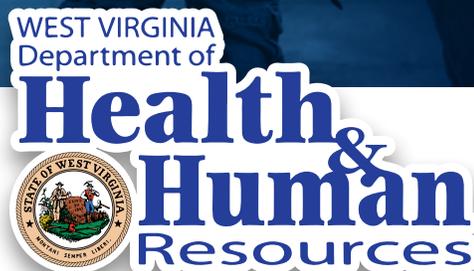
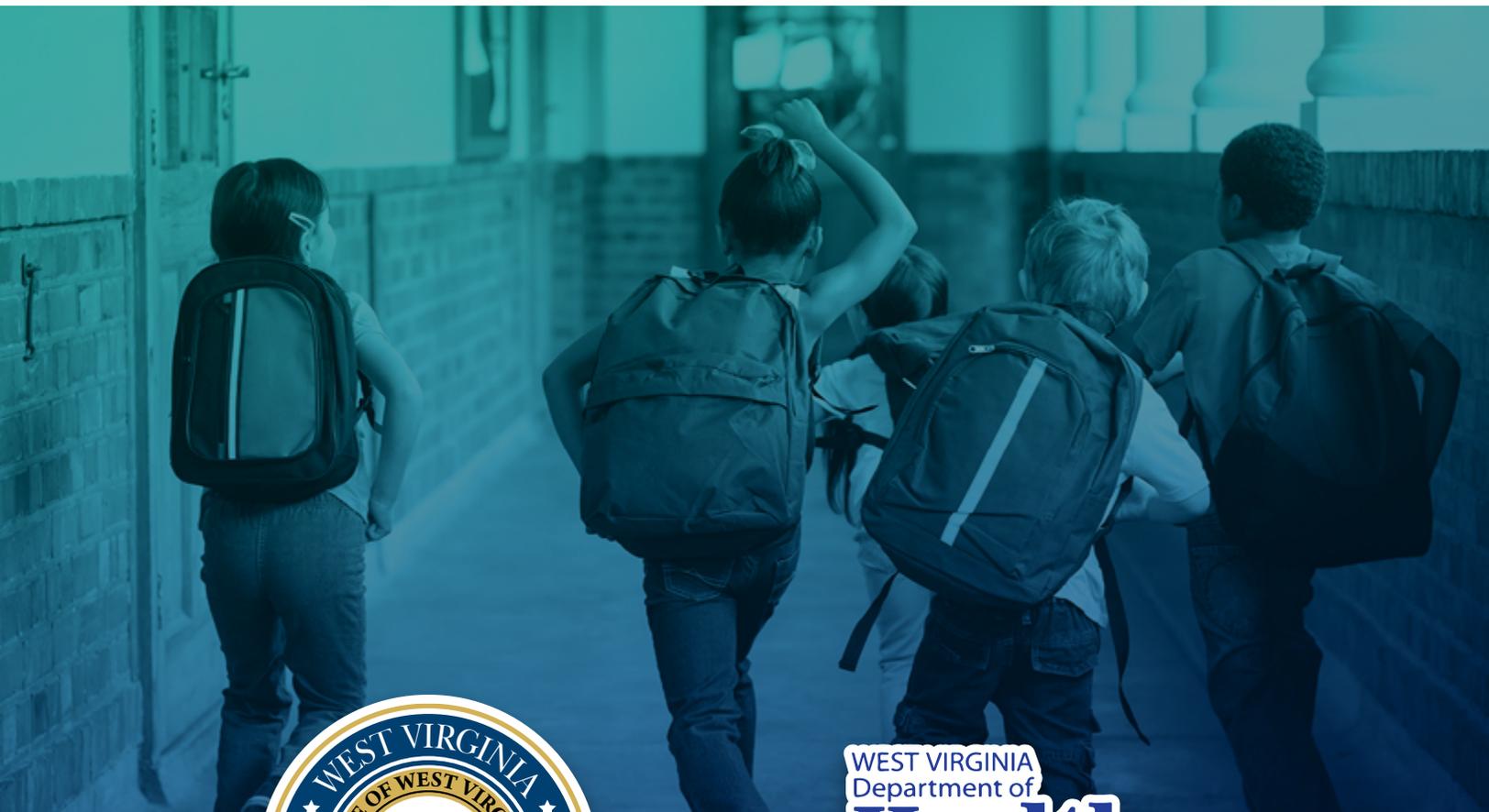


West Virginia Schools Re-entry Toolkit

COVID-19 GUIDANCE



September 18, 2020

MESSAGE FROM THE SUPERINTENDENT

Dear Colleagues, Families and Friends,

The COVID-19 pandemic has disrupted life as we know it. In a matter of weeks, the infrastructure of our daily routines was shuttered and most of us retreated to our homes. School service personnel stayed on their jobs as Governor Jim Justice moved our schools to full remote learning while ordering the continuation of meal distribution for more than 265,000 children.

Our counties stepped up in ways we never could have imagined or predicted to feed and keep our children engaged academically. However, the fact remains that there is no substitute for in-person participation in school. Students need to be in school, and teachers need to be teaching them. For too many of our children, this is more than a convenience because school is their survival zone. It is where they are fed, taught, nurtured, protected and prepared for life's journey. Some may say this is not the role of our school system, but the opioid epidemic and substance abuse crisis we were facing well before the COVID-19 pandemic dictated that the role of education change. Unfortunately, we have yet to recover from either.

While returning to school is extremely important, if it is done, it must be in the safest way possible. The [American Academy of Pediatrics](#) and the [Journal of the American Medical Association](#) have issued guidance and research reinforcing the importance of reopening school, yet the ever-changing course of the virus may require the need to pivot. The uncertainties of COVID-19 and what it will look like in the fall make it difficult to plan. Difficult, but not impossible. The scenarios and resources in this toolkit are designed to give schools, boards of education and local health departments flexibility in making decisions that best serve their students.

To our parents and broader community, we understand that there are concerns and questions. We are working to address those concerns as best as possible. As a community, if we participate in best health practices in school, at home and in our daily lives, we can reduce the spread of the disease.

Until we are able to return to a more traditional, long-term school schedule, we will have to take the necessary steps to guard our health. This toolkit will assist in these efforts.

I am especially grateful to Governor Jim Justice, Dr. Clay Marsh, Secretary Bill Crouch, the West Virginia Board of Education and all of the partnering organizations that have participated and continue to support the state's public schools. Their guidance, insight, expertise and commitment to our children has been extremely helpful during this process.



W. Clayton Burch
West Virginia Superintendent of Schools

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RETURN TO SCHOOL

The guidance in this document is subject to change as additional information about the spread and prevention of COVID-19 is known. School re-entry and continued operations are guided by the metrics developed by the West Virginia Department of Health and Human Resources (WVDHHR), public health officials and Governor Jim Justice and implemented by the State Department of Education. If COVID-19 cases rise to the levels outlined in the School Re-entry Metrics and Protocols ([see page 24](#)), counties must be prepared to implement stricter protocols, curtail extracurricular activities and/or alter learning plans.

Separate and apart from this document, there are outstanding issues that have yet to be determined. When we are able to return to school, it is vital that re-entry plans are in place so that the transition back to school is smooth.

As we move closer to fall, there may be a need to implement additional safety requirements that are a departure from the guidance in this document when necessary to safeguard student health. Consider a blended learning option whereby students who have sufficient access to broadband may participate from home. Those students who do not would report to the school building for access (Students who require direct services can also report to the school building).

Our teachers and school personnel are key to the safety and well-being of thousands of students in our state, yet we will need to remain vigilant and flexible. Counties must have contingencies in place to deliver instruction in person, via a hybrid model or through a full remote delivery model. Through our combined and unifying efforts, following these requirements and recommendations of this document, we will be safer, healthier and better prepared to thrive in the midst of this pandemic.

