

## Policies & practice

- 1. I am sure you can understand how these reports lead to confusion and frustration amongst our members and the community in general. How can educators and parents not be fearful about transmission considering the Georgia story and other reports?**

It is a time of great confusion and fear, especially when we digest news from other states. Vermont is the lowest prevalence state in the country and we are more comparable to Europe in research and data. We are lucky in VT that we have accessible pediatric infectious disease specialists who help us interpret all of the report and studies that are coming out about children and COVID. They are confident it is safe to open schools and are willing to share their analysis of all reports/research studies with teachers, parents, schools nurses and administrators.

- 2. Comparing school district plans, I am seeing many variances in schools' plans and systems, which makes me nervous. In your opinion, what are the non-negotiables or protocols that absolutely must be in place when we return to the physical school building?**

Key points might be to focus on how to implement sick students and staff staying home, access to soap and water, handwashing, face covers, staying at least 3 ft. apart, and frequent cleaning of high touch surfaces. Building trust and respectful communications around information and addressing the social emotional challenges of a pandemic will definitely be key.

- 3. Does each school district have a physician on call to review the health and safety plans and to address immediate health concerns?**

Our guidance recommends that school districts/ supervisory unions have a licensed healthcare professional to work with on their planning teams. This is often a school nurse who has relationships with local medical providers.

- 4. What type of system will be developed to assure that schools are following the guidelines from the AOE and Department of Health? Will the Department of Health have health inspectors visiting schools?**

All schools are responsible for ensuring they follow the state guidelines. There will not be inspections.

- 5. What is my responsibility if I believe my district is not adequately following state guidelines? Will we have whistleblower protection?**

Each of us is responsible for working with our organization's leadership team to find solutions that keep folks safe. As educators and healthcare providers we have a responsibility to identify how to access the SU/SD guidance and to stay on top of current protocols and how to access resources.

- 6. Will teaching interns from regional colleges and universities be allowed to work in Vermont schools? What if they are from other states?**

Travel guidance, college rules, and public health guidance will apply. Per our guidance, learners are allowed in school settings and follow same protocols for safety.

**7. Have you noticed racial disparities regarding COVID-19 infection in Vermont? Is there a way schools should address the racial and social inequity issues found in our health care system, particularly during this pandemic?**

Yes, racial disparities related to COVID-19 in VT are described [on the VDH website](#). We can connect you with the health equity task force for more information. Getting to school and staying in school is a huge step towards promoting health and educational equity.

**8. Vermont has been successful with containment of the virus by “opening slowly.” Why are we not opening schools slowly?**

Schools are opening slowly, in Step II of the CDC frame at a time when Vermont has been in Step III for months (see guidance for explanation of steps).

**9. Cases are rising everywhere and this epidemic is getting out of control. We are going to go back to school and there will be a second wave. Why not just start the year with remote learning?**

The numbers in most U.S. States certainly are alarming. However, the situation in Vermont is radically different than most parts of the country. We have seen few new cases of COVID-19 this summer even with the influx of tourists. We are also fortunate in that the Health Department has the capacity to conduct contact-tracing meaning that we can identify and isolate infected individuals and test all exposed individuals thereby limiting ongoing spread. Because our prevalence rate is so low and we can identify cases quickly, we can use similar approaches that were used in Europe for opening schools. Governor Scott’s mandate for universal masking should also help prevent transmission of disease in the community. While we expect there will continue to be new cases and new clusters, all of these are manageable. If there is any time to reopen schools in Vermont, it is right now. While part time remote learning may be part of many district plans, in-person learning is essential for best learning-particularly for the youngest children and those with special needs.

**10. We know the value of students returning to school for their social and emotional well-being. We also know they will be returning to a school where we will not be able to implement our “best practices” for children—circles, collaboration, activities that require proximity.**

We are in an extraordinary time. Educators are using creativity and innovation to support students while also following guidance

**11. What professional development will be available for educators who will need to find new practices in meeting their students’ needs in the more highly structured, regimented school building?**

Public health supports any training/professional development which supports creativity/innovation during a pandemic.

## Travel

**12. When families/educators travel outside of Vermont, what is the expectation for return to school? What protocols will be developed to ensure that travel is reported and quarantine has been completed?**

Yes, all students and staff should follow VT's quarantine protocols which are part of the daily symptoms screener that we are encouraging SU/SDs to adopt. There is not currently a reporting requirement for travel.

**13. If an employee or a student travels out of state to any county not considered safe, is a 14-day quarantine mandated?**

Yes, unless it is considered essential travel. If the traveler uses mass transit/public transportation they must quarantine for 14 days, or test at day 7 and wait for results and should [Sign Up for Daily Symptom Check Reminders](#), called Sara Alert.

**14. Educators who teach and live in college towns are very concerned about the return of college students to their community. They are also concerned about the influx of tourists during the fall foliage season.**

Vermont leaders share this concern and work closely with all of VT's colleges to assure that return plans are following our public health guidance and best practice. We are also aware that out of state travelers present some risk to VT, which is why our quarantine rules are strict.

