ALASKA SMART START 2020

Restart & Reentry Framework Guidance for K-12 Schools

2020-2021 School Year

Mission: An excellent education for every student every day.

education.alaska.gov

aklearns.org

Last revised August 27, 2020 – revised language noted in red and [brackets]

A Message from the Commissioner

The only expectation of public education that eclipses its responsibility to provide an excellent education for every student every day is to take all necessary steps to ensure the health and safety of every student every day.

DEED is committed to continuing to work closely with district leadership, teachers, staff, and communities as they create plans to deliver education to their students for the upcoming school year.

Sincerely,
Dr. Michael Johnson
Commissioner

Considerations and Recommendations for Alaska's Schools

The Department of Education and Early Development (DEED), in partnership with the Department of Health and Social Services (DHSS), developed this guidance document to support planning and strategies for reopening schools. Alaska's 'Smart Start 2020' framework for K-12 schools provides a tiered approach based on COVID-19 pandemic risk levels per community. School districts and communities will work together to develop clear, actionable steps that are necessary for teaching and learning to continue throughout the 2020-2021 school year. These health parameters provide a basis for plans that are specific, actionable, and broad enough to be adaptable.

Alaska's Smart Start 2020 is built upon the guidance and recommendations of health officials and collaborative conversations with education stakeholders; it is aligned to the reopening guidelines that have been provided by our state and federal leaders; and it is designed to help districts prioritize the health and safety of students and teachers as they deliver instruction for the 2020-2021 school year.

DEED will continue to work with educators and partner organizations to provide guidance, recommendations, and resources to districts and schools navigating the academic, social, and emotional effects of the COVID-19 pandemic on students, families, and employees.

The goal of the 2020-2021 school year is to ensure that education and activity are the constants in students' lives, while COVID-19 is the variable. Ensuring every child has access to meaningful, safe education while keeping children, teachers, and communities healthy will be a challenge this year. Through partnership, innovation, and collaboration we will best serve our children – the whole ecosystem of the child needs to be mobilized. We encourage districts to think of this year not as how to do more of the same – but differently, by acknowledging this school year will inherently look nothing like any school year before, and embracing the change by highlighting your communities' ability to be resilient, creative, and flexible in this time of great challenge.

Thank you for your partnership.

Please Note: Alaska's 'Smart Start 2020' framework provides considerations, recommendations, and best practices to ensure a safe and successful 2020-2021 school year. This guidance is not mandated, or state required. Local school districts have the authority, responsibility, and flexibility to make decisions to be responsive to their communities.

DEED is requesting each district use this framework to build a comprehensive plan for teaching and learning in the upcoming school year and submit the plan to the department. DEED will post district plans online for the public to view.

Updated guidance in revision dated August 27, 2020:

1. *Removed the Appendix as a separate Google Drive resource toolkit for easy use by schools and districts.*
2. *Clarified that children 10 and under do not need to test individually following travel and should follow the testing or quarantine strategy of the adult they traveled with per Alaska Health Mandate 10*
3. *Clarified the 'strict social distancing' protocols that must be followed regarding travel*
4. *Further clarified the definitions of isolation vs. quarantine*
5. *Added a link to DEED's new Alaska Smart Start 2020 webpage*
6. *Revised the link to DEED's existing COVID-19 Resources and Information webpage*
7. *Added a link to DHSS' new Back to School webpage for families*
8. *Improved document accessibility*

Introduction

DEED, in partnership with DHSS, has developed a framework for Alaska's K-12 districts to plan for the restart of the 2020-2021 school year.

Using this framework, DHSS established health parameters for how schools can safely operate in a low, medium, and high risk environment.

With the support of DEED, districts will then build modular plans for how they will deliver education under each of these environments – focusing on three primary areas:

1. **Conditions for Learning**
    - Health and Safety Protocols
    - Parent and Family Engagement
    - Wraparound Support and Community Services
    - Transportation

- Trauma-Informed Practices and Social-Emotional Needs
- 'Welcome Back' Planning

2. **Continuity of Learning**
   - Learning Gaps
   - Interventions
   - School Schedules
   - Delivery Methods
   - Professional Learning for Educators
   - Staffing
3. **Capacities for Learning**
   - Connectivity
   - Federal Funding and Flexibility
   - Student Activities and Travel
   - Facilities Use and Sanitation Funding
   - Considerations Related to Negotiated Agreements

Each primary area has common elements (noted above in bullets), determined by education stakeholders, that districts will need to address in their plans they submit to DEED. DEED will publish district plans online for the public to view.

Guiding Principles

Ensure safety and wellness. The decision to return to in-person schooling must be driven by health and safety considerations. Basic needs such as food, shelter, and wellness must be prioritized to create the conditions to support the mental, social, and emotional health of students and staff.

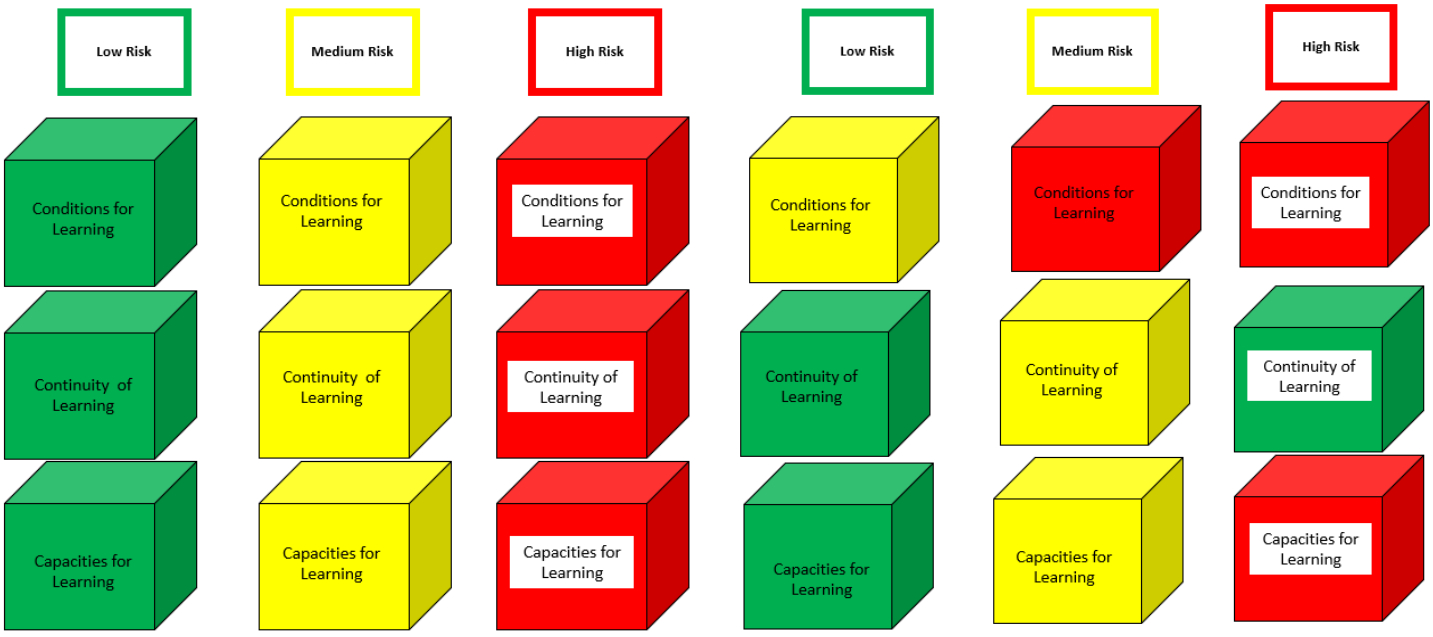
Cultivate connection and relationship. Supporting students and families should begin with connection and relationship to create quality learning experiences through a learning environment where people feel safe, seen, and valued; whether in-person or remote.

