on, prioritize consistent use when in hallways, bathrooms and other spaces where students may encounter staff and students from other classrooms. For younger students, also prioritize use of face coverings during times when physical distancing is relaxed.

Exemptions to cloth face coverings; use of face shields

• Students with documented medical or behavioral contraindications to face coverings are exempt. This includes children who are unable to tolerate face coverings due to autism or sensory sensitivity, and children unable to independently remove face coverings due to developmental delay or disability. Seat students who cannot wear face coverings at least 6 feet away from other students, if possible to do so without stigmatizing the student.

• Staff with a medical contraindication documented by a medical provider to a face covering may be allowed to wear a face shield with a cloth drape on the bottom tucked into the top of their shirt. However, this is not thought to be as effective as a face covering in preventing spread of infection. Asthma, claustrophobia, and anxiety are not usually considered to be contraindications to face coverings.

• Staff working alone in a private indoor space do not need to wear a face covering if
  o The space is completely enclosed (i.e. a private office, not a cubicle), and
  o Other people are not likely to enter the space at any time in the following few days

  For example, staff working alone in a classroom that will be used later by others are not exempt, and must wear a mask. Similarly, administrators in a private office must wear a mask, even when alone, if they can reasonably expect others to enter their office to ask questions or to meet.

• Staff working with students who are hard-of-hearing may use a clear mask (a disposable or cloth face mask with a clear inset). If this is not feasible, a face shield with a cloth drape tucked into the shirt or a clear barrier such as a portable plexiglass barrier may also be used. Staff should wear a face covering at other times.

• Do not use face shields in place of face coverings in other situations. Face shields have not been shown to keep the wearer from infecting others.

• Consider using a face shield in addition to a face mask or cloth face covering. Face shields provide additional eye protection for the wearer. When a face shield is used with a mask or face covering, a cloth drape is not needed.

• For more information, see https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx
Hand hygiene

Frequent handwashing and hand sanitizer use removes COVID-19 germs from people’s hands before they can infect themselves by touching their eyes, nose or mouth.

- Develop routines and schedules for staff and students in all grades to wash or sanitize their hands at staggered intervals, especially before and after eating, upon entering/re-entering a classroom, and before and after touching shared equipment such as computer keyboards.
- Every classroom/instructional space and common area (staff work rooms, eating areas) should have hand sanitizer or a place to wash hands upon entering.
- Establish procedures to ensure that sinks and handwashing stations do not run out of soap or paper towels, and that hand sanitizer does not run out.
- Post signs encouraging hand hygiene. A hand hygiene sign in multiple languages is available for download at [http://eziz.org/assets/docs/IMM-825.pdf](http://eziz.org/assets/docs/IMM-825.pdf)

Ventilation and outdoor spaces

Being outside is much lower risk than being inside. When indoors, increasing outdoor air circulation lowers the risk of infection by “diluting” any infectious respiratory virus in the air with fresh outdoor air.

Outdoor spaces

- Use outdoor space as much as possible, especially for higher-risk activities like snacks/meals and exercise.
  - Stagger use of outdoor spaces to keep cohorts from mixing. If the outdoor space is large enough, consider designating separate spaces for each cohort.
  - Outdoor spaces may be covered (e.g. with an awning). To be considered “outdoors”, structures must follow CDPH guidelines at [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Use-of-Temporary-Structures-for-Outdoor-Business-Operations.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Use-of-Temporary-Structures-for-Outdoor-Business-Operations.aspx) as well as any additional guidance from SFDPH.
- If used, outdoor playgrounds/natural play areas only need routine maintenance. Make sure that children wash or sanitize their hands before and after using these spaces. When hand hygiene is emphasized, cleaning and disinfection of outdoor structures play is not required between cohorts.
- Limit use of other shared playground equipment in favor of activities that have less contact with shared surfaces.

Ventilation

SFDPH reviews ventilation as part of all schools’ applications to re-open for in-person instruction. Schools must make any ventilation improvements required by SFDPH.

General recommendations include:

- Open windows to increase natural ventilation with outdoor air when health and safety allow. When possible, consider also leaving room doors slightly open to promote flow of outdoor air through the indoor space.
Continue to follow fire and building safety requirements. Do not prop or wedge open fire doors.

- If open windows pose a risk of falls for children, use window locks to keep windows from opening more than 4 inches, or other safety devices to prevent falls.