## Group size

**15. What is the maximum number of pods that adults should come into contact with? What precautions should adults take when moving between pods?**

There are two concepts related to pods, recognizing that when mitigation strategies (cleaning, stay home when sick, wearing masks and distancing when you can) are followed, pod size is not as important: 1) When possible, keeping a group or groups that mix to total of 25 people is best for prevention COVID-19. This is not always possible; and 2) When there is a positive case, contact tracing is more straight forward when there are fewer people who came into contact with the case.

## Movement, music, and class cheer

**16. The guidelines say that we should avoid “group activities with the potential to generate increased respiratory droplets or aerosols” – and then discuss music. What implications does this have for physical movement in classrooms? It is commonly accepted that students need movement breaks every 20-25 minutes. It is not feasible to get outside that frequently. What are some types of movement that might be acceptable in a classroom environment?**

General movement leads to regular breathing and does not generate increase respiratory droplets the way singings and playing musical instruments do.

**17. In my class, I often play charades as a way to practice new vocabulary. Could a student stand by their desk and act out terms while those seated at nearby desks call out guesses?**

The students should be wearing masks and spaced out per guidance. If this is possible, the scenario described is fine.

**18. One way that I have built community in my classroom is to develop a class cheer, complete with hand gestures. Is that level of exertion acceptable?**

Yes.

**19. Many classrooms use GoNoodle, an online app that encourages students to sing/dance along with the characters. Is that level of exertion acceptable?**

The guidance describes the increase risk of singing indoors. We are encouraging classrooms that use a lot of singing to do so outdoors.

**20. Knowing the value of music to the lives of our children, will you provide additional guidance for teachers of music? How can we continue with choral groups and performances with winds and brass? Is there a safe physical distance for these groups? Do you recommend allied arts courses be taught virtually?**

This is a great question for the music experts and those with amazing creativity, here are some references that we refer to:

- [Wind Instrument Aerosols in the era of COVID;](#)
- [U.S. Army Band Mitigation Plan](#)
- [American Music Therapy Association](#)
- [National Federation for State High School Association](#)

## Bathrooms

**21. Within many elementary schools, there is just one boys' and one girls' bathroom. Some guidance on how to safely get 150-200 students through those bathrooms multiple times a day is needed. Inside most of the bathrooms are 3 or 4 stalls, but there is no way to maintain a 6 foot distance between anyone when using them.**

*From the guidance:*

Schools must engage in frequent thorough cleaning each day. All staff should be trained in proper cleaning and disinfecting. At a minimum, common spaces and frequently touched surfaces and doors should be cleaned and disinfected at the beginning, middle and end of each day. Schools shall continue to follow regulations regarding cleaning, sanitizing and disinfecting.

Following the product's directions, clean and disinfect frequently touched objects and surfaces such as:

- All surfaces, especially where students eat
- Bathrooms
- Frequently used equipment including electronic devices
- Door handles and handrails
- Items students place in their mouths, including toys
- Metal and plastic playground equipment

Specifically, regarding shared bathrooms, bathroom use should be kept to the groups that are already in cohorts together. Schedule restroom breaks to avoid overcrowding.

**22. Some bathrooms only have cold water. Is this acceptable for hand washing protocols?**

Yes, cold water is acceptable for hand washing.

**23. Are there any recommendations regarding the studies about ‘plume’ released with each flush? How might we minimize exposure?**

I am not familiar with plume research but there has not been transmission of this virus through stool.

**24. We have only one bathroom for about 200 people. Is that adequate for the handwashing that will need to be done?**

Sinks are important as well as access to hand sanitizer if you don’t have access to sinks. Some child care providers have set up portable sinks or made their own systems.

## Physical distancing

**25. Would a shortened school day make sense to reduce the risk of exposure?**

Risk of exposure is best mitigated by face covers, hand washing, distance, and frequent cleaning. Length of school day is less of a factor if all of those strategies are in place

**The guidelines recommend student seats to be 6’ apart and all facing the same direction. This is not conducive to 21<sup>st</sup> century teaching that incorporates collaboration and discussion. Additionally, this prohibits informal intervention by teachers, and limits our classroom management tools. Does the committee have any suggestions for how best to accommodate some basic classroom practices such as:**

**26. Think-Pair-Share: How does it impact safety if students briefly turn to talk to a neighbor (6’ apart)?**

*Please see revision of health guidance dated August 11, 2020.*

An expanding body of scientific evidence continues to support the finding that younger children less than 10 years are least likely to acquire COVID-19 and least likely to transmit to others when infected, even in very close-contact scenarios, such as within households. Therefore, the added benefits of strict physical distancing in this age group is likely to be far lower than for other age groups. With these considerations in mind, the following guidance is provided on who should physically distance, and how and when this should occur.

- Adults and adult staff within schools should maintain a distance of 6 feet from other adults as much as possible.
- Teachers and staff should maintain a distance of 6 feet from students as much as possible. However, brief periods of closer contact, such as when a student may need one-on-one guidance, clarification, or assistance are expected and permitted. In these cases, staff should stand/kneel/sit side-by-side students (rather than face-to-face) for brief amounts of time (less than 15 minutes).
- Younger students (PreK through Grade 5) should be spaced at least 3 feet apart.

- To the extent possible, older students (Grade 6 and up) should be spaced 6 feet apart. If installed properly, plastic/plexiglass barriers between students would eliminate the need for the 6-foot distancing.
- When physical distancing is not possible, it is even more important for students and staff to adhere to the facial covering requirement.