Center equity. Recognize that across the U.S., COVID-19 has disproportionately affected communities of color, students experiencing disabilities, and students and families navigating poverty. Recognize that individual students will have individual needs and apply an equity-informed lens to promote culturally sustaining and revitalizing educational systems that support every child, especially those in need of the most support.

Innovate. In these complex circumstances, innovation and creativity will help ensure every child continues to learn.
Below is an illustration of the framework districts will use to plan for the delivery of education. Listed under each primary area are the common elements districts will need to address in their plans.

	Low Risk	Medium Risk	High Risk
Conditions for Learning • *Health and Safety Protocols* • *Parent and Family Engagement* • *Wraparound Support and Community Services* • *Transportation* • *Trauma-Informed Practices and Social-Emotional Needs* • *"Welcome Back" Planning*			
Continuity of Learning • *Learning Gaps* • *Interventions* • *School Schedules* • *Delivery Methods* • *Professional Learning for Educators* • *Staffing*			
Capacities for Learning • *Connectivity* • *Federal Funding and Flexibility* • *Student Activities and Travel* • *Facilities Use and Sanitation Funding* • *Considerations Related to Negotiated Agreements* • *Other*			

Below are sample illustrations of how district plans can be modular to allow for flexibility in meeting the needs of each school/community's situation throughout the school year.



ALASKA SMART START 2020

Definition of a Low, Medium, and High Risk School Operational Zone by Community

High Risk	**Widespread community transmission.** • High level of community transmission: Outbreaks or increases in cases and recent laboratory-confirmed cases of COVID-19 in the school's behavioral health region and/or town or municipality.
Medium Risk	**Some community transmission.** • Low to moderate level of community transmission in the school's behavioral health region and/or town or municipality.
Low Risk	**Minimal to no community transmission.** • Minimal to no level of community transmission in the school's behavioral health region and/or town or municipality.

School closure and risk-stratified operational zones

Low, medium, and high risk operational zones will be determined by school districts. School districts have the authority to close district facilities and transition schools to remote learning. When determining if part of a school or an entire school needs to close, it is important that educators, students, families, and the general public have a clear understanding of how decisions are made and who makes those decisions. When making that determination, schools should collaborate with local and state public health officials and their medical advisory team, who can help advise them on closure decisions.

Determining risk-stratified operational zones

The average daily per capita incidence is useful to reflect the amount of COVID-19 transmission that is occurring in a community; however, no one measure can fully capture the complex dynamics of the epidemic in Alaska. Averaging the per capita incidence of COVID-19 over 14 days reduces the influence of day-to-day fluctuations in the number of cases identified in a region. Therefore, ***DHSS strongly encourages focusing on trends and patterns over time, rather than the number of cases on any given day.*** Leading indicators that cases may be rising or may not be fully detected in a community include increasing test positivity rate or a percent positive rate more than five percent. DHSS also provides a 7 day case rate. If the 7 day case rate goes up sharply for a given community, districts may want to consider revisiting their operational zone.

Moreover, DHSS does not recommend solely using Alaska COVID-19 Alert Levels that were published for long-term care facilities and populations over 100,000, but using them as a tool along with many other tools to direct decisions about in person education. Alert Levels are for long-term care facilities and do not correspond directly to school and district operational zones. These alert levels can represent community transmission over a relatively large community in the last two weeks, but are less useful for predicting what will happen next week, showing true community transmission levels in communities under 20,000 people, or showing a spike in cases or a new outbreak in the last few days.

Most communities have smaller population numbers, which would result in unstable and fluctuating differences in incidence rates of positive cases over time. Individual districts may need to move quickly between operational zones for the district or individual schools in response to community and school conditions. **Districts and schools should note that the 14 day case average is most useful for decisions on *decreasing* risk levels, while the 7 day case average will be a timely indicator of rising community transmission and may help inform decisions to *increase* risk levels.**

DHSS highly recommends that every school district have a working group that helps to guide the districts in its phases and plans throughout the year. This working group should include local medical professionals and may include public health nurses where applicable who will have greater insight into the local transmission.