- If HVAC systems are present, maximize the intake of outdoor air and minimizing recirculated air during the COVID-19 pandemic.
- Consider portable air cleaners (“HEPA filters”).
- If the school uses fans, adjust the direction of fans so that air does not blow from one individual’s space to another’s space.

For detailed guidance on ventilation, see [https://www.sfcdcp.org/COVID-ventilation](https://www.sfcdcp.org/COVID-ventilation).

**Limit sharing**

- Consider suspending or modifying use of drinking fountains. Encourage the use of reusable water bottles instead.
- Limit sharing of art supplies, manipulatives, and other high-touch materials as much as possible. If feasible, have a separate set of supplies for each student. Keep each student’s supplies and belongings in separate, individually labeled boxes or cubbies.
- Avoid sharing electronic devices, sports equipment, clothing, books, games and learning aids when feasible. Clean and disinfect shared supplies and equipment between students.

**Cleaning and disinfection**

*Many household disinfectants are effective against COVID-19. Refer to [EPA’s List N](https://www.epa.gov/cleaning-disinfecting/disinfecting-products) for EPA-approved disinfectants effective against COVID-19.*

- Clean and disinfect frequently touched surfaces at least daily. Routine cleaning focuses on frequently touched surfaces like door handles, desks, countertops, phones, keyboards, light switches, handles, toilets and faucets.
- Cleaning after a suspected or known case of COVID-19 uses the same cleaning agents and disinfectants as for routine cleaning, but also includes the following steps:
  - Open windows and use fans to increase outdoor air circulation in the areas to be cleaned.
  - Wait 24 hours, or as long as practical, before cleaning and disinfection.
  - Clean and disinfect all surfaces in the areas used by the ill person, including electronic equipment like tablets, touch screens, keyboards, and remote controls. Vacuum the space if needed.
Specific situations

Transportation

*Since vehicles are small enclosed spaces that do not allow physical distancing, they can be settings with higher risk of COVID-19 transmission. Biking and walking are lower risk than shared vehicles.*

- **School Buses**
  - Consider screening students for COVID-19 symptoms and exposure before allowing them to board.
  - Drivers and passengers must wear face coverings over their *nose and mouth*, unless a student has a documented medical or behavioral contraindication. Drivers should carry a supply of face coverings in case a student forgets theirs.
  - Students must sit at least 6 feet away from the driver.
  - Maximize space between students. Students from the same household may sit together. Have students sit in the same seat each day when feasible.
  - Keep vehicle windows open when weather and safety permit.
  - Buses should be cleaned and disinfected daily. Drivers should be provided disinfectant wipes and disposable gloves to wipe down frequently touched surfaces. Buses should be cleaned after transporting any individual who is exhibiting symptoms of COVID-19.

- **Public transportation:** Staggered school start times will allow students and staff who use public transportation to do so when buses and trains are less crowded. This will decrease their exposure risk. This will also help address equity issues in terms of barriers to getting to school.

- **Carpools and shared rides:** Advise staff and families to carpool with the same stable group of people. Open windows and maximize outdoor air circulation. Everyone in the vehicle should wear a face covering.

Arrival and dismissal

*If students and parents/caregivers from different households gather and interact with each other during arrival and dismissal, this creates an opportunity for COVID-19 to spread in the school community.*

- Stagger arrival and dismissal times to minimize contact, using different entrances/exits for each cohort.

- Mark spaces 6 feet apart for students waiting to enter the building and for adults waiting to pick up students. Post signs to remind family members to stay 6 feet away from people from other households when dropping off or picking up their student.

- Face coverings are required for adults who are dropping off or picking up children in person. Provide face coverings for family members who have forgotten theirs.
Meals and snacks

Eating together is especially high risk for COVID-19 transmission because people must remove their masks to eat and drink. People often touch their mouths with their hands when eating. In addition, meals are usually considered time for talking together, which further increases risk, especially if students must speak loudly to be heard.