Focus Areas

In addition to the considerations herein, the West Virginia Department of Education (WVDE) has convened an Advisory Council consisting of more than 40 collaborative partners. Working within nine focus areas, the Council remains engaged to assist counties in developing recovery and re-entry plans and strategies for fall 2020 and beyond.



Instruction/Learning



Physical, Social-Emotional, & Mental Health Wellness



Career Technical Education (CTE)



Child Nutrition



Special Education



Safe Schools & Transportation



Finance



Extracurricular/Extended Activities



Technology

For complete details visit wvde.us/covid19

Face Coverings and Social Distancing

According to national and local health experts, face coverings and social distancing significantly reduce the spread of COVID-19 by preventing people from contracting and transmitting the disease. It is important to note that most guidance (locally and nationally) either requires or strongly recommends the use of face coverings in public. The science continues to support the same as these items reduce air droplets produced when people speak, sing, yell, cough and sneeze. This document reinforces the importance of face coverings when it does not aggravate existing health conditions. Not all students can use these because of their age or developmental constraints. However, using the School Re-entry Metrics, the West Virginia Department of Education has outlined requirements and recommendations for face coverings to best protect public health in schools. This is especially important when children are in congregant settings, unable to exercise six feet of social distancing and/or when there are active cases of COVID-19 in the school community. Refer to the School Re-entry Metrics ([page 24](#)) and the weekly updates at wvde.us/reentry for details on school opening and operations, and athletics and extracurriculars.

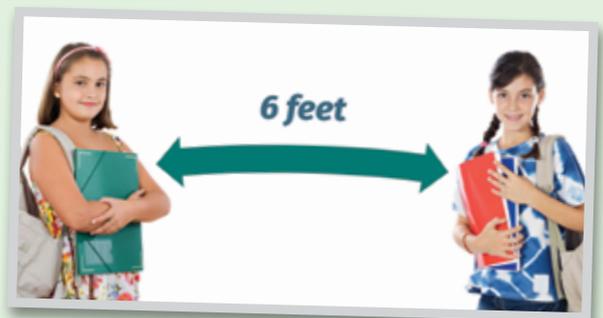
Further Protocols for County Boards of Education

- ▶ Face coverings are required of all staff when they cannot provide instruction in a socially distanced manner. For detailed guidance on staff face coverings, visit the School Re-entry Metrics and Protocols updated regularly at wvde.us/reentry.
- ▶ In accordance to the School Re-entry Metrics and Protocols, face coverings are required for grades 3 and above on buses. Additionally, face coverings are required in congregant settings (outside of core groups) where social distancing cannot be maintained unless students are medically waived.
- ▶ When face coverings are required, schools should make these available, however, students are encouraged to bring their own.
- ▶ Any student who cannot wear a mask or face shield due to a medical condition, including those with respiratory issues that impede breathing, a mental health condition, or disability, and students who would be unable to remove a mask without assistance are not required to wear face coverings. Individuals who are communicating or seeking to communicate with someone who is hearing impaired or who has another disability, where the ability to see the mouth is essential to communication, are not required to wear a mask; however, individuals should consider using another type of face covering such as a plastic face shield or a face covering with a clear panel.
- ▶ Students in grades 6 and above in counties operating in the yellow or orange levels of the School Re-entry Metrics and Protocols are required to wear face coverings at all times.
- ▶ If COVID-19 cases for a specific area sustain an upward trend, further restrictions may be implemented according to the School Re-entry Metrics and Protocols.

****Due to the fluid nature of COVID-19, requirements and recommendations on all protocols are subject to change.***

Schools and counties are required to:

- ▶ Closely monitor the School Re-entry Metrics and Protocols to determine the prevalence of COVID-19 in their communities and monitor the level of school operations and extracurricular activities permitted.
- ▶ Provide social distancing floor/seating markings in waiting and reception areas.
- ▶ Mark or designate six feet of spacing to remind students and staff to always stay six feet apart in lines and at other times when they may congregate.



- › Provide marks on the floors of restrooms and locker rooms to indicate proper social distancing.
- › Ensure that students and staff are aware of the correct use of face coverings ([See Guidance for k-12 School Administrators on the Use of Cloth Face Coverings in Schools on page 19](#)).
- › Limit nonessential visitors and activities involving external groups or organizations.
- › Monitor arrival and dismissal of students to discourage congregating and ensure students report directly to classrooms or designated areas.
- › Develop policies and procedures to address appropriate social distancing to accommodate essential parent/guardian meetings, such as IEPs, disciplinary action, etc.

It is recommended that schools and counties:

- › Minimize opportunities for sustained exposure (15 minutes or more) by ensuring sufficient social distancing with at least six feet between people whenever possible (e.g., adequate space exists in hallways, classrooms are large enough or class sizes are small enough, students and staff utilize large outdoor spaces).
- › Provide frequent reminders for students and staff to stay at least six feet apart from one another.
- › When feasible, arrange desks or seating so that students are separated from one another by six feet. If it is not possible to arrange seating six feet apart, consider having all students sit facing the same direction (i.e., all sitting on the same side of a table).
- › Designate hallways as one-way, posting directional reminders on the walls and/or floor.
- › Designate entrance and exit doors for classrooms and restrooms to reduce people meeting face-to-face.

“As educators, we place the highest priority on the well-being of our children. Whether it be academically, socially and emotionally or otherwise, we understand that even during the pandemic, we will continue to find ways to reach and support our children.”

— Miller Hall, President, West Virginia Board of Education

- › Keep students and teachers in small core groups as much as possible during the day, and from day-to-day. Limit mixing between core groups (e.g., during recess, lunch, arrival and dismissal).
- › Suspend activities that involve bringing together large groups of people or activities that do not allow for social distancing, including assemblies, large groups using playground equipment simultaneously, etc.
- › Whenever possible, conduct events such as field trips, parent/family meetings, assemblies and performances virtually.
- › Review CDC guidance on school-based testing should a county choose to implement. Staff members are not expected to directly administer tests. School-based healthcare providers may.

Best Health Practices in Your School



Social Distancing



Wear Face Coverings



Wash or Sanitize your Hands



Do Not Share Pens/Writing Utensils



Do Not Touch your Face



Cough/Sneeze into your Elbow or Tissue



Do Not Come to School if Ill

School attendance might look different from county to county, however, the need to minimize possible exposure to COVID-19 must be a consistent priority. County boards of education are presently undertaking the important task of developing school re-entry plans that best address the needs and safety of their students in the midst of the COVID-19 pandemic. School days for the upcoming school year are likely to look very different than they have in the past and county decision-makers will unequivocally need flexibility to create engaging learning schedules, situations and environments. The number and length of in-person instructional days is a decision counties will have to make to best accommodate capacity issues and the necessary cleaning and disinfecting of school facilities. This may be accomplished during a traditional school day schedule, or during a blended school day schedule. The West Virginia Department of Education has proposed various scenarios and considerations that counties may contemplate when determining what their particular school days will look like for the upcoming school year, but county boards of education will make the determination of what the school day looks like within their boundaries.

School Re-entry Scenarios



In-person/Blended Instruction

This option allows in-person attendance at the school for a set number of days. Counties will decide what the school day and school week look like. Some counties will be in school five days each week while other county plans will opt for reduced days or hours for students in order to increase cleaning and sanitation and reduce exposure. On the days that students are not in school, learning will continue at home.



Remote Learning

Remote learning will occur for students participating in the in-person/blended option if it is necessary to close a school or county temporarily due to increases in COVID-19 cases impacting the school community. Schools cannot activate remote learning. This instructional model requires that all students remain engaged in learning and instruction at home using a range of tools and resources from basic materials to online applications.