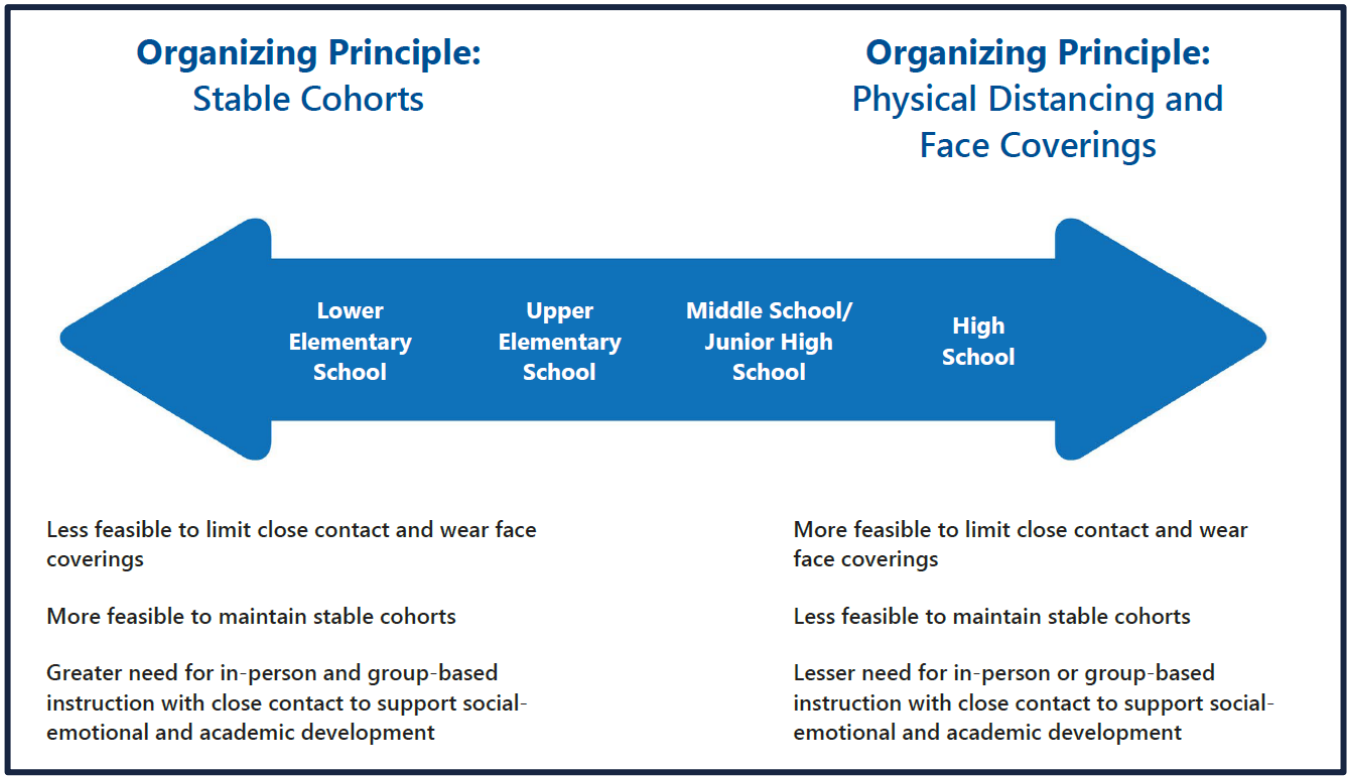
The reason for defining operational zones is to allow schools to be able to be flexible and responsive to community transmission of COVID-19 so children are educated and active, regardless of COVID-19 status. School closures have been a regular part of pandemic planning and used in past infectious disease outbreaks, including the 2009 H1N1 and 1918 influenza pandemics (see Stern et al, 2009). During the COVID-19 pandemic in-person gatherings, prolonged exposure to others, singing, sports, and other in-person activities are known routes of transmission of COVID-19 (May 8, 2020 MMWR; May 15, 2020 MMWR). Modified in-person learning has been successful in some countries with ongoing COVID transmission, but in other areas the opening of schools has caused increasing cases and an acceleration of the pandemic. Understanding the larger community epidemiology is an important tool to help schools understand the risk of outbreaks increases in their community if they open extensive in-person education. **We encourage districts to look at the "community" risk as the larger community in which students, teachers, and parents live and work.** This may be a portion of a district or it may involve the transmission risk in another district if people regularly commute and work between different districts.

Lastly, decisions about whether to open or close a school cannot be made solely on epidemiological grounds. These decisions inherently entail complex tradeoffs and judgements about a community's unique vulnerability to COVID-19, such as socioeconomic factors, household composition and disability, minority status and language, housing type and transportation, and healthcare infrastructure. Schools also play an important role in parents and caregivers' ability to work and plan, especially for younger children. We highly recommend minimizing and messaging changes to in-person learning as often as possible as long as it is safe for children, staff, and communities. All of these factors may need to be considered when making such decisions. Nor should schools be thought of as 'open' or 'closed.

Organizing Principles for Preventing COVID-19 Transmission by Age Group

COVID-19 will continue to be a challenge throughout the 2020-2021 school year and districts must consider how to ensure education and activity continue, which children are essential to have in-person, and which children can be safely educated in more remote learning environments. This may mean that some children, regardless of the COVID-19 level in the community, are in-person in school learning and some are learning remotely, regardless. It may also mean that some age groups such as elementary students for whom in-person learning may be an even bigger advantage, in combination with early data suggesting younger children (<10 years of age) may be less likely to transmit COVID-19, may be able to have in-person school while older children learn online.

Based on the currently available evidence and best practices, districts may want to consider prioritizing holding in-person school for elementary school aged children and younger, particularly grade 3 and younger, and focusing on cohorting in these age groups. Older age groups may have increased transmission dynamics and do better on average with remote learning. When in-person school is held for older age groups, physical distancing, face coverings, and other measures to slow transmission are strongly encouraged to be emphasized (Park YJ, Choe YJ, Park O, Park SY, Kim YM, Kim J, et al. Contact tracing during coronavirus disease outbreak, South Korea, 2020. Emerg Infect Dis. 2020 Oct [*27 July 2020*]).



What is an outbreak?

The Council of State and Territorial Epidemiologists (CSTE) define an outbreak in a school as two or more staff or students found to have laboratory-confirmed COVID-19 within a 14 day period, IF the positive staff and/or students do not share a household and are not close contacts outside of school. The two cases should be epidemiologically linked. Whether cases are considered linked and next steps can be determined in discussion with local and state health officials. The CSTE notes that an

outbreak can be considered resolved when a period of 28 days has elapsed since any new confirmed or probable cases have been present in school.

Outbreaks are determined by local public health officials and/or State of Alaska Public Health.

CDC guidelines note that a single case of COVID-19 in a school would not likely warrant closing the entire school, especially if levels of community transmission are not high. The levels of community transmission and the extent of close contacts of the individual who tested positive should all be considered before closing. These variables should also be considered when determining how long a school, or part of a school, stays closed. If the transmission of the virus within a school is higher than that of the community, or if the school is the source of an outbreak, administrators should work with health officials to determine if temporary school closure is necessary.