**27. Small group instruction: Can students safely change desks so that students can be grouped differently for different content areas? What precautions could be taken so that this is possible?**

Yes, your classroom is one pod and movement within that pod is allowable. Precautions include: masks, hand washing, distancing when possible as above.

**28. Can students use large indoor spaces like the gymnasium to pair off (6' apart) or circle up (6' apart) for more collaborative structures?**

Yes, see guidance about use of gymnasium, which depends on what CDC Step the building is in (II or III) and administrators are making decisions about the use of cafeterias and gymnasiums.

**29. If students are working independently (which is likely most of the time), some will need guidance, encouragement, and correction from the teacher. How do we do this if we have to remain 6' from a student? (Imagine an elementary teacher teaching a young student to read.)**

Brief periods of closer contact, such as when a student may need one-on-one guidance, clarification, or assistance are expected and permitted. In these cases, staff should stand/kneel/sit side-by-side students (rather than face-to-face) for brief amounts of time (less than 15 minutes).

**30. Effective classroom management relies heavily on proximity as a gentle reminder to a student to re-engage in classwork. It also relies on quiet, private conversations with a student to redirect their behavior in a way that is not embarrassing or confrontational. If teachers need to be less than 3 feet from a student, how long should that interaction last?**

Keep close interactions to under 15 minutes when possible.

**31. We understand the risk of infection increases when people are in proximity for longer than 15 minutes in an enclosed space. Bus rides in Chittenden County can take up to one hour. With 24 students on a bus, how can they maintain adequate physical distancing to be transported to school safely?**

Bus section of our guidance is clear about the set up of busses for safety.

*From the guidance:*

In general:

- Sick students should not get on the bus. See Stay Home When Sick for more detail.
- Windows in the bus should be kept open except in unusual circumstances. Students should wear appropriate clothing in the event of cold or drizzly weather.
- If a student is determined to be sick, while on the bus, they should sit in the front seat, with window open, if possible. The student should not sit with any other students.

- Bus drivers (and monitors) are required to wear facial coverings while transporting students.
- All students are required to wear facial coverings on the bus (with noted exceptions in [Facial Coverings and Personal Protective Equipment](#) section below).
- Cohort students by age on the school bus (younger students in the front, middle-age students in the middle, older students in the back). Students who live in the same household may sit together if needed.
- Assign seats for students on the school bus.
- If feasible, leave the seat or two behind the bus driver empty.
- Alternatives to bussing to reduce the number of students riding the bus include:
  - Encourage parents/caregivers or other designated adults to transport their children, whenever possible, to minimize the number of students on the bus.
  - Encourage students to walk or bike to school, if it is safe to do so.
- Schools that utilize public transportation for a large percentage of their student body, should work with public transit companies to best assure for the health and safety of their students. These students will likely need to be screened upon arrival at school and not prior to boarding the bus.

#### Cleaning and disinfecting:

- Practice routine cleaning and disinfection of frequently touched surfaces, including surfaces in the driver cockpit commonly touched by the operator.
- Drivers and monitors/additional adults should wash hands regularly with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer containing at least 60% alcohol.
- All buses must have an adequate supply of hand sanitizer.
- If there is a known or suspected case of COVID-19 that has been transported, please follow [CDC Guidance](#).

## Meals

### **32. Students will be eating in an enclosed area, without masks, for longer than 15 minutes. Should they maintain a strict six feet away from each other in this setting? Who will be responsible for cleaning all desks and tables following meals?**

Yes, The 6 ft distance is important during eating while students are unmasked. Cleaning and disinfecting is part of what your SU/SD's COVID planning team will address in planning.

### **33. What recommendations do you have for students with severe food allergies?**

Schools should follow their allergen safety protocols and training. Please work with your school nurses and families to refine their individual healthcare and emergency plans for the COVID era. Students that are unable to self-manage or follow the allergy-safe protocols may need more individual guidance and those classes may need more universal allergy guidance and safety reminders to keep all safe.

### **34. While students are eating, must they all be faced in the same direction and avoid turning sideways for conversation?**

Another creative opportunity to use spaces. Can they make a big circle or circles, or against the wall, facing in? Same direction or more space apart will be needed. Students, when masked, can turn and work with other students when limited to under 15 minutes.

**35. Students will need to remove masks in order to eat lunch, snacks, and also for drinking water. If students are eating at their desks 3-6 feet apart, what precautions should be taken?**

Hand washing, put masks back on as soon as done with eating, drinking. Keep students spaced at desks as described above.

**36. If employees cannot congregate in break rooms, where will they be able to eat their lunches and where will they be able to work during their prep periods?**

Schools and staff will need to find creative spaces for breaks, eating and prep.

## Outdoors

**37. What distance should be maintained when outside? How do distancing recommendations differ when outside? Are masks required outside?**

Same distancing guidance as indoors except that when 6 feet part, masks can be taken off for breaks.

**38. If educators are using outdoor spaces, handwashing stations may not be available. What precautions should be taken?**

Best practice to bring hand sanitizer with you. Childcare and summer camps have used waste pouches to hold the sanitizer.