- Eat meals outdoors or in the cohort’s classroom instead of using cafeterias or dining rooms, when feasible. Use individually plated or bagged meals. Do not use shared tables or self-service buffets.
- Eating outdoors is safer than eating indoors.
  - Designate an outdoor eating area for each class, and mark places 6 feet apart for students to sit. Without marked spaces, most students will sit more closely.
  - Outdoor eating areas may be covered (e.g. with an awning), as long as no more than one side is closed, allowing sufficient air movement.
- Stagger lunch times to prevent mixing of cohorts and to maximize use of outdoor space.
- Consider having meals delivered to the classroom or outdoor eating area instead of having students go to the cafeteria for meals.
- Be especially vigilant about staying 6 feet away from students, and making sure that students remain 6 feet apart, when students’ masks are off to eat. If eating in the classroom, make sure that students are spaced as far apart as possible.
- Make sure that students and staff wash their hands or use hand sanitizer immediately before and after eating. Pay special attention to younger students who are more likely to eat with their hands or suck/lick their hands clean.
- Consider starting lunch with silent eating time, followed by conversation time, to discourage talking while masks are off.
- Clean and disinfect the eating area between different classes. Sidewalks and asphalt do not have to be disinfected.

Staff break rooms and teacher work rooms

Staff often do not view themselves and colleagues as sources of infection, and may forget to take precautions with co-workers, especially during social interactions such as breaks or lunch time, in the copy room, when checking mailboxes, etc.

- Post the maximum occupancy for the staff rooms, based on 6 feet of distancing. Mark places on the floor 6 feet apart for staff to sit or stand.
- Post signage reminding staff to stay 6 feet apart, keep their facemasks on unless eating, wash their hands before and after eating, and disinfect their area after using it.
- Discourage staff from eating together, especially indoors. Consider creating a private outdoor area for staff to eat and take breaks.
- Open windows and doors to maximize ventilation, when feasible, especially if staff are eating or if the room is near maximum occupancy.
Group singing/chorus, band, and field trips

- Avoid group singing. Suspend chorus and wind instruments (band). These activities are higher risk for COVID-19 transmission due to the large numbers of respiratory droplets produced. Percussion and string instruments are allowed.
- Field trips are currently not allowed.

Sports, dance and exercise

Sports, dance, and exercise, especially indoors, are higher risk for COVID-19 transmission, and have been linked to numerous outbreaks. In other parts of the US, youth sports have been a major source of COVID-19 spread between youth.

Sports, dance and other exercise are higher-risk for COVID-19 due to heavier breathing, as well as close contact in some sports. When exercising, the amount of air that a person breathes increases dramatically, from 10 liters per minute at rest to over 100 liters per minute with vigorous exercise. During exercise, a person with COVID-19 will breathe many more infectious droplets into the air. The infectious droplets in their breath will travel further because they are breathing harder. People without COVID-19 also are more likely to be infected during exercise because they are breathe more air. This is especially true in poorly ventilated indoor spaces where the virus can remain floating in the air.

Sports, dance and physical education must comply with the following guidelines to prevent the spread of COVID-19:

- All sports, dance, physical conditioning and training must occur outside.
- Participants must stay at least 6 feet apart at all times. Sports that require closer contact are not permitted. Physical conditioning and individual training for such sports (e.g., individual drills, running, and training) is permitted as long participants stay 6 feet apart at all times.
- Face masks or other cloth face coverings must be worn by all participants at all times. Participants may need to limit vigorous exercise while wearing face coverings.
- Limit sharing of equipment between youth in a cohort. Clean any shared equipment frequently. Do not share equipment between cohorts unless it has been cleaned and disinfected.
- Youth from different cohorts are not allowed to play against or with each other.
- Tournaments, events, and competitions between schools are not permitted at this time.
- For state guidance on youth sports, see https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Youth-Sports-FAQ.aspx.

Students receiving special services

- Accommodations and related services for special education, learning disabilities and medical conditions should be met, even if it creates cross-over between cohorts. Provide supervision for children who need additional support maintaining physical distancing, wearing a face covering, or handwashing.
- Additional accommodations may be needed for students to safely attend class. For example, a student who cannot tolerate a face covering due to a medical or developmental condition may need a desk with clear screens or privacy barriers.
Nurses and therapists who are not school employees but work with students in schools, such as occupational therapists and physical therapists, are considered essential staff and should be allowed on campus to provide services.

- When students are temporarily unable to attend school due to COVID-19 infection or exposure, consider setting up telehealth video sessions for therapy.