Cohorting and minimizing mixing between groups are essential tools to minimize the risk to the whole school by limiting the number of students that must be quarantined because of an isolated case and help to prevent a full school closure.

Outbreak Prevention and Planning

- Coordinate with local public health and medical advisory teams to establish communication channels related to current community (behavioral health region, district, and individual municipalities/towns/villages) transmission levels as well as any localized outbreaks or clusters of symptoms
- Establish a specific emergency response framework with key stakeholders
- When new cases are identified in the school setting and the incidence is low, the designated contact person (the school nurse or principal or designated staff member) will provide a direct report to the district nurse or designated staff on the diagnosed case(s) and impose restrictions on close contacts

Outbreak Response

- In the event of an outbreak, follow the district or school outbreak response protocol in coordination with local public health and medical advisory teams
- If anyone who has been on school grounds is known to have tested positive for COVID-19, report the case to, and consult with, local public health regarding cleaning and possible classroom or program closure
    - Determine if exposures have occurred (i.e. determine if there are close contacts and inform them of the need to quarantine for 14 days and monitor their symptoms)
    - Follow the plan for disinfection and cleaning
    - Consider switching the relevant cohort, classroom, or school to remote learning
- Report any two or more people with similar illness (staff or students) to the designated contact person
- When cases are identified in the district, a response team should be assembled within the district and responsibilities assigned
- Modify, postpone, or cancel any large school event, as coordinated with local public health
- Ensure schools are ready to switch to individual students, cohorts, classrooms, or schools to remote instruction in the event of isolation, quarantine, or closure affecting any number of students

- Determine how schools will continue to provide meals for students receiving meal assistance
- Communicate criteria that must be met for on-site instruction to resume and relevant timelines with families

Recovery and Reentry

- Plan instructional models that support all learners in comprehensive distance learning
- Clean, sanitize, and disinfect surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and follow CDC guidance for classrooms, cafeteria settings, restrooms, and playgrounds
- Communicate with families about options and efforts to support returning to on-site instruction
- Follow local public health guidance to begin bringing students back into on-site instruction
- Consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools

School Parameters for Safely Operating in a Low, Medium, and High Risk School Environment

High Risk	• Establish and maintain communication with local and state authorities to determine current mitigation levels in your community. • Implement multiple social distancing strategies with EXTENDED SCHOOL DISMISSALS, closing school buildings to students. • Cancel all field trips, inter-group events, sports events and extracurricular activities. • Implement distance learning until minimal community spread and local health officials recommend school re-opening. • District may decide that even in a high risk environment, select vulnerable students may need in-person education in very small cohorted groups. • Follow guidelines from local and state health authorities on school re-opening.
Medium Risk	• Ensure physical distancing can be maintained for any gatherings, classrooms, and movement through school buildings. • Limit the number of students per class and attendees per gathering to maintain six feet social distancing. Minimize all possible mixing between groups. • Consider elementary school in-person and middle and high school via distance learning. • Alter schedules to reduce mixing of students (ex: stagger recess, entry/dismissal times). • If feasible, conduct daily health checks (e.g. temperature screening and/or symptoms checking) of staff and students safely, respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained. • Consider distance learning in some settings or with vulnerable students and staff. • Intensify cleaning and disinfection plan. • Implement social distancing strategies on buses and other transportation of students. • Have a plan to protect vulnerable students and staff, those with chronic conditions, special health care needs or disabilities.

Low Risk	• Consider ways to accommodate needs of children and families at high risk, including supports for at-home learning. • Follow cleaning and disinfection plan, as well as physical distancing, hygiene, and face covering plan. • Follow local community health guidelines for guidance on distancing and group size for classrooms based on community spread. Cohort students to prevent large school closures and community spread with a few cases. • Educate parents on performing daily health checks, including temperature and symptom screening at home before sending their child to school.
ALL Schools	• Coordinate with local health officials and monitor changes in community spread. • Teach and reinforce healthy hygiene. Ensure hand hygiene supplies are readily available in school buildings. • Create mechanism to screen all students and staff each day before school to ensure no one ill is entering the building. • Designate a staff person to be responsible for responding to COVID-19 concerns. • Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring health clinic traffic and the types of illnesses and symptoms among students. • Establish and implement a cleaning and disinfection plan following CDC guidance. • Train all teachers and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

Health Guidelines for Schools

Considerations for Reentry

Every school should be prepared to demonstrate to their community that it can operate in a manner that will assure that protocols are in place to keep students, staff, and families safe.

Districts may iterate and improve their planning document throughout the school year. If changes are made, DEED should be notified, and changes to health and safety or operational protocols should be made in consideration of guidance from health officials.

General principles of reducing the spread of COVID-19 in schools:

1. Maintain physical distancing by minimizing close contact (<6 feet) with other people. This is especially important in older children. In younger children, (<10) education should focus on minimizing physical interaction and washing hands with soap and water or hand sanitizer frequently.
2. Have all activities in small groups (for example, fewer than 6 students) that remain together over time without mixing.
3. Use personal protective equipment (PPE) – this includes face coverings/masks for everyone in the school over the age of 2 who can safely wear a face covering per CDC guidance.
4. Regularly clean and disinfect high-touch surfaces.
5. Daily screen of all students and staff for signs of infection or exposure to COVID-19. No one

with active COVID-19 or who has been asked to quarantine because of a close contact should be in the school building.
6. Isolate sick people and quarantine exposed people.
7. Identify anyone who may have been a close contact of an infected person through contact tracing.
8. Ventilation matters. While indoors, good ventilation should be prioritized. Outdoor activities are safer than indoor activities.
9. Follow clear protocols for communicating information.