## Materials

**39. The guidance recommends limiting the use of shared electronic devices. What precautions should be taken if it is necessary to share materials?**

- Per guidance:  
Limit sharing of materials:
  - Keep each student's belongings separated from others' and in individually labeled containers, cubbies or areas. Used items should be taken home each day and cleaned.
  - Ensure adequate supplies to minimize sharing of high touch materials (art supplies, lab equipment, computer equipment etc. assigned to a single student) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
  - Do not share electronic devices, toys, books, musical instruments, games or learning aids.

**The guidance says that paper-based materials are not considered high risk, but then also recommends that we “ensure adequate supplies to minimize sharing of high touch materials.” It would be helpful to anchor these recommendations with some classroom realities, such as:**

**40. An Art teacher is offering a virtual lesson to a cohort. Does s/he need to provide individual material packs for each student? Or can students within the same cohort share scissors, glue guns, paintbrushes?**

If possible, students have own supplies. When students need to share, hand washing before and after use is important.

**41. A colleague said the other day “we’re not going to want to use paper” for classwork. I have students that far prefer to hand write than type, and younger students really need to practice writing. Can there be more detail provided on how to manage paper-based work from students?**

It is safe to use paper for classwork.

*From the guidance:*

Students’ books, art supplies and other paper-based materials such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.

**42. How do we manage books from our classroom library?**

*The answers to these questions are all addressed in the guidance:*

- Limit sharing of materials:
  - Keep each student’s belongings separated from others’ and in individually labeled containers, cubbies or areas. Used items should be taken home each day and cleaned.
  - Ensure adequate supplies to minimize sharing of high touch materials (art supplies, lab equipment, computer equipment etc. assigned to a single student) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
  - Do not share electronic devices, toys, books, musical instruments, games or learning aids.
  - Library books may be safely returned to circulation after three (3) days since last use.

## **Air quality/Ventilation**

**43. What is the recommendation around using fans?**

Natural ventilation through windows can be effective but is dependent on factors that drive pressure differentials between outdoors and indoors, like wind pressure and stack (or buoyancy) effects. Therefore, airflow into the building, even with open windows, is not guaranteed. To help address this, schools can consider using window fans or box fans positioned in open windows to blow fresh outdoor air into the classroom via one window and indoor air out of the classroom via another window. Note that devices that simply recirculate the same indoor air without filtering it or replacing it with fresh air are not

helpful in reducing any airborne virus present in the room (including most window air conditioning units, fans used in rooms with closed windows, and fan coils and radiators).

**44. Many VT classrooms are regularly 80-90 degrees in the warmer months. This does not meet the guidance requirements. How do we minimize risk of heat stroke, asthma attacks, etc.?**

I am not sure what you mean by not meeting the guidance requirements. Heat stroke and asthma attacks are not at higher risk when ambient temperature is high.

**45. Having all desks facing forward, means that all air movement is coming at the teacher. How is this safe for the teacher?**

Teachers and students will be masked and maintain physical distancing to the extent possible which will minimize exposure even with forward facing desks.

**46. It is a natural reaction to turn your body when you sneeze. When this happens with students and they don't catch the sneeze in their elbow, what are the procedures that should be followed for the safety of students and teachers?**

Students and teachers will be masked, and the sneeze will be captured in the cloth.

**47. The guidelines address the need for proper ventilation. With new information coming out regarding aerosol transmission, ventilation appears to be even more important than we may have thought in the spring. Does the Health Department provide guidelines or services for the inspection of air quality in our schools? Which state agency oversees the inspection of HVAC systems and air quality?**

There will be more guidance in the AOE/VDH revision this week but here are three resources:

- [ASHRAE Epidemic Taskforce Schools & Universities](#)
- [SCHOOLS FOR HEALTH: Risk Reduction Strategies for Reopening Schools \(June 2020\)](#)
- [A Clean Start: Controlling Viruses and Bacteria in Schools with Healthy Cleaning Practices \(Part 3\)](#)

**48. Do you recommend that ultraviolet lights and HEPA filters be part of upgraded ventilation systems? Would it make sense to have HEPA air purifiers in each classroom?**

*This answer is still in progress.*

**49. What type of HVAC systems are used in hospitals? Do you have any information about the hypothesis that inadequate ventilation was a contributing factor in the high infection rates in nursing homes? What are the implications for schools?**

*This answer is still in progress.*

**50. In most schools, it has become standard practice to keep classroom doors closed for safety and security reasons. Do you recommend opening doors to enhance the circulation of air?**

*This answer is still in progress.*

**51. Many of our schools have small and narrow windows in classrooms. What can be done to improve ventilation in these classrooms?**

*This answer is still in progress.*

## Cleaning/maintaining safe shared spaces

### **52. Are education staff required to clean their classroom spaces? Is training in proper cleaning protocols being uniformly provided to teachers, instructional assistants, and substitutes?**

The question about who cleans is best answered by the SU/SD leadership as each school will have different protocols in this area. Yes, all staff should be trained in proper cleaning techniques per guidance.

### **53. Students will be bringing electronic devices, school supplies, and personal items (lunchboxes, water bottles, etc.) to/from school each day. What safety measures should be taken with these materials?**

*From the guidance:*

Students' books, art supplies and other paper-based materials such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.