Virtual Learning

Every county must offer a full-time virtual learning option for students. These students will still be considered public school students. Families who choose this option, would enroll their children in a virtual learning program and that child would ideally remain there at least for a semester.

The available virtual learning options are not the same as what families experienced at the end of last school year. Instruction will be provided using a West Virginia-certified teacher and families can expect the same instructional quality and rigor for their virtual school student as would otherwise be provided in a traditional classroom setting (including, in many cases, daily live virtual interaction with the teacher). In the event of an ordered school closure, virtual learning will continue unaffected.

For more information about the virtual learning options available for your student, please contact your local county board of education.

For complete details visit wvde.us/covid19



In-Person and/or Blended Instruction

Pre-K through Grade Five

- › Keep students with a core group throughout the school day and limit contact with other students (in hallways, restrooms, etc)..
- › Consider providing meals to students in the classroom; this time can be counted as instructional time because of the learning that takes place during the meal process. If the cafeteria is used, it must operate at 50 percent capacity or below and within social distancing guidelines.
- › Increase time for outdoor recess and/or instructional class time as playground/outdoor space allows.
- › Provide related arts instruction in the classroom or outside to minimize contact with other students.

Grades Six through Twelve

- › Consider a schedule that minimizes hallway transition time for both students and staff, such as block scheduling or options that separate students by grade.
- › Consider creative means and alternative delivery methods of offering physical education instruction and scheduling music courses so that age-appropriate social distancing is maintained and the spread of respiratory droplets is reduced.
- › Consider increasing the number of lunch periods to allow for greater social distancing during lunch.
- › Consider a blended learning option whereby students who have sufficient access to broadband may participate from home. Those students who do not would report to the school building (Students who require direct services report to the school building).

The CDC includes a decision-making guide for parents to determine the best instructional delivery model for their children (See the Back to School Decision Checklist on page 25).



Remote Learning

If the prevalence of COVID-19 significantly increases to the point that the metrics trigger the need to suspend in-person instruction, either on a statewide or regional basis, counties must be prepared to implement remote delivery of instruction. Plans for remote learning and meal delivery should be developed now in hopes of a seamless transition. Remote learning plans should include daily communication between teachers and students to the extent possible, and processes for monitoring, reviewing and/or grading student engagement activities.

Counties should also be prepared to transition to remote delivery in the event a COVID-19 outbreak requires the temporary, short-term closure of a particular school. This plan should include a process for notifying parents of the closure, providing timely information about school reopening and plans for engaging students during the short-term closure.



Regardless of the re-entry scenario chosen by a county or school, these health and wellness issues must be addressed.

Monitoring and Handling of Presumptive, Suspected & Confirmed COVID-19 Cases

Schools and counties are required to:

- › Post signage at the main entrance requiring that people who have been symptomatic with fever and/or cough not enter. Signage will be provided by the West Virginia Department of Education ([See Resources on pages 27-29](#))
- › Educate staff, students and their families about the signs and symptoms of COVID-19, when they should stay home and when they can return to school.
- › Establish and enforce wellness policies to prevent the spread of disease, including:
 - Require staff to stay home if sick; and
 - Allow flexibility with leave policies as provided by the Families First Coronavirus Response Act for Paid Sick Leave and Expanded FMLA.
- › Establish a dedicated space for symptomatic individuals that will not be used for other purposes.
- › Immediately isolate symptomatic individuals to the designated area at the school and send them home to isolate.
- › Ensure symptomatic students are isolated for a short period of time, in a non-threatening manner and under the visual supervision of a staff member who is at least six feet away wearing appropriate PPE.
- › Require the symptomatic person to wear a cloth face covering or a surgical mask while waiting to leave the facility when age and health appropriate.
- › Cloth face coverings should not be placed on:
 - Anyone who has trouble breathing or is unconscious;
 - Anyone who is incapacitated or otherwise unable to remove the face covering without assistance; and/or
 - Anyone who cannot tolerate a cloth face covering because of developmental, medical or behavioral needs.
- › Conduct symptom screening of any visitors entering the building, including family members, vendors and others. Screening may be provided at the school entrance or at the main office.
 - Individuals waiting to be screened must stand six feet apart from each other. Use tape or other markers on the floor for spacing.
 - The staff member responsible for screening temperatures must wear a cloth face covering and must stay six feet apart unless screening temperature.
 - Use a touchless thermometer if one is available.
 - If not available, use a tympanic (ear), digital axillary (under the arm), or temporal (forehead) thermometer. Use disposable thermometer covers that are changed between individuals.
 - Do not take temperatures orally (under the tongue) because of the risk of spreading COVID-19 from respiratory droplets from the mouth.
 - Staff member must wash hands or use hand sanitizer before touching the thermometer.
 - Staff member must wear gloves if available, change between direct contact with individuals, and must wash hands or use hand sanitizer after removing gloves and between direct contact with individuals.
 - Staff member must clean and sanitize the thermometer using manufacturer's instructions between each use.

WHEN TO STAY HOME

- Fever above 100.4
- Chills
- Shortness of breath
- New cough
- New loss of taste or smell

More details on page 25

- › Ensure teachers utilize the age-appropriate Symptom Screening Checklist for students ([See Resources on pages 25-26](#)).
 - For teachers of students in grades pre-k–2, the checklist should be used in conjunction with teacher observation and monitoring of student’s appearance, activity and level of engagement.
- › Require school nurses or delegated school staff who provide direct patient care to wear appropriate protective gear and perform appropriate hand hygiene.
- › Once a symptomatic person is removed from the school, implement cleaning and disinfecting procedures following CDC guidelines.
- › Have a plan for how to transport an ill student or staff member home or to medical care.
- › Adhere to the following process for allowing a student or staff member to return to school:
 - Person must stay home at least 10 days after onset of COVID-19 symptoms, 24 hours fever-free and improving symptoms.
 - Staff and students exposed to COVID-19 must be quarantined for 14 days irrespective of negative test results.
 - If a person is diagnosed with COVID-19 by a medical professional based on a test or symptoms or does not seek medical attention and has symptoms, he or she should not be at school and should stay at home until he or she (or a family member if younger child) can answer YES to the following questions:
 - » *Has it been at least 10 days since the individual first had symptoms?*
 - » *Has it been at least 24 hours since the individual had a fever (without using fever reducing medicine)?*
 - » *Has it been at least 24 hours since the individual’s symptoms have improved, including cough and shortness of breath?*
- › Notify local health authorities of confirmed COVID-19 cases among children and staff.
- › Ensure that if a person with COVID-19 was in the school setting while infectious, school administrators coordinate with local health officials to notify staff and families immediately while maintaining confidentiality in accordance with FERPA and all other state and federal laws.

Protecting Vulnerable Populations

Schools and counties are required to:

- › Systematically review all current health plans for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk of exposure to COVID-19.
- › Create a self-referral process for students/families at high risk for COVID-19 and have a plan in place to address requests for virtual learning options (e.g., Virtual School, homebound).
- › Obtain complete health histories and current well-child checks for all students entering pre-k, kindergarten, grade 2, grade 7 and grade 12. Be alert for any conditions or chronic illnesses that may exacerbate symptoms of COVID-19.
- › Consider ways to accommodate the needs of children who are medically fragile, have underlying medical conditions and/or are prone to illnesses.
- › Ensure health records and emergency contacts for students and staff are updated.



West Virginians have worked together during this pandemic to reduce the spread of the virus and protect the public’s health. As we return to school, this same diligence will be important to continue as we move forward.”