Opening Schools

In all levels:

- Establish and continue communication with local and state authorities to determine current COVID-19 disease mitigation in your community.
- FERPA allows schools to share personally identifiable information (PII) with local public health authorities without consent when needed to respond to a health emergency. Alaska public health laws are more restrictive; however, it is recommended that each district have parents sign a consent to release information between public health and schools regarding COVID-19. Sample consent form provided in the Appendix.
- Define who will be the first point of contact for local and state health authorities for the district and for each school.
- Define who will be the first point of contact for parents to notify the school that their child is COVID-19 positive, has been named as a contact, or if there is someone with COVID-19 in their home.
- Determine the pathway of communication a school will follow when a parent notifies the school of a positive case or a student having been named as a contact.
- *Example pathway:*
    1. *Parent notifies teacher or school front desk that their child's sibling is positive for COVID-19 and their child has been named as a close contact.*
    2. *Teacher or school front desk notifies school nurse (or if no school nurse, notifies principal directly).*
    3. *School nurse notifies principal.*
    4. *Principal communicates this information to local public health, superintendent, and the teachers of any class the child attends.*
    5. *Principal works with school nurse, teachers, and administrative staff to determine which staff and students have been within 6 feet of the child for more than 15 minutes in the last two days. At this time, contacts do not need to be quarantined because they are contacts-of-a-contact and have not had contact with a confirmed case.*
    6. *If the child later is found to be positive for COVID-19, the close contacts of the child should be excluded from school and placed on a remote learning plan for 14 days while they complete their quarantine.*
    7. *Meanwhile, the school will add the child to the list of students out on quarantine, noting that the child will not be able to return to school for 14 days.*
- Discuss with local health care facilities and/or clinicians to determine the medical team that can provide advice specific to your community to guide decision-making when there are questions or concerns; name this team in your planning documents and specify at what point

you will contact them.

- Define how you will report a cluster of symptoms to your medical team. For example, if one child from the school is sent home with a fever, they should be isolated and tested on an individual basis. However, if two or more children from different households are sent home with a fever or other symptoms of COVID-19, or three or more children from different households in one week, your medical team should be notified promptly, regardless of whether any children have tested positive for COVID-19.
- Determine your protocol for isolating any ill or exposed staff or students from physical contact with others. For example, describe how schools will designate an area to isolate one or more students with symptoms while they are waiting for transportation home, keeping in mind that students from different households must not be isolated in the same area. Also, describe your plan for providing PPE for staff that will interact with any ill student or staff member.
- Determine the school's readiness to protect and support staff and students who are at higher risk for severe illness and provide options for telework and virtual learning for these students and staff.
- Determine the school's readiness to screen students and employees upon arrival for symptoms and history of exposure.
- Ensure all staff and parents are familiar with health and safety protocols, including those for quarantine and isolation and symptom screening.
- Create a system for maintaining daily logs for each student or cohort for the purposes of contact tracing. If a student is part of a stable cohort, the daily log may be maintained for the cohort; otherwise an individual student log should be maintained, which should include the student's name, drop off and pick up time, parent/guardian name and contact information, and contact information for all staff (including substitute teachers, guest teachers, other staff and any visitors, if applicable) who interact with a stable cohort or individual student.
- Develop a protocol to keep daily logs for a minimum of four weeks to assist with contact tracing.
- Develop a process to ensure that all district staff who move in any capacity between buildings keep a log or calendar with a running four-week history of their time in each school building and who they were in contact with at each site.
- Develop a process to ensure that the school reports to, and consults with, local public health regarding cleaning and possible classroom or program closure if anyone who has entered the school is diagnosed with COVID-19.
- Develop a protocol to respond to potential outbreaks.
- Ensure all staff are familiar with the plan for PPE.
- Follow CDC's guidance for Schools and Childcare Programs.
- Ensure that external community organizations that use the facilities will also follow the school's guidance.
- Follow Alaska's interstate travel mandate. Students and staff on minimal interaction status after out-of-state travel should not attend in-person school, sports, or other school activities until they receive the results of a second negative test performed 7-14 days after returning. For students too young to use the testing strategy, if the adult(s) they traveled with are using the testing strategy, the child remains on minimal interaction status until all adult(s) have their second negative test back. If the adult(s) they traveled with are employing the 14-day quarantine strategy, the student should be excluded from in-person school, sports and other school activities for 14 days.

- [Clarified] Students and staff at high-risk for severe COVID-19 include but are not limited to: those with lung disease, uncontrolled asthma, heart disease, immune deficiency, diabetes, or who are over 65 years of age. Using this definition:
    - Allow parents to make the best decision for their families regarding attendance and provide remote learning options.
    - Encourage parents, students, and staff to make decisions about school attendance for high risk individuals on a case by case basis in collaboration with the student's parent/guardian, student or staff member's medical provider, and appropriate school staff, if applicable.
    - Do not unenroll students for non-attendance due to a COVID-19 related reason.
    - Consider how to support staff who may be at higher risk and who may feel more comfortable supporting students with remote learning options.
    - To the extent possible, students unable to participate in in-person school should be provided the opportunity to interact with their peers via video, shared projects, or other methods.

Safety Actions

Students must never be excluded from face-to-face instruction, disciplined for struggling to learn, and/or disciplined for struggling to adhere to new procedures for how school operates. Focus on re-teaching expectations, positive reinforcement, and strong role modeling to help all students adapt to the changes in school facilities while ensuring punitive measures are not employed.

Promote Physical Distancing

High Risk: Recommend distance learning for all students. In certain circumstances it may be possible for schools to make special arrangements for students with special needs for whom distance learning would not meet their needs. This would allow some students to receive in-person learning or other services. This should be done in consultation with local health officials.

Low and Medium Risk:

- Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children). Cohorting children into groups of 6 or fewer is critical in containing transmission, preventing larger school outbreaks and closures, and is especially important at ages that find physical distancing difficult, and should be considered for students in elementary school and younger.
- The CDC also recommends cohorting any time students cannot keep six feet of distance from each other.
- Allow minimal mixing between groups, particularly groups that are cohorted because they have difficulty with physical distancing, hygiene, and face coverings. Students should not move between cohorts and instead teachers should rotate between cohorted students.
- Any student schedule that relies on students having electives or otherwise individual schedules, for instance for some high school students, should emphasize the importance of strict physical distancing to minimize risk. Ways to reduce mixing should be considered.
- Limit gatherings, events, and extracurricular activities to those that can maintain