Limit sharing of materials:

- Keep each student's belongings separated from others' and in individually labeled containers, cubbies or areas. Used items should be taken home each day and cleaned.
- Ensure adequate supplies to minimize sharing of high touch materials (art supplies, lab equipment, computer equipment etc. assigned to a single student) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.

Adults assisting students with their food should wash their hands before handling the student's plate or lunch box, and wash or use hand sanitizer between the handling of the next student's lunch box. This includes staff helping students open milk cartons or peel fruit.

## Masks, facial coverings and PPE

### **54. Anticipating having student(s) that are exempt from wearing a mask, what additional precautions can staff working closely with these students expect?**

For the rare student who is unable to tolerate a mask, the other mitigation strategies should have increase attention (stay home when sick, hand hygiene and try to minimize less than 6 feet of exposure for more than 15 minutes).

### **55. How are we expected to meet the needs of students who arrive without masks?**

Schools will have extra facial coverings available for students and staff. Your COVID Coordinator and school nurse are a great resource for this.

### **56. How should we respond when a mask gets wet/dirty/damaged?**

Have student remove mask, store separately and replace with second mask.

### **57. Other than during meals, under what circumstances can students remove their masks during the day?**

Student can take breaks from masks when outside and able to stay 6 feet from others. As time outside because less frequency due to weather, students may take breaks when 6 feet from others and for less than 15 minutes.

**58. I have seen several plans where schools are using mask breaks. What parameters would you recommend for these breaks?**

Student and teachers who take mask breaks should remain 6 feet apart and limit the break to under 15 minutes.

**59. In our first town hall, Dr. Holmes addressed a question about student non-compliance with masks. This remains a concern for many educators who know that children and youth do not comply with behavioral expectations in the same way adults do. What advice do you have for educators who are concerned that schools will become, out of necessity, far more regimented and impersonal with so many required protocols in place?**

We are all experiencing the need for new routines and behaviors during this pandemic. Our experiences in childcare and summer programs did not lead to a regimented or impersonal feeling. This pandemic is requiring so much of us all.

**60. The state is providing 10 KN95 masks per educator. How do you recommend cleaning/reusing those?**

From the AOE website:

[education.vermont.gov/sites/aoe/files/documents/edu-fact-sheet-use-and-wear-KN95.pdf](https://education.vermont.gov/sites/aoe/files/documents/edu-fact-sheet-use-and-wear-KN95.pdf)

**61. What do you recommend educators use for PPE?**

Classroom educators are required to wear mask, which is detailed in the Strong and Healthy Schools guidance. There are special instructional circumstances where educators should wear eye protection as well. See AOE forthcoming references here.

**62. Dr. Levine stated that face shields are acceptable alternatives to masks in our first town hall. Could you list the specific features to look for in selecting effective shields? Have school districts purchased these shields for employees?**

*From the guidance:*

The use of clear facial shields for adults that cover the eyes, nose, and mouth is less preferable, but allowable. They must meet all of the health guidance of the Vermont Department of Health. Face shields should extend below the chin and to the ears laterally, and there should be no exposed gap between the forehead and the shield's headpiece. Staff with minimal contact with students, and students should not wear face shields.

**63. What assurances do all employees have that adequate PPE will be readily available? Should all employees consider eye protection? If not, what situations would dictate eye protection?**

All school personnel are being provided with face coverings through the AOE. There will be a supply of cloth face covers for students who need them or lose their own. Personal Protective Equipment is required for all persons providing close contact health services. If school personnel wish to wear a clear face shield over their face cover, that may add a layer of protection. Employees who interact with students who can not comply with masks should also wear goggles.

**64. Educators who work with students with intensive needs will require additional PPE; is there specific guidance for their practice beyond using additional PPE?**

Yes, that guidance will be part of the planning with and for students with special needs. School nurses or COVID Coordinator can arrange for training and obtaining the specific supplies needed. More guidance from AOE is coming and much is covered in these documents which includes training videos found on the CDC website.

- [Considerations for Post COVID Return to School for Students with Disabilities and Special Healthcare Needs](#)
- [Guidance for Healthcare Personnel on the Use of PPE in Schools During COVID-19](#)
- [COVID-19 Personal Protective Equipment Guidance](#) (Vermont Department of Health)

## Safety drills

**65. What guidance can the DOH/AOE provide on how to conduct Fire Drills and Lock Downs while maintaining a 6-foot distance?**

*From the guidance:*

Fire and safety drills must continue to occur according to state regulations. Administrators and school safety teams must develop protocols to do this safely in the context of this guidance and for physical distancing of staff and students.

## Isolation of sick individuals/Contact tracing/School-classroom closure decisions

We are finalizing a tool kit for schools which provides all of the material to understand positive case protocols, contact tracing and how to talk with teachers, students and parents.

**66. When a student/educator has tested positive, what happens after the initial isolation procedures?**

Individuals who test positive for COVID-19 will need to self-isolate. For most persons with COVID-19 illness, we follow the recommendations of the Centers for Disease Control and Prevention, which state that isolation and precautions can be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. A limited number of persons (e.g. those with severe illness or immunocompromised) may need to isolate for 20 days after symptom onset.