— Bill J. Crouch

Cabinet Secretary of the West Virginia Department of Health and Human Resources

It is recommended that schools and counties:

- Implement a virtual learning option for students who have been identified by their physician as unable to be in a traditional classroom setting because of high-risk status for severe illness.
- Inventory and provide students, school health personnel, staff and others presenting with symptoms with any necessary protective equipment and disinfecting supplies.
- Review health policies and practices to determine requests and/or changes in practices.

Social-Emotional Wellness

Fear and anxiety about COVID-19 can be overwhelming. The precautions that continue to be in place to slow the spread of the virus and the uncertainties these precautions may create can give rise to unexpected emotions in both children and adults. County school districts and individual schools must prioritize efforts to address social-emotional learning and the mental health needs of students. Additionally, students, their families and school staff must feel their physical and mental health needs are being supported. Schools play a critical role in supporting the social-emotional well-being of students, their families and school staff. County school districts must ensure all policies and procedures are culturally sensitive and ensure equity and access for all ([See Coping with Stress and Reducing Stigma on page 19](#)).

Schools and counties are required to:

- Convene a crisis response planning team meeting to update and revise the [West Virginia Schools Crisis Prevention and Response Plan](#) through collaborative planning (Refer to [Crisis Response Plan Template Overview/Instructions](#) for more information).
- Develop a mental health crisis response team that is prepared to provide mental health supports in response to a crisis.
- Provide access to professional student support staff, including school counselors, school psychologists and school nurses.
- Implement a continuous advisory system that provides students with meaningful supportive relationships and maximizes each student's personalized learning experience.
- Provide an integrated delivery of social-emotional standards ([See West Virginia College and Career Readiness Dispositions and Standards for Student Success](#)).

It is recommended that schools and counties:

- Develop a plan/protocol to ensure students feel safe, welcome and connected to at least one caring adult in the school.
- Engage in resource mapping to identify available resources and needs. This process should include an examination of existing school-based teams.
- Establish a school mental health resource team focused on the physical, social-emotional and mental health wellness of students, staff and families. School counselors, school psychologists, school nurses and social workers are trained to provide social-emotional and mental health supports to students.
- Develop a referral system for individuals who need targeted support as well as access to school-employed and community mental health professionals.
- Establish partnerships with community agencies to provide additional mental health services as needed.

 *The voices of educators who know their schools and students best are critical for creating effective plans for keeping students, educators, and communities safe and ensuring learning can occur.”*

— National Education Association

- › Develop a protocol to connect with at-risk students (those with previously identified mental health issues and/or those most affected by COVID-19).
- › Clearly communicate re-entry plans with students, families and school staff. Identify and address concerns related to re-entry.
- › Ensure discipline policies utilize a trauma-informed approach and school personnel are provided with professional learning opportunities (i.e. trauma-informed schools, Youth Mental Health First Aid) so they are better equipped to support students, families and each other.
- › Develop strategies and supports for students, families and staff members for each phase of recovery (before reopening, immediately after reopening and during long-term support) ([See Helping Children Cope on page 19](#)).
- › Address school staff needs:
 - Provide resources for staff self-care, compassion fatigue prevention and resiliency.
 - Provide information about employee assistance programs available through PEIA and in your community. The UnitedHealth Group provides the Optum Emotional-Support Help Line (866-342-6892) free of charge and open to all PEIA members (Available 24 hours a day, seven days a week).

Cleaning & Hygiene

Schools and counties are required to:

- › Provide adequate supplies to support healthy hygiene behaviors (e.g., paper towels, tissues, soap and hand sanitizer with at least 60% alcohol) for safe use by staff and older children.
 - Provide hand sanitizer with at least 60% alcohol for safe use by staff and older children at entrances, exits, classrooms and the cafeteria.
- › Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer with at least 60% alcohol by staff and older children.
 - Before
 - » *Eating or preparing food*
 - » *Touching your face*
 - After
 - » *Using the restroom*
 - » *Coughing, sneezing or blowing nose*
 - » *Handling cloth face covering*
 - » *Changing a diaper*
 - » *Caring for someone sick*
 - » *Touching animals*
- › Increase monitoring to ensure adherence to safety measures among students and staff.
 - Supervise use of hand sanitizer by students.
 - Ensure children with skin reactions to hand sanitizer use soap and water.
 - Reinforce handwashing during key times such as, before, during and after preparing food; before eating food; after using the toilet; after blowing nose, coughing, or sneezing; after using bare hands to touch objects that have been handled by other individuals.
- › Require hand cleaning when entering each classroom.
- › Systematically and frequently check and refill hand sanitizers.
- › Encourage staff and students to cough and sneeze into their elbows, or to cover with a tissue.
- › Ensure that used tissues are thrown in the trash and hands are washed immediately with soap and water for at least 20 seconds or cleaned with hand sanitizer.



- › Ensure that proper cleaning and disinfection of high-touch surfaces occurs frequently throughout the day.
- › Establish a schedule for and perform ongoing and routine environmental cleaning and disinfection of high-touch areas (e.g., door handles, stair rails, faucet handles, toilet handles, playground equipment, light switches, desks, tables, chairs, kitchen countertops, cafeteria and service tables, carts, and trays) with an [EPA Approved Disinfectant](#) for SARS-CoV-2 (the virus that causes COVID-19), and increase frequency of disinfection during high-density times.
- › Disinfect all shared objects (e.g., gym or physical education equipment, art supplies, toys, games) between use.
- › Paper-based materials, such as books and loose-leaf paper, are not considered high-risk for COVID-19 transmission and do not require additional cleaning or disinfecting procedures.
- › Ensure safe and correct use and storage of cleaning and disinfection products, including securely storing and using products away from children, and allowing adequate ventilation when staff use such products.
- › Develop processes to keep students' personal items separate and limit shared spaces (i.e., lockers).
- › Limit sharing of personal items and classroom materials to small groups and disinfect between uses or provide adequate supplies for individual student use.

It is recommended that schools and counties:

- › Utilize existing cleaning products to the extent possible because of allergies/sensitivities to chemicals.
- › Avoid shared use of soft or other items that cannot be easily cleaned and disinfected (e.g., stuffed toys, clay).
- › Provide additional options for handwashing stations by maximizing the number of available sinks (e.g., classroom sinks, all restrooms, portable handwashing stations).
- › Water bottle filling stations are preferred and the use of water fountains should be limited.
- › Develop a means for students and staff to report areas of concern regarding cleanliness/sanitation of the building.
- › Ensure disinfectants are approved by manufacturers to be sprayed on surfaces (e.g., paint sprayers, backpack sprayers).
- › Eliminate use of shared art supplies, toys, games, etc. by creating student-specific groups of materials.

“Taking the appropriate protective measures becomes so important at this time. We believe that we can accomplish a safe return to the classroom, but we must all work together to do so.”

— Dr. Clay Marsh, West Virginia Coronavirus Czar

When a student or staff member is a suspect or positive case of COVID-19

As long as routine cleaning and disinfection has been done regularly, additional cleaning and disinfection may not be necessary. Depending on when a person with COVID-19 was last in the facility, it may be difficult to know what areas they were in and what objects or surfaces they may have touched after they became sick.

General precautions for the custodial staff after an ill student has been in your facility

The risk of getting COVID-19 from cleaning is low. The following are general precautions for custodial staff, when a known case of COVID-19 has occurred:

- › Staff should not touch their face while cleaning and must wash hands after cleaning.
- › Custodial staff should wear disposable gloves when cleaning and handling trash.
- › Custodial staff should thoroughly wash hands with soap and water for at least 20 seconds after gloves are removed.
- › Staff who are responsible for cleaning and disinfecting should be trained to use disinfectants safely and effectively and to safely clean up potentially infectious materials and body fluids - blood, vomit, feces, and urine.