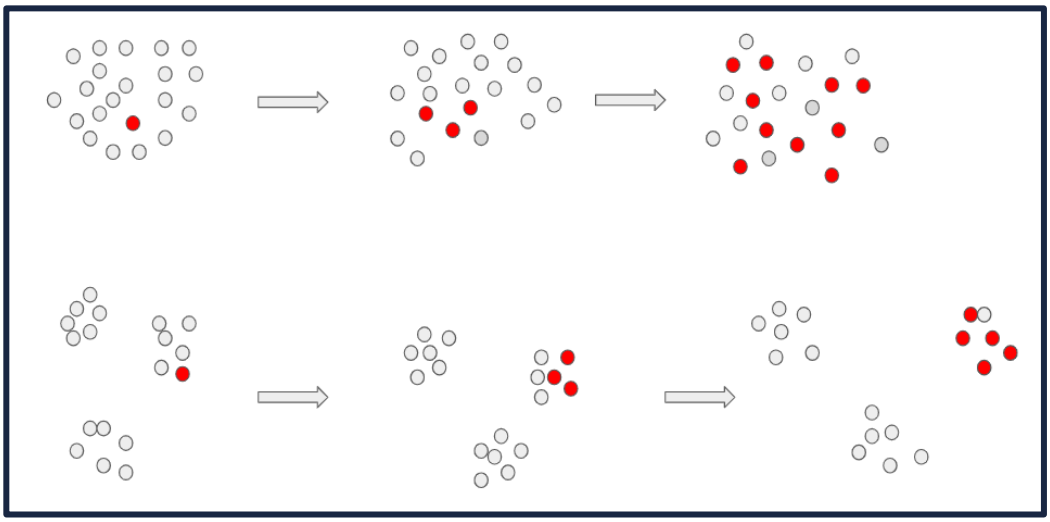
distancing, support proper hand hygiene, and restrict attendance of those from higher transmission.

- Hold professional development and staff gatherings remotely whenever possible. If not possible, ensure that physical distancing and face coverings can be maintained.
- Maintain physical distancing on van and bus transportation. One student per seat (siblings may sit together) and if possible, maintain 6 feet of physical distancing while entering and exiting buses. Bus drivers, attendants, and children are strongly encouraged to wear face coverings per the CDC when entering the bus and while on the bus. Districts can consider having spare face coverings available for students who have forgotten or lost their face covering or who have gotten them wet.
- Develop a protocol for symptom and temperature screening to take place before, or as a student boards a bus, heading to school or school sports/events/activities. This may occur as the student boards, immediately beforehand, or at home via an electronic or other screening process but should be completed daily for every student prior to arriving at school, or if taking the bus, prior to boarding the bus.
- Inform parents ahead of time of changes to transportation service and requirements for screening, physical distancing at bus stops and while loading/unloading, sanitizing practices, seating, face coverings, etc.
- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
- Space seating/desks to at least six feet apart. If not possible, cohort children to groups of six or fewer and maintain six feet between cohorts. If cohorting is used, keep cohorts consistent for all activities.
- Limit classroom based on six feet of distancing per classroom where possible; consider schedule modifications to decrease the number of students in the building at one time by rotating groups by day or location.
- If possible, consider keeping communal spaces such as cafeterias closed. Otherwise, stagger use and disinfect in between use.
- Consider using outdoor spaces, common areas, and other buildings in planning.
- If a cafeteria is typically used, serve meals in classrooms instead. Serve individually plated meals and hold activities in separate classrooms. Stagger arrival and drop-off times or locations or put in place other protocols to limit direct contact with parents as much as possible.
- Limit student contact in hallways by developing different times or entrances for arrival, eliminating lockers, staggering passing times, and having a one-way flow of traffic when possible.

Cohorting

Establishing stable cohort groups in schools is a key strategy to reduce the spread of disease. A cohort is a consistent group of students that stays together all day, each day. While students in some circumstances may need to be part of more than one cohort, each new cohort multiplies risk to all students in both cohorts. Each cohort should have a system to ensure contact tracing can be completed such as daily individual or student logs. Cohorts should be diverse groups of students that would be typically grouped in schools and should not group students according to gender, academic achievement, health or disability status, or other characteristic within a classroom.

Cohorting can help manage risks in the potential spread of COVID-19. In particular, the size of the cohort matters for risk management. Student cohorting limits the number of exposed people when a COVID-19 case is identified in the school, limits the number of people a student is exposed to, quickly identifies close contacts, and minimizes school-wide disruptions in in-person student learning.



In the above illustration, one student with COVID-19 results in exposure of the entire classroom in the non-cohorted class. In the lower cohorted class, the cohort that included the student with COVID-19 must be quarantined but the rest of the class may continue in-person learning.

Cleaning and wiping surfaces must be maintained between multiple student uses, even in the same cohort. Staff who interact with multiple stable cohorts are strongly encouraged by the CDC to wash/sanitize their hands between different cohorts and wear face coverings.

Promote healthy hygiene practices in all levels:

- Teach and reinforce washing hands among children and staff.
- Children and staff with cough or sneezing should be sent home.
- Teach and reinforce the use of face coverings among all staff and students for the 2020-2021 school year, regardless of what phase the school is in. Just as schools' model good hand hygiene, face coverings minimize the transmission of COVID-19 and is a good hygiene practice for this school year to prevent the spread of COVID-19. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. CDC strongly recommends face coverings be worn by staff and students (particularly older students) if feasible. Face coverings are most essential in times when physical distancing is difficult. Cloth face coverings are not the same as surgical masks, respirators, face shields or personal protective equipment. A face shield with cloth or surgical mask fabric neck guard is a good substitute for a cloth face covering that permits facial expressions to be seen, but simple face shields do not substitute for a cloth face covering.
- In districts not mandating face coverings, schools can consider separate classrooms and cohorting for staff and students wearing face coverings and those not wearing face coverings.
- Information should be provided to staff and students on proper use, removal, and washing of cloth face coverings. Face coverings are not recommended for babies or children under

the age of 2, anyone who is sleeping, anyone who experiences a disability preventing them from wearing a face covering or for anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the covering without assistance. Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected because many people who are infected with COVID-19 do not have symptoms and can still pass the virus to others.

- Staff and students should be educated that they should wash or sanitize their hands any time they touch their face covering, including putting it on or removing it.
- Ensure soap and water or hand sanitizer are easily accessible near all entry doors, all high traffic areas, in every classroom or other learning space, and anywhere where food or drink is consumed.
- Face coverings are not as effective and may make it more difficult to breathe if wet. Any face covering that becomes wet should be immediately removed and replaced. Schools may want to have extra on hand and encourage parents to send their children with multiple options.
- Ensure all students and staff are aware they should never share or swap face coverings and that they should be washed after each use.
- Determine what type of PPE should be worn by school staff who interact closely with children who cannot wear face coverings. For example, children who experience developmental challenges and require physical assistance with daily activities (see Appendix for PPE guidance).
- Obtain adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

All Schools: Intensify cleaning, disinfection, and ventilation

- Clean and disinfect frequently touched surfaces within the school and on school buses at least daily (for example, playground equipment, door handles, sink handles, drinking fountains) and shared objects (for example, toys, games, art supplies, and sports equipment) between uses.
- For cleaning and disinfecting school buses, please see guidance for bus transit operators.
- Ensure safe and correct application of disinfectants and keep products away from children.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) to children using the facility.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Limit sharing: All Levels

- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment, etc. assigned to a single student) or limit use of

supplies and equipment by one group of children at a time and clean and disinfect between uses.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, games, musical instruments, and learning aids.