## 67. Could the Health Department provide language for discussing incidents of COVID-19 within our schools?

*From the guidance:*

### Contact Tracing / Role of the Health Department

Contact tracing is a strategy used to identify people who have been in close contact with a person who has tested positive for COVID-19 during their infectious period. Close contact is defined as being within 6 feet for more than 15 minutes with a person with COVID-19 while they were contagious. Close contacts are at higher risk of becoming infected, so it is recommended that they quarantine to help prevent spread of the virus.

A contact tracing team from the Vermont Department of Health calls anyone who has tested positive for COVID-19. They ask the person questions about their activities and people they've been in contact with while they were contagious. This helps identify the people who were in close contact with the person diagnosed with COVID-19. These might include family members, classmates and coworkers.

When there is a confirmed case of COVID-19 identified in a school, a member of the contact tracing team will reach out to the person with COVID-19 to identify who had close contact with them. The contacting tracing team will also reach out to school administration who will work with the health team to determine next steps. The contact tracing team will work with the school to notify the students and staff who were possibly exposed to the virus that causes COVID-19. The Health Department will work with school administrators or school nurses to address and mitigate the situation if more than one case is identified in the school.

### Contact Tracing / Role of Schools

School administration should develop a proactive plan for when a student or staff member tests positive for COVID-19. The Health Department is actively developing materials to support schools in making these plans. Take measures so that persons potentially exposed to the virus can be more easily identified:

- Use assigned seating for each class.
- Take attendance for every class and include all staff/contractors who were in the classroom
- Use sign-in sheets for in-person meetings to document attendees.
- Keep accurate records of any persons other than students and staff that enter the building, their reason for being there, names of the people they interacted with (if within 6 feet for >15 minutes) and the locations in the building they visit.
- Provide a name and contact number for the COVID Coordinator or school or SU/SD leadership when a family has a positive COVID-19 case to the family so they can notify the coordinator in off hours and share with contact tracing team.
- Staff should be encouraged to keep a daily list of other people they are in close contact with. As the state reopens, Vermonters should consider keeping a contact journal. If you do get sick, this will make it easier to get in touch with those people, and so they can take proper precautions to prevent further spreading of SARS-CoV-2.

## 68. What will happen if I get sick?

We hope that few teachers become ill. Wearing a mask, maintaining physical distancing particularly from other adults, and frequent handwashing should help minimize the risk of becoming ill. The guidelines for school opening emphasize that sick people should stay home. Ill teachers should contact a primary care provider or be connected to primary care through a Federally Qualified Health Center (FQHC). This will allow for appropriate symptom management and overall care.

The Health Department is working with pediatricians, adult caregivers, and infectious disease experts to develop algorithms for the management of ill students, teachers, and staff. For example, some findings such as loss of sense of smell may indicate need for immediate COVID-19 testing. Other symptoms such as just sore throat alone may only require self-monitoring. We want to make sure the entire health community has a consistent approach to teachers and staff with signs and symptoms of possible COVID-19

## 69. When a teacher, staff, or student tests positive for COVID, who will get notified? Apparently, in other states, as long as social distancing was maintained, the administration is not responsible to notify anyone. Who will make decisions about keeping cohorts home for 14 days, or schools closing due to a certain number of COVID cases? When can we expect this guidance?

The Health Department will perform contact tracing to identify those in the school environment who came into close contact with anybody diagnosed with COVID-19. A close contact is defined as someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated. Anyone found to be a close contact will be recommended for testing and quarantine while awaiting results.

*From the revised guidance August 11, 2020*

### Closing Schools for In-Person Instruction

Other than under Step I, the decision to close schools or certain classrooms for in-person instruction will be made by the local superintendent or head of school after consulting with the Department of Health. The Department of Health epidemiologists will provide guidance based on a number of factors, including the level of community transmission, the number of students, teachers, or staff infected, and other indicators the Health Department uses to assess the status of COVID-19, and the ability of the school to implement mitigation strategies.

Decisions to close for in-person instruction will be determined on a case-by-case basis.

- If the school is cohorting students in a single-classroom, the Health Department recommendation will most likely be to close the classroom for in-person instruction and exclude students and staff in the affected classrooms/cohorts/pod for a minimum of 24 hours while contact tracing is conducted.
- If students are moving about in multiple classrooms, the Health Department recommendation will most likely be to close all potentially impacted classrooms and exclude students and staff in the affected classrooms or the entire school for in-person instruction for a minimum of 24 hours while contact tracing is conducted.

The Health Department will use this time to gather the facts about the situation, including the period of time in which the individual was at school while infectious. The Health Department will convene a rapid response team with the school and will initiate the investigation, including contact tracing. Based on this information, the Health Department will make further recommendations regarding further closure for in-person instruction and other infection control measures.

**70. If students are found to be symptomatic and required to be isolated and tested, will their classmates and teachers be considered contacts who also need to quarantine? At what point will an isolated student with symptoms be required to have a COVID test?**

Yes, when an individual tests positive the Health Dept. will contact the school to identify and notify those who are [close contacts \(within 6ft. for 15 min. or longer\)](#). Most likely the student will be discovered to have something other than COVID-19.

*From guidance:*

If COVID-19 is confirmed in a student or staff member, schools will work with the Department of Health to determine next steps. Identification of a student or adult with COVID-19 in the school is not an indication to close the entire school. The Department of Health is developing materials and algorithms to use with schools to support response actions and decisions.