Water & Ventilation Systems

When reopening a building after it has been closed for a long period of time, reduced use of water and ventilation systems can pose health hazards. There is an increased risk for Legionella and other bacteria to form in stagnant or standing water.

It is recommended that schools and counties:

- › Implement guidelines found in the [CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#) and take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown to minimize the risk of diseases associated with water & ventilation systems.
- › Inspect ventilation systems for proper operation and maximum circulation of outdoor air. Please refer to the [CDC's Considerations for Schools](#) for additional guidance regarding the maintenance of healthy environments.

School Food Service

The following protocols are established for school food service consistent with statewide guidance for safely opening restaurants issued under the current State of Emergency declaration on June 2, 2020, by the West Virginia Department of Health and Human Resources, Bureau for Public Health.

Schools and counties are required to:

- › Establish lunch schedules and procedures that maintain cafeteria capacity at a 50% maximum threshold including:
 - Spaced meal serving lines (marked on floors);
 - Spaced seating; and
 - Longer meal periods for more staggered meal delivery.
- › Coordinate food service operations with teachers and administrators.
- › Ensure that all food service employees wear cloth or disposable face coverings at all times. Such coverings shall be cleaned or replaced daily. Reasonable accommodations will be made for employees who cannot wear a mask because of a specialized health condition; medical support documentation may be required by the employer to better understand what accommodation is appropriate. Local health departments can also be resources in exploring acceptable solutions.
- › Thoroughly detail, clean and sanitize the entire cafeteria facility before resuming dine-in services and continue to do so regularly. Focus such cleaning and sanitation on high-contact areas that would be touched by employees and students by always doing the following:
 - Procure and utilize cleaning products and protocols that include EPA-approved disinfectants that meet CDC requirements for use and effectiveness against viruses, bacteria and other airborne and blood-borne pathogens. For more information, [please refer to the CDC guidelines on disinfecting buildings and facilities](#).
 - Between school meal services, clean and sanitize commonly touched areas such as tables and seats.
 - Implement procedures to increase the frequency for cleaning and sanitizing surfaces in the kitchen. Avoid all food contact surfaces when using disinfectants.
- › Discard any single-use items left in the meal service area by students.
- › Ensure food preparation and distribution models are in place that adhere to social distancing guidelines.



While COVID-19 has upended much of our lives, it has reinforced the value and importance of public schooling.”

— American Federation of Teachers

- › Place designated trash bins where students can dispose of items at the end of the meal service in a manner that adheres to proper social distancing guidelines.
- › Serve milk and water to students in individual bottles. If students will be reaching into a cooler to grab their own milk or water, the cooler must be cleaned and sanitized between dining groups. Beverage dispensers with buttons or levers (such as a water cooler) should be cleaned at the same frequency.
- › Eliminate self-service food stations for food, condiments and utensils.
- › Eliminate family-style meal service (i.e., in pre-k collaborative settings within the school system). Meals will be distributed to students by a school employee following proper food safety guidelines.
- › Eliminate share tables until the State of Emergency is lifted related to the COVID-19 pandemic or otherwise directed by the Governor's Office.
- › Ensure that all students and staff wash their hands before and after the meal service.
- › Ensure that USDA Civil Rights requirements (i.e., special diets, protected classes) are followed.
- › Develop meal service contingency plans for remote learning scenarios.
- › Audit necessary supplies to ensure that schools are prepared to operate alternative serving models (i.e., serving meals in the classroom, disposable food service items).
- › Establish procedures and protocols to ensure students have access to school meals during unanticipated school closures. Counties should include, at a minimum, the following topics:
 - Procurement of food
 - Food distribution options
 - Staffing and volunteers
 - Transportation

It is recommended that schools and counties:

- › Where practicable, install physical barriers such as partitions or plexiglass in meal service and/or point-of-service areas.
- › Provide handwashing stations when feasible.
- › Use disposable containers and utensils when feasible.
- › Utilize classroom dining options when practicable and adhere to cafeteria capacity limits as determined by the Bureau for Public Health (current cafeteria capacity limits are 50 percent).
- › Utilize outdoor space for meal service as practicable and appropriate.



Transportation

Schools and counties are required to:

- › Require bus drivers to wear face coverings/shields any time children are entering or exiting the bus.
- › Clean and disinfect frequently touched surfaces in the vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) before all routes.
- › Fully clean and disinfect transportation vehicles regularly and/or as needed. Children must not be present when a vehicle is being cleaned.
- › Develop procedures for the proper disposal and/or laundering of cleaning supplies after use.
- › Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- › Clean, sanitize and disinfect equipment including items such as car seats, wheelchairs, walkers and adaptive equipment being transported to schools.
- › Ensure safe and correct use and storage of cleaning and disinfectant products, including storing products securely away from children and providing adequate ventilation when staff use such products.
- › Provide hand sanitizer (with at least 60% alcohol) to support healthy hygiene behaviors on all school transportation vehicles for safe use by staff and older children.
 - Hand sanitizer should only remain in school vehicles while they are in use as heat and direct sunlight can degrade its effectiveness.
 - Systematically and frequently check and refill hand sanitizers.
- › Require teachers and students to view [Safe Bus Loading and Unloading Procedures video](#) to address best practices related to transportation safety.
- › Face coverings are required on buses for children in grades three and above as long as there are no medical or developmental constraints that prevent their use.



It is recommended that schools and counties:

- › Utilize seating arrangements that require siblings and/or any students who cohabitate to sit together. Students living in the same household may be permitted to sit three to a seat, when possible. Keep bus stop groups of students together in the same section of the bus. WVBE Policy 2525 stipulations for pre-k students still apply.
- › Design appropriate bus loading and unloading procedures and/or seating charts to minimize contact between students.
- › If appropriate and safe, consider keeping windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation.
- › Evaluate each bus route to safely maximize occupancy and capacity to ensure bus loads are equalized.
- › Create a contingency plan for the transportation of students who may experience any COVID-19 symptoms during the course of the school day.
- › When feasible, utilize procedures for loading and unloading buses to limit the number of students entering/exiting the building at one time.

COMMUNICATIONS

It is important that education staff, families, students and communities receive information from reputable and reliable sources. Credible information is available at wvde.us/COVID19, coronavirus.wv.gov and cdc.gov.

Schools and counties are required to:

- › Develop reliable communication channels that accommodate all families regardless of technology accessibility. This should include online communications, emails, robocalls, personal phone calls, texts and newsletters (electronic and paper).
- › Survey families to learn how to best communicate with them.
- › Provide an email or phone number that is monitored regularly that families and community members may use to submit questions.
- › Provide timely updates to the community for the upcoming school year including when school begins, what the school day will look like, what safety precautions are in place, additional requirements of students and important screening protocols.
- › Be transparent and timely in updating families and communities.

It is recommended that schools and counties:

- › Use age-appropriate assets such as videos, posters, flyers, social media posts, email graphics, newsletters and other resources to educate students about COVID-19 best practices and information.
- › Partner with local media outlets to provide weekly updates to the larger community.
- › Involve Local School Improvement Councils (LSICs) and parent and/or community/church organizations to share updates and information.
- › Prominently post signs provided by the WVDE to each school and classroom in West Virginia.
- › Utilize CDC signage, toolkits, public service announcements, and videos to help educate faculty, staff, students, families and community members about COVID-19 best practices ([See Resources on page 19](#)).