Establish Communication: All Levels

- Develop a letter or communication to staff to be shared at the start of on-site instruction and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease.
- Develop protocols for communicating with students and staff who have come into close contact with a confirmed case. Exposure is defined as being within 6 feet of a COVID-19 case for 15 minutes or longer, regardless of whether one or both parties were wearing cloth masks or were outside. Contacts of contacts do not need to be notified or quarantined.
- Develop protocols for communicating immediately with staff, families, and the community when a new case or cases of COVID-19 are identified in students or staff, including a description of how the school or district is responding.
- Provide all information in languages and formats accessible to the school community.

Special Considerations for music: All Levels

- Choir practice and singing can be a high risk activity. Masks are encouraged by the CDC to be worn whenever possible. Consider holding rehearsals outside or in well ventilated spaces. Singers should have ten feet of distance in front of them as singing tends to project respiratory droplets.
- The use of Plexiglas or other barriers when masks are not possible (for instance, brass and woodwind musicians) to shield people in front of the musician may reduce the risk of transmission. Musicians who play other instruments are strongly encouraged per the CDC to wear masks.
- Brass and saxophone musicians must have a plan for emptying water keys in a sanitary way.
- Consider virtual music classes to minimize the risk of viral transmission.

Special considerations for sports, recess, fields and restrooms: All Levels

- After using the restroom, students and staff must wash hands with soap and water for 20 seconds. Hand sanitizer does not substitute in this situation.
- Before and after using playground equipment, starting recess, or starting a sports practice or event, students must wash hands or use hand sanitizer.
- Designate playground and shared equipment solely for the use of one cohort at a time. Disinfect at least daily and between use as much as possible.
- Maintain physical distancing requirements, stable cohorts, and square footage requirements. Masks are encouraged by the CDC to be worn whenever possible.
    - Specific plans for risk mitigation should be developed for any sport involving contact or that cannot maintain physical distancing requirements. These should be reviewed with the district's medical advisory team and/or public health officials.

- Provide signage and restrict access to outdoor and sports equipment.
- Design recess activities that allow for physical distancing and maintenance of stable cohorts.
- Limit staff rooms, common staff areas, workspaces, and other non-student areas to single person usage where possible and maintain six feet of distance at all times between adults.
- Consider touch-free paper towel dispensers and minimizing touching door handles whenever possible.
- Discourage storage of any personal items in shared bathrooms.

Considerations for students with special needs:

- Schedule students with specialized instructional needs and strengths (e.g., ELD, special education) in a manner that ensures access to core instruction and general education peers.
- Refer to updated state and national guidance and resources such as: U.S. Department of Education Supplemental Fact Sheet: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities from March 21, 2020"
- Staff and school administrators, in partnership with school nurses, or other school health providers, should work with interdisciplinary teams to address individual student needs.
- Communicate with parents and health care providers to determine return to school status and current needs of the student.
- Coordinate and update other health services the student may be receiving in addition to nursing services. This may include speech language pathology, occupational therapy, physical therapy, as well as behavioral and mental health services.
- Modify Health Management Plans, Care Plans, IEPs, or 504 or other student-level medical plans, as indicated, to address current health care considerations.
- Service provision should consider health and safety as well as legal standards.
- Work with an interdisciplinary team to meet requirements of ADA and FAPE.

Special considerations for staff working in special education: High and Medium Risk Levels

- Provide appropriate PPE for school physical therapists, occupational therapists, aides, and others who must have physical contact with students to do their jobs.
    - CDC recommends staff wash their hands before and after each student and wear face coverings.
    - When working with children who have difficulty controlling their secretions or who cannot wear masks for medical reasons, staff coming within 6 feet for more than 15 minutes should wear face shield, gown, and gloves. These may be reusable but should be changed or cleaned between students.
- Speech therapists could consider wearing face coverings with clear windows but should wear a face covering when around students and staff. Face shields are excellent eye protection and may be worn with a cloth face covering but are not a substitute for a cloth face covering. A face shield that has a fabric or surgical mask material neck guard is an excellent alternative that serves the purpose of both a face shield and cloth face covering and may be appropriate for staff at all levels.
- Districts should consider community transmission rates (in other words, transmission rates in their behavioral health region, district, municipality/town/village as well as any larger

community centers within <1 hour driving distance unless there are travel restrictions in place to enter the town or village, as well as any cases or outbreaks in individual schools or classrooms within the district), local health care capacity, and PPE availability when deciding which services they can offer in person versus online and with what frequency.

Special considerations for inhaled medications: All Levels

- Inhaled medications such as albuterol from a metered dose inhaler may be used in school during the pandemic, but nebulized medications should not be used at school. If a student needs a nebulized medication, they should seek a higher level of medical care this school year. Peak flow meters should be used in well ventilated spaces and pointed away from others.

Train All Staff

- Train all teachers and staff in the above safety actions, as well as symptoms and protocols should staff or students have symptoms or need to be isolated or quarantined for another reason. Consider conducting the training virtually, or, if in-person, ensure that six feet of distancing is maintained.

Monitoring and Preparing

Check for signs and symptoms:

- If feasible, conduct daily health checks (e.g. temperature screening and/or symptoms checking) of staff and students safely, respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained. Or require parents do temperature screening before sending to school, keeping any child home if showing symptoms of COVID-19.
- Staff conducting screening should receive implicit bias training. Student screening should not consider appearance, personality, ability, cleanliness, or other factors in determining whether a child has new symptoms that would exclude them from in-person learning.
- School administrators may use examples of screening methods in CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide for screening children and CDC's General Business FAQs for screening staff; another screening example is included in the Appendix of this guidance document.
- Staff should stay home if they are sick and parents should keep sick children at home.