**71. If a student tests positive for COVID-19, will all the student's contacts be notified? How will that communication be handled? Will the Health Department be responsible for the entire process? How should schools prepare for the possible stigma attached to families in this scenario?**

*From guidance:*

If COVID-19 is confirmed in a student or staff member, schools will work with the Department of Health to determine next steps. Identification of a student or adult with COVID-19 in the school is not an indication to close the entire school. The Department of Health is developing materials and algorithms to use with schools to support response actions and decisions.

Stigma is an important consideration in this pandemic and the health department has created templates for respectful communication about positive cases.

**72. At what point will closing the physical school be the prudent thing to do? Is there a metric that will be employed, i.e. number of cases per 100 students?**

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**73. If an employee tests positive for COVID-19, how long will they need to be in quarantine? How should their sick leave be covered?**

An individual positive for C-19 goes into isolation where they do not interact with others in the household. Isolation means, staying home 24/7 in a separate room, in the house, using a separate bathroom, avoiding contact with others. Wear a mask if you're in a room with other people, unless you have trouble breathing. See [What is Isolation, Quarantine, & Self-Isolation](#). Sick persons stay in isolation for 14 days, or until a test at day 7 comes back negative or until 10 days after the first symptoms appear and they no longer have any symptoms when not taking ibuprofen or acetaminophen.

See [Do you need to take time off work because you've been diagnosed with COVID-19?](#) If employer-paid time off is not available, under the Vermont Earned Sick Time Law, employers are required to give employees 40-hours per year of earned sick time. Employees should check with their employer to confirm what, if any, accrued leave balances they have available.

**74. If I suspect I have encountered an infected individual, how do I know if it is safe to be around others?**

If the individual tests positive for SARS-CoV-2, the health department will contact you if you are identified as a close contact. Otherwise, you should monitor your symptoms daily and consult with your medical provider about further action.

**75. If a school employee lives with someone who has tested positive, does the school employee have to quarantine for two weeks?**

Any household contacts of the person who is + for C-19 is required to quarantine for 14 days.

**76. Following educators' positive COVID-19 tests, will all their students be informed and expected to quarantine? Will the Department of Health manage that communication and contact tracing? For some teachers, this situation would involve over 100 students.**

Students and others who have spent 15 min. or longer in close contact with in 6 ft. will be notified that they may be a close contact of someone with COVID-19. As part of their routine procedure the Health Department conducts all contact tracing.

**77. Is there a specific, statewide protocol to follow in the event of a student or staff member testing positive?**

This will be determined on a case-by-case basis, depending on a number of factors including the level of community transmission, the number of students, teachers, or staff infected, and other indicators the Health Department uses to assess the status of COVID-19, and the ability of the school to implement mitigation strategies.

**78. How will contact tracing be conducted for high school students, since they will not be able to remain in small pods like the ones planned for elementary grades? Will the Health Department and AOE be issuing further guidance regarding the movement of high school students during the day?**

School districts/supervisory unions are developing their educational plans based on health guidance. We recognize that maintaining pod integrity is not always possible, including with older kids.

**79. Since we will need more substitutes to fill-in for educators who will be out, what training opportunities will be required for substitutes to make sure they can manage the stringent requirements and regulations during the pandemic?**

All staff, including substitutes, will need to be trained and follow health guidance.

**80. By the nature of their positions, some educators can be in contact with multiple employees and students. Beyond monitoring the six feet of physical distance, what precautions should these employees take? Should they maintain records of their contacts each day?**

Yes, that is why teacher attendance records are important. An art teacher for example will know that they were in which classrooms on certain days, etc.

**81. Some specialists often work in different buildings within the same school district. Are there any specific protocols these employees should follow? Are teachers who teach various groups in multiple classrooms at a higher risk of infection?**

Specific protocols may include putting on a clean smock, shirt, or jacket if you plan to spend [close contact](#) time with a specific group of individuals but in general universal hygiene measures, hand washing, face covers, maintaining 6ft distance whenever possible, and cleaning and disinfecting high touch surfaces are important.

**82. Can you be explicit about Vermont's capacity for testing and contact tracing? We continue to hear reports in the national news about a shortage of tests and delays in getting results.**

Vermont has been doing an excellent job of monitoring testing resources and supply chains. Monitoring is done daily and reported to the State Emergency and Health Operations Center. This data is part of Commissioner Mark Levine, MD and team's analysis for working with Gov. Scott on the state's plans. The health department has expanded their contact tracing capacity and is well positioned to managed positive cases.

## Workplace issues for employees

**83. I have provided my employer with documentation that I am high risk for complications due to COVID-19, according to CDC guidelines. What do I need to do to stay alive until a vaccine is available? Do you recommend that I work remotely until it is safe for me to return to the school building?**

Individuals should contact their health care providers for shared decision making conversations about risk and employment.

**84. I had an appointment with my primary care physician to discuss my underlying conditions and a possible return to the workplace. While she said she would provide a written diagnosis of my condition, which clearly puts me in the high-risk category, she refused to make a recommendation in writing that I do not return to the pre-vaccine workplace. Is this a common practice within the medical profession?**

The best model is shared decision making and ultimately the decision is made by individual employees.

**85. What will the State of Vermont do to support employees with underlying conditions when the school district cannot or will not provide ADA accommodations?**

If you have questions about the American's with Disabilities Act, you may want to contact the Agency of Commerce and Community Development on their ADA page.