Resources for Protecting Vulnerable Populations:

- › Centers for Disease Control and Prevention <https://www.cdc.gov/>
- › COVID-19 School Re-entry Recommendations & Guidelines, West Virginia Association of School Nurses (attached PDF)
- › National Association of School Nurses Coronavirus Disease 2019 Resources <https://www.nasn.org/nasn/nasn-resources/practice-topics/covid19>
- › West Virginia Department of Health & Human Resources (COVID-19) <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

Resources for Social-Emotional Wellness

- › Collaborating for Student Success: [Understanding the Roles of Student Support Personnel](#) (WVDE)
- › Social-emotional Learning for Parents (CASEL video) <https://www.youtube.com/watch?v=y2d0da6BZWA&t=289s>
- › West Virginia Department of Education: ReClaimWV wvde.us/reclaimwv/
- › West Virginia Positive Behavioral Interventions and Supports <http://wvpbis.org/>
- › West Virginia Behavior and Mental Health Technical Assistance Center <https://www.marshall.edu/bmhtac/request-for-assistance/>
- › West Virginia Safe Schools Toolkit <https://wvde.us/leadership-system-support/safe-supportive-schools/safe-schools-toolkit/>
- › West Virginia Handle With Care <http://handlewithcarewv.org/>

Resources for School Food Service

- › West Virginia Food Code
 - Permit holders are required to follow directives of the regulatory authority in response to public health emergencies. 8-304.11 <https://www.wvdhhr.org/phs/food/index.asp>
- › West Virginia Code 21-3A-1A (Article 3: Safety and Welfare of Employees)
 - <http://www.wvlegislature.gov/wvcode/code.cfm?chap=21&art=3>

Resources for General Public Health and Safety Protocols

- › The American Academy of Pediatrics <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>
- › The Journal of the American Medical Association <https://jamanetwork.com/journals/jama/fullarticle/2766822>

CENTERS FOR DISEASE CONTROL RESOURCE LINKS

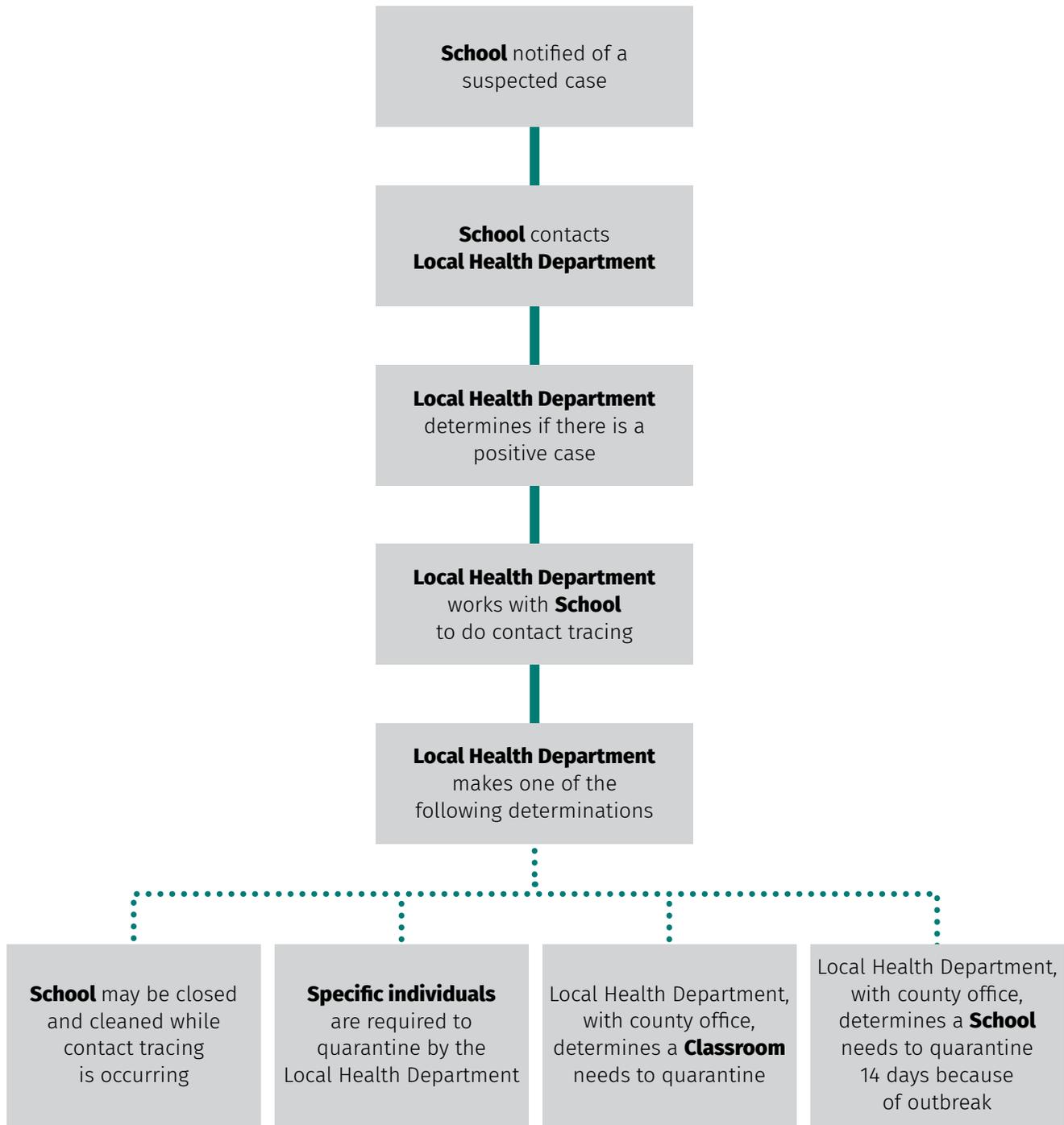
The CDC provides the following resources which may be helpful to school administrators, staff, students and families. These resources serve as guidance only and are not bonding on West Virginia county school districts. Counties should assess local risk levels in accordance with WVDHHR data to determine how to best apply the WVDE Re-entry Toolkit for their 2020-21 school plan.

- › Guidance for k-12 School Administrators on the Use of Cloth Face Coverings in Schools
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/cloth-face-cover.html>
- › Back to School Decision Checklist
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/back-to-school-decision-checklist.pdf>
- › Guidance for Disinfecting Your Facility
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- › Coping with Stress
https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html
- › Reducing Stigma
https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsymptoms-testing%2Freducing-stigma.html
- › Helping Children Cope
<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>

Posters and Messaging

- › How to Protect Yourself and Others
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf>
- › Stop the Spread of Germs
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs-11x17-en.pdf>
- › Handwashing Posters
<https://www.cdc.gov/handwashing/posters.html>
- › Face Coverings Do's and Don'ts
<https://www.cdc.gov/coronavirus/2019-ncov/images/face-covering-checklist.jpg>
- › COVID-19 Videos
<https://www.cdc.gov/coronavirus/2019-ncov/communication/videos.html?Sort=Date%3A%3Adesc>
- › Sample Public Service Announcements
<https://www.cdc.gov/coronavirus/2019-ncov/communication/public-service-announcements.html>
- › Social Media Resources
<https://www.cdc.gov/coronavirus/2019-ncov/communication/social-media-toolkit.html>