Flu Vaccination during Influenza Season

*Preventing influenza is especially important during the COVID-19 epidemic, because people who have flu and COVID-19 at the same time are more than twice as likely to die. Since influenza and COVID-19 have similar symptoms, flu vaccination can also help reduce unnecessary absences of personnel and students due to possible COVID-19 symptoms.*

- Promote flu vaccination. Strongly encourage all personnel and students to a flu vaccine this year. Consider posting signs to encourage flu vaccination.

When a staff member or student has symptoms of COVID-19

- Identify isolation rooms for students with symptoms of COVID-19, and refer to their school’s procedures for handling ill students with COVID-19.

- Staff who become ill while at school must notify their supervisor and leave work as soon as feasible. Staff should be encouraged to get tested as soon as possible. SFDPH guidance on when workers with COVID-19 symptoms may return to work is at [https://sfcdcp.org/rtw](https://sfcdcp.org/rtw).

- Students with symptoms should be sent home. Encourage students to get tested as soon as possible. Students cannot return to school until they have met the criteria in "COVID-19 Health Checks at Programs for Children and Youth." A parent handout, “For Parents and Guardians: COVID-19 Health Checks for Children and Youth/ If Your Child Has Symptoms,” is available. Both documents are at [http://sfcdcp.org/CovidSchoolsChildcare](http://sfcdcp.org/CovidSchoolsChildcare).
  - Keep students who are waiting to be picked up in a designated isolation room, preferably in an area where others do not enter or pass. Make sure that students keep their face coverings on.
  - When a parent or guardian arrives to pick up a student, have the student walk outside to meet them if possible instead of allowing the parent or guardian into the building. Since children with COVID-19 may have been infected by a parent or other adult in their home, the parent may also have COVID-19.

- Encourage family members of students and staff with symptoms of COVID-19 to get tested promptly, before they can spread infection to students and staff.

- Find alternative locations for classes whose regular classroom is being cleaned or disinfected.

- Open windows in areas used by the sick person to maximize outdoor air circulation. Close off those areas as soon as feasible, until they can be cleaned and disinfected.
When a staff member or student tests positive for COVID-19

- Contact the SFDPH Schools and Childcare Hub as soon as possible. Call (628) 217-7499, or email Schools-childcaresites@sfdph.org

- SFDPH will help the school determine if the classroom, cohort, or school needs to be closed.
  - Schools with smaller, more contained cohorts are less likely to require school-wide closure.
  - Situations with multiple cases in multiple cohorts or cases affecting a significant portion of students and staff are more likely to require school-wide closure.
  - School-wide closure also may be appropriate if at least 5 percent of the total number of students, teachers, and staff are cases within a 14-day period, depending on the size and physical layout of the school.

- Open windows in areas used by the sick person to maximize outdoor air circulation. Close off those areas as soon as feasible, until they can be cleaned and disinfected.


- SFDPH will provide consultation and guidance to help schools take initial steps to identify individuals who had close contact with the person with COVID-19. Exposed individuals or their families should be notified, know how to get tested, and understand when they or their child can return to school, usually 14 days after the exposure. Please refer to “Frequently Asked Questions (FAQ): COVID-19 Contact Tracing at Schools, Childcares, and Programs for Children and Youth” at http://sfcdcp.org/CovidSchoolsChildcare.

- Notify all school staff, families, and students that an individual in the school has had confirmed COVID-19. Do not disclose the identity of the person, as required by the Americans with Disabilities Act, and the Family Education Rights and Privacy Act.

Resources

San Francisco Department of Public Health (SFDPH)

- SFDPH Schools and Childcare Hub for COVID-19 consultation and guidance (628) 217-7499 or schools-childcaresites@sfdph.org

- COVID-19 guidance for the public, including employers https://www.sfcdcp.org/covid19

- COVID-19 guidance for schools at https://sfcdcp.org/CovidSchoolsChildcare
  - “What to do when someone has suspected or confirmed COVID-19: Quick Guide for Schools, Childcares, and Programs for Children and Youth”
  - “Parent and Caregiver Handout: COVID-19 Health Checks/If Your Child has Symptoms” Instructions for parents on health screenings and return to school criteria
“Frequently Asked Questions (FAQ): COVID 19 Contact Tracing At Schools, Childcares, and Programs for Children and Youth”


California Department of Public Health (CDPH)


California Department of Education (CDE)


Centers for Disease Control and Prevention (CDC)


American Academy of Pediatrics


Harvard TH Chan School of Public Health