**86. I am 64 and have some health complications, how is being in school increasing my risk of exposure? What information is available to help me decide whether or not I feel safe teaching in person?**

The school reopening guidance suggests many mitigation strategies to help minimize the risk the teachers will become ill with COVID-19. Screening, masking, physical distancing, handwashing, and use of outdoor spaces should all help minimize the risk of any adult becoming infected in the school environment – regardless of teacher age or underlying medical condition. These are the same measures that we have put into practice to mitigate risk of exposure in all of our public settings, not just at schools. Arguably, those who spend the majority of their working day surrounded by young children rather than by adults may be at lower risk of exposure since young children are infected far less frequently than adults. Age is a risk factor for severe COVID-19 with older adults at higher risk. However, there is no specific age that precludes any activity. Regardless of age, people with some conditions are at increased risk for severe COVID-19. Again, any one of these conditions does not preclude any activity. We encourage teachers to engage in a conversation with their health care provider and school administrators regarding their risk and strategies to minimize their risk.

**87. I live with my parents, both of whom are in the high-risk group, so I am concerned about the risk of exposing them when I return home from the school building. Should I continue to live in the same house? What protocols and practices do other essential workers follow to mitigate this risk? What specific advice do you have for those of us who live with others in the high-risk groups? What about households with infants? What form of leaves of absence or accommodations will the State of Vermont support for families in this situation?**

When living with others or others who are at high risk, it is important to follow public health practices, of hand washing, covering coughs/sneezes, cleaning and disinfecting high touch areas. Persons with high

risks should talk to their medical providers about specific needs. This is guidance for protecting others.

[People Who Need to Take Extra Precautions](#)

**88. Related to the above question, should students who live in multi-generational households and households with infants take extra precautions?**

Individual decisions about risk need to be discussed with health care professionals.

**89. Will the AOE and Health Department issue more specific guidance about how school employees should be mitigating risk in their workplace? For example, what protocols are followed in state office buildings, post offices, and other workplaces where employees have returned to work full-time? What specific practices have been successful in health care facilities and offices?**

State and public workplaces are required to take the VOSHA training and any relevant guidance based on national professional organization standards. Regarding health care facilities/offices, the VOSHA training and Standard Precautions trainings which are a routine for any employee in health care at all times.

**90. What training modules should be in place when employees return to the workplace?**

[The VOSHA training](#) and anything additional provided by you SU/SD/Independent School

**91. Beyond taking their temperatures, what specific criteria should employees use to determine whether they should enter the workplace each morning? What symptoms or combination of symptoms will be the most alarming?**

All individuals should monitor their health daily. Important considerations are, [close contact](#) with someone known to have COVID-19 or any COVID-19 symptoms [found here](#).

**92. Will all school employees be tested for COVID-19 upon their return to the workplace? Should they be tested regularly throughout the year? If the greatest risk to me in a school is adult-to-adult transmission, do I not have the right to know whether the virus is present in the workforce? How often will students be tested?**

*From guidance:*

The Department of Health does not recommend routine COVID-19 testing of staff or students. Please visit the Department of Health's [Testing Site](#) to learn more about who should get tested and where to get a test. In the event of a case of COVID-19 in the school, the Department of Health will identify close contacts and recommend to school administrators who should be tested for COVID-19

## High schools and Career and Technical Education centers

**93. We have spent a lot of time, understandably, talking about our younger students, but I work in a high school. In addition to spreading the virus at similar rates as adults, teenagers take more risks socially and physically than children and most adults. Does the DOH or AOE have any programs in place to address the risk factors teens face, given their unique developmental stages?**

Thoughtful and innovative work has been going on with the VT Afterschool Coalition or 9 to 26 Coalition all spring and summer. There are some examples of youth working on the COVID planning teams, working in summer camp programs and more that can be seen here: [Vermont Afterschool](#).

**94. In our Career and Technical Education centers, students come from multiple communities and different schools. Should CTE educators follow any additional or different protocols as their students enter the building?**

CTE educators should follow all precautions, like all educators, and be sure to keep track of the students in their classroom(s).

## Social-emotional health

**95. Many educators have raised concerns about the social-emotional well-being of their students, their colleagues, their families, and themselves. What mental health services will be expanded to meet this increased need? Is there a plan at the state level to provide programs in stress reduction and coping skills for all school employees and their families? The chronic stress and anxiety related to COVID-19 appears to have become a public health crisis in and of itself.**

The VT agencies such as Dept. of Mental Health and national experts have been promoting some excellent mental health resources: [Administrator Tips: Caring for Yourself and Stare aff in the Time of COVID-19](#) (5/6) [Department of Mental Health](#) has a wealth of resources. School personnel should be using their Employee Assistance Program available at most VT schools and employers; check with your HR department.

**96. Will school counselors have the support they need to deal with social-emotional wellbeing and mental health issues, particularly in the event of serious illness or death?**

School personnel are recommended to become informed about COVID-19, to build a culture of respect and responsibility for the rights and protection of others, and to follow school policies around bullying and harassment. See [Reducing Stigma](#) and [A guide to preventing and addressing social stigma associated with COVID-19.pdf](#). [Emergency Services](#) via VT's DMH.