RESPONDING TO SUSPECTED COVID-19 CASES



Responding to COVID-19 cases and outbreaks in schools

Single cases	Response
<p>One student/staff member with confirmed COVID-19 within a school</p>	<ul style="list-style-type: none"> » Student/staff member stays home until released from isolation (usually 10 days after symptom onset, 24 hours fever-free, and improving symptoms). » Class/core group stays home for a 14-day quarantine irrespective of test results. » If school is not practicing core grouping or there is some mixing of grouping, work with local health department to identify close contacts (including providing class schedules and class rosters), exclude contacts until released from quarantine. <ul style="list-style-type: none"> › Anticipate possible grade-wide or school-wide dismissal for several days while identification and notification of close contacts is ongoing. » WVDHHR will determine when testing is appropriate for close contacts.
Confirmed outbreak	
<p>Two or more people from separate households with confirmed COVID-19, with onset within 14 days in a single classroom or core group (classroom/core group outbreak)</p>	<ul style="list-style-type: none"> » All students and staff with COVID-19 stay home until released from isolation (usually 10 days after symptom onset, 24 hours fever free and improving symptoms). » Class/core group must quarantine for 14 days irrespective of test results. » WVDHHR recommends testing close contacts (about 5 days after exposure or earlier if contact develops symptoms). » If outbreak and exposures are limited to one classroom or core group, suspension of in-person instruction for the entire school should not be necessary.
<p>Two or more outbreak classrooms/ core group (school outbreak)</p>	<ul style="list-style-type: none"> » All students and staff with COVID-19 stay home until released from isolation (usually 10 days after symptom onset, 24 hours fever free and improving symptoms). » All classrooms/core groups, including staff, must quarantine for 14 days irrespective of test results. » WVDHHR recommends testing of close contacts (about 5 days after exposure or earlier if contact develops symptoms). » Consider suspension of in-person learning for the school, especially if evidence of transmission between classrooms/core groups within the school (as opposed to two distinct classroom outbreaks both starting with known household exposures). See information below on suspension of in-person learning for a school.

<p>In schools not core grouping, two or more people, from separate households, with confirmed COVID-19 with onset within 14 days in the same school (<i>school outbreak</i>)</p>	<ul style="list-style-type: none"> » All students and staff with COVID-19 stay home until released from isolation (usually 10 days after symptom onset, 24 hours fever-free, and improving symptoms). » Work with local health departments to identify contacts. All contacts must quarantine for 14 days irrespective of test results. » WVDHHR recommends testing of close contacts (about 5 days after exposure or earlier if contact develops symptoms). » Consider suspension of in-person learning if teacher/ staff staying home interferes with the ability of the school to operate.
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Criteria for Suspending In-Person Learning

Suspending In-Person Learning for a Classroom:

In-person learning for a single class/core group should be suspended when:

- » There is a student or staff member with confirmed case of COVID-19 and it is determined by the Local Health Department that all members will be quarantined for 14 days.

Suspending In-Person Learning for a School:

In-person learning for a school should be suspended when:

- » Five or more classroom/core group outbreaks (defined above) occur within a 14-day period and the Local Health Department determines a 14 day quarantine.

District-wide Suspension of In-Person Learning:

In-person learning for an entire county should be suspended in accordance WV DHHR School Alert System, wvde.us/reentrymetrics.

Best Practices to Address Symptoms

- » Symptoms of COVID-19 include: new onset cough or shortness of breath by themselves OR at least 2 of the following: fever (100.4°F or higher), chills, muscle pain, sore throat, fatigue, congestion, loss of sense of smell or taste, or gastrointestinal symptoms of diarrhea, vomiting, or nausea.
- » If a person has a new symptom (for example, new loss of smell only) with no other diagnosis to explain it, they should stay home and talk to their health care provider about testing for COVID-19, even if it is the only symptom they are experiencing.
- » If a person is given an alternative diagnosis (e.g. strep throat, influenza, etc.) they should be stay home from school following the standard exclusion criteria for communicable diseases in schools.

Considerations for Siblings

The siblings of people with COVID-19 will likely be considered close contacts because they often live in the same house as the person who has COVID-19. They will stay home for a 14-day quarantine.

The siblings of people who are home for quarantine because they were exposed to COVID-19 do not need to stay home or be tested unless the sibling in quarantine develops symptoms or tests positive for COVID-19. Parents should closely monitor all of their children for symptoms.

Considerations for COVID-19 testing in schools

It is important that people who are sick get tested for COVID-19. People who are not sick, but were a close contact of someone with COVID-19 should get tested for COVID-19 about five days after they were in contact with a sick person. Students and staff should work with their health care provider to get tested. Public health can help with testing if a person does not have a health care provider.

Testing everyone in a school (either before school starts or during school) is not recommended. Testing everyone has not been well-studied. Social distancing and wearing masks are more important ways to prevent COVID-19. A negative test means that the person did not have COVID-19 when they were tested. A negative test does not mean they are “safe” or “cleared” to be at school.

Defining COVID-19 outbreaks in school

Definitions

Confirmed case: A person who has tested positive for the COVID-19 virus using a laboratory test.

COVID-like symptoms: Temperature of 100.4 or higher, fever or chills, new cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and/or diarrhea.

School outbreak-associated case: A confirmed case among students/staff should be classified as outbreak-associated. Family members or others outside the school who get sick should not be classified as a school outbreak-associated case.

Isolation: Staying home from work, school, and/or activities when a person has a confirmed case of COVID-19. Isolation lasts for at least 10 days after the onset of symptoms, 24 hours fever-free without fever reducing medication, and an improvement of symptoms. For people who have not had symptoms, isolation lasts 10 days from the day they had their first positive test. In some instances, as determined by an individual’s medical provider, isolation may last in excess of days.

Quarantine: Staying home from work, school, and/or activities when a person is a close contact of someone with COVID-19. Quarantine lasts for 14 days (unless the person develops symptoms, then they will be put in isolation).

Close contact: A person who:

- » was within 6 feet of someone who has COVID-19 (even if they did not have symptoms) for at least 15 minutes total.
- » provided care for someone who is sick with COVID-19.
- » had direct physical contact with someone who is sick with COVID-19.
- » shared eating or drinking utensils with someone who is sick with COVID-19.
- » got respiratory droplets on them (through sneezing, coughing, shouting, etc.) from someone who is sick with COVID-19.
- » was in the same class/core group as a person with COVID-19.

Core Grouping: The practice of keeping the same individuals in the same group at all times during the school day. Changes in core groups are timed to align with school breaks. Core grouping helps limit the number of contacts each individual has. As a result, quarantines, dismissals, or suspension of in-person learning in the event of a student or staff member with COVID-19 affect fewer people. Students may be in multiple core groups (for example, bus ride to school, after-school sports, classroom).

Confirmed outbreak: Two or more confirmed COVID-19 cases among students/staff from separate households, with onset within 14 days in a single classroom or core group.



SCHOOL RE-ENTRY METRICS AND PROTOCOLS

For weekly updates on the state's School Alert System and color-coded map visit wvde.us/reentry.

	GREEN <i>Minimal Community Transmission</i>	YELLOW <i>Increased Community Transmission</i>	GOLD <i>Elevated Community Transmission</i>	ORANGE <i>Heightened Community Transmission</i>	RED <i>Substantial Community Transmission</i>
	3 or FEWER CASES of INFECTION PER 100,000 or 3% OR LESS POSITIVITY RATE (on a 7-day rolling average)	3.1 - 9.9 CASES of INFECTION PER 100,000 or 4% OR LESS POSITIVITY RATE (on a 7-day rolling average)	10 - 14.9 CASES of INFECTION PER 100,000 or 5% OR LESS POSITIVITY RATE (on a 7-day rolling average)	15 - 24.9 CASES of INFECTION PER 100,000	25 AND ABOVE CASES of INFECTION PER 100,000
Instruction	<ul style="list-style-type: none"> » Continue best health practices to prevent the spread of disease as outlined in the WVDE Re-entry Toolkit. » Limit activities where social distancing is not feasible. » Engage community to actively participate in continued mitigation. 	<ul style="list-style-type: none"> » Increase student cohorting by limiting exposure outside of core groups. » Limit assemblies or large group activities where social distancing is not possible. » Local education leaders work with county health officials to determine if increased mitigation and community engagement activities are necessary to prevent escalation of disease. 	<ul style="list-style-type: none"> » Increase student cohorting by limiting exposure of core groups. » No assemblies or large group activities. » Local education leaders work with county health officials to determine if increased mitigation and community engagement activities are necessary to prevent escalation of disease. 	<ul style="list-style-type: none"> » Suspend in-person instruction and activate remote learning following the release of the Saturday Metric map. » Staff continues essential student support services including meals, student engagement and special education services. 	<ul style="list-style-type: none"> » Suspend in-person instruction and begin remote learning the next school day. All school-related activities are suspended immediately. » Staff continues essential student support services including meals, student engagement and special education services.
Face Covering Requirements	<ul style="list-style-type: none"> » Require face coverings* for grades 3 and above on buses and in congregant settings (outside of core groups) where social distancing cannot be maintained. 	<ul style="list-style-type: none"> » Require face coverings for grades 3-5 on buses and in congregant settings (outside of core groups) where social distancing cannot be maintained. Require face coverings for grades 6 and above at all times. 	<ul style="list-style-type: none"> » Require face coverings at all times for grades 3-12. 	<ul style="list-style-type: none"> » Require face coverings at all times for grades 3-12 when school services are required or needed. 	<ul style="list-style-type: none"> » Require face coverings at all times for grades 3-12 when school services are required or needed.
Athletic & Extra-curricular Activity Guidance	<ul style="list-style-type: none"> » Athletic and extra-curricular activities permit immediate household family members and grandparents. » According to WVSSAC guidelines cheerleaders and bands may participate at home games. 	<ul style="list-style-type: none"> » Athletic and extra-curricular activities permit immediate household family members and grandparents. » According to WVSSAC guidelines cheerleaders and bands may participate at home games. 	<ul style="list-style-type: none"> » Athletic and extra-curricular activities permit parents/guardians only. » According to WVSSAC guidelines cheerleaders and bands may participate at home games. » Schools can only compete in-county or with other gold counties. 	<ul style="list-style-type: none"> » Athletic and extra-curricular activities limited to conditioning only as defined by WVSSAC. » Marching band activities must be limited to outdoors only. Instruments permitted only when students are stationary and distanced in pods. 	<ul style="list-style-type: none"> » All school-related athletic and extra-curricular activities are suspended immediately.

REMEMBER THE 3 Cs: AVOID CLOSE, CONSTANT CONTACT.

Counties that choose remote learning contrary to the guidance issued by the WVDHHR and WVDE will automatically place themselves in red. As a result, all in-person instruction, and extra-curricular and athletic activities will be suspended.

***This guidance reinforces face coverings unless they aggravate existing health conditions. If COVID-19 levels increase steadily within color bands according to WV DHHR data, counties should consider increased protocols beyond these requirements.**

Revised September 18, 2020



ELEMENTARY SCHOOL STUDENTS

The person conducting screenings should maintain a six-foot distance while asking questions. Ask the person dropping off the child the following questions before entering the facility or school transportation vehicle. If no person accompanies the child during drop-off, use your best judgment if the child can respond on their own.

Anyone showing symptoms of COVID-19 or who may have been exposed to COVID-19 should not be at school.

1. Have any of the children you are dropping off had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?

- Yes > The child should not be at school. The child can return 14 days after the last time he or she had close contact with someone with COVID-19, or as listed below.
- No > The child can be at school if the child is not experiencing symptoms.

2. Do any of the children you are dropping off have any of these symptoms?

- | | | |
|--|---|--|
| One of these: | Or two of the following: | |
| <input type="checkbox"/> New onset cough | <input type="checkbox"/> Fever of 100.4 or higher | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Chills | <input type="checkbox"/> Congestion |
| | <input type="checkbox"/> Muscle Pain | <input type="checkbox"/> Loss of smell or taste |
| | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Diarrhea, vomiting, or nausea |

If a child has any of these symptoms, they should go home, stay away from other people, and the family member should call the child's health care provider.

3. Since they were last at school, have any of the children you are dropping off been diagnosed with COVID-19?

- Yes
 - No
- If a child is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.

Returning to School

A child can return to school when a family member can ensure that they can answer YES to ALL three questions:

- Has it been at least 10 days since the child first had symptoms?
- Has it been at least 24 hours since the child had a fever (without using fever-reducing medicine)?
- Has it been at least 24 hours since the child's symptoms have improved, including cough and shortness of breath?

If a child has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a child has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a child has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.



MIDDLE & HIGH SCHOOL STUDENTS OR ANY PERSON ENTERING THE BUILDING

The person conducting screenings should maintain a six-foot distance while asking questions. Ask each person entering the building the following questions prior to entering the facility or school transportation vehicle.

Anyone showing symptoms of COVID-19 or who may have been exposed to COVID-19 should not be at school.

1. Have you had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?

- Yes > The person should not be at school. The person can return 14 days after the last time they had close contact with someone with COVID-19, or as listed below.
- No > The person can be at school if they are not experiencing symptoms.

2. Since you were last at school, have you had any of these symptoms?

- | | | |
|--|---|--|
| One of these: | Or two of the following: | |
| <input type="checkbox"/> New onset cough | <input type="checkbox"/> Fever of 100.4 or higher | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Chills | <input type="checkbox"/> Congestion |
| | <input type="checkbox"/> Muscle Pain | <input type="checkbox"/> Loss of smell or taste |
| | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Diarrhea, vomiting, or nausea |

If a person has any of these symptoms, they should go home, stay away from other people, and call their health care provider.

3. Since you were last at school, have you been diagnosed with COVID-19?

- Yes
 - No
- If a person is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.

Returning to School

A person can return to school when a family member can ensure that they can answer YES to ALL three questions:

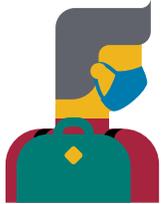
- Has it been at least 10 days since the child first had symptoms?
- Has it been at least 24 hours since the child had a fever (without using fever-reducing medicine)?
- Has it been at least 24 hours since the child's symptoms have improved, including cough and shortness of breath?

If a person has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a person has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a person has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.

COVID-19 SHOULD I COME TO SCHOOL?



HOW TO SCREEN FOR COVID-19

IF I HAVE:

THEN:

1 NO SYMPTOMS	 Proceed to school
2 EXPOSURE, NO SYMPTOMS	 Cannot go to school Home for 14 days since exposure
3 DIAGNOSIS, NO SYMPTOMS	 Cannot go to school Home for 10 days since first positive COVID-19 test
4 SYMPTOMS INCLUDE One of these: <ul style="list-style-type: none"> • New onset cough • Shortness of breath Or two of the following: <ul style="list-style-type: none"> • Fever of 100.4 or higher • Chills • Muscle Pain • Sore throat • Fatigue • Congestion • Loss of smell or taste • Diarrhea, vomiting, or nausea 	 Cannot go to school Home until: <ul style="list-style-type: none"> • 10 days since first symptoms • No fever for 24 hours (without fever medicine) • 24 hours of symptom improvement, including coughing and shortness of breath



West Virginia DEPARTMENT OF
EDUCATION



BEST HEALTH PRACTICES IN YOUR SCHOOL



6 ft.



**Maintain six feet
of social distance**

**For best
protection, wear a
face covering**



**Clean hands with
soap and water
or hand sanitizer**

**Avoid touching
your face**



**Do not share pens/
writing utensils**



**Cough/sneeze into
your elbow or a tissue**

**Do not come to school
if you're feeling sick**



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For complete details visit wvde.us/covid19