[Clarified] Definitions:

- **Isolation** separates sick people with a contagious disease from people who are not sick. For COVID-19, an isolation period is 10 days. Remember: **I**ll = **I**solation. Anyone diagnosed with COVID-19, even if they have no symptoms, must isolate from other people for a minimum of 10 days.
- **Quarantine** separates and restricts the movements of people who were exposed to a contagious disease to see if they become sick. Because COVID-19 can take from 2-14 days to incubate, or to grow enough virus to become contagious, a quarantine period for COVID-19 is 14 days from last exposure. Anyone who has been in close contact with a person diagnosed with COVID-19, even if they have no symptoms, must quarantine from other people for a minimum of 14 days regardless of test results in that period.

Isolation Measures:

- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone (students or staff) who exhibits COVID-like symptoms at any time during the school day. School nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection.
- Establish procedures for safely transporting anyone sick home or to a healthcare facility.
- Establish a designated isolation area where students can wait for a parent to pick them up. This area should allow for adequate space to maintain six feet of distance and staff supervision and symptom monitoring by a school nurse or school staff until the student is able to go home. Anyone providing supervision and symptom monitoring is strongly recommended by the CDC to wear a surgical mask and face shield; and if they are within 6 feet of a symptomatic student or staff member, should also wear a gown and gloves; they should clean their hands with soap and water or hand sanitizer after removing the personal protective equipment (PPE). Students from different households should not be isolated together.
- Explain isolation protocols to students and parents up front to reduce fear, anxiety or shame related to isolation.
- Educate students and parents that many students will likely be isolated for symptoms this year, that it will be different from previous years, and that a student may need to suddenly switch to remote learning because of isolation or quarantine status.
- Communicate to students and parents at the beginning of the school year the school's isolation and quarantine protocols and the criteria a student must meet to return to school.
- Notify local health officials, staff, and families immediately of a possible case while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).
- Notify local health officials and/or your medical advisory team if more than one child is sent home with new COVID-19 symptoms in one day or more than two in one week.
- Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children. Be sure to disinfect any surface the person may have touched.
- Advise sick students and sick staff members not to return until they have met CDC criteria to discontinue home isolation.
- Inform those who have had close contact to a person with COVID-19 to stay home, self-monitor for symptoms, and follow CDC guidance if symptoms develop. Provide options for virtual learning. If a person does not have symptoms follow appropriate CDC guidance for home isolation.

Returning to School from Isolation

- Staff and students who are ill must stay home from in-person school and must be sent home if they become ill at school, particularly if they have one or more COVID-19 symptoms:
  - Fever or chills
  - Cough
  - Difficulty breathing or shortness of breath
  - Sore throat, congestion, or runny nose
  - Nausea, vomiting, or diarrhea
  - Headache
  - Fatigue
  - Muscle, joint or body aches
  - New loss of taste or smell
- **COVID-19 emergency warning signs are severe difficulty breathing, persistent pain or pressure in the chest, new confusion, trouble staying awake, and bluish lips or face. Seek emergency care if a staff or student has these symptoms.**
- Staff and students staying home should be encouraged to be tested for COVID-19. They should **not** be required to have a note from a doctor or other provider to return to school and instead should follow the criteria below.
- If the person does not get a COVID-19 test or if their test is positive, they must stay home from school for a minimum of 10 days. They may return when 10 days have passed, they have not had a fever in 24 hours, AND all of their symptoms are improving.
- Students and staff who **test positive for COVID-19** must stay home for a minimum of 10 days, even if they are asymptomatic.
- If the person has a negative COVID-19 test, they may return to school once it has been 24 hours since they had a fever AND all of their symptoms are improving.
- If the person has a symptom that is not new and is associated with a chronic medical problem, they should provide documentation from a physician, physician assistant, or nurse practitioner that clarifies that this symptom is part of a non-COVID-19 chronic medical problem. Then, they should not be excluded from in-person school for that symptom as long as it has not worsened and they have no new symptoms. Any new or worsened symptoms associated with COVID-19 should be regarded as possible COVID-19 symptoms and the person should follow the usual protocol above.

Returning to School from Quarantine

- Staff or students may be quarantined for several reasons
  - They had close contact (defined as within 6 feet for 15 minutes or more) with a person who has COVID-19 within two days of them developing symptoms OR testing positive
    - Contact may have occurred within or outside of school
    - They must **quarantine for 14 days from their last contact with the positive case.**
    - Close contacts often must quarantine for longer than the positive case is isolated, since positive cases are isolated for 10 days but close contacts must quarantine for 14 days
  - They live with someone who has COVID-19
    - If they live with someone who had close contact with someone who has COVID-

19, they are a contact-of-a-contact and do not need to quarantine. Only people who have had close contact with a **known COVID-19 case** need to quarantine.

- If they cannot keep complete isolation from the person in their house that has COVID-19 (for example, they must care for or be cared for by that person, or they share a room, or they share a bathroom and cannot completely disinfect the bathroom after each time the person with COVID-19 uses it), then they must quarantine for the ***entire time the person with COVID-19 is isolated and THEN an additional 14 days.*** This means that if two siblings share a room and one gets COVID-19, if the second one cannot be completely isolated from the first sibling, the first sibling may return to school after 10 days if her symptoms are resolved while the second sibling must quarantine for 24 days total including 14 days after the first sibling returns to school.

- [Clarified] People who have traveled out of state must quarantine for 14 days on their return. The exception to this is if they are using the test-based strategy where they got a test within 72 hours before landing in Alaska or in the airport when they landed. Once the result from that first test comes back, they must practice ***strict social distancing*** until they get the results of a second test performed 7-14 days after they return to Alaska. People following strict social distancing may not attend school, school sports, or school activities until they have completed their strict social distancing period.
  - This means that any out of state travel at this time results in a minimum of 7 days of no in-person school (i.e. remote instruction only) and up to 14 days of no in-person school per Alaska Health Mandate 10.
  - [Clarified] Children 10 and under are exempt from travel-related testing per Alaska Health Mandate 10. However, untested children are on ***strict social distancing status*** for 14 days after they return to Alaska. If their parent or guardian is under quarantine, the child must follow the same quarantine protocols as the parent or guardian they traveled with.

Maintain Healthy Operations

- Implement flexible sick leave policies and practices.
- Monitor staff absenteeism and have a roster of trained back-up staff.
- Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring school health clinic traffic and the types of illnesses and symptoms among students.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communications system for staff and families for self-reporting of symptoms and notification of exposures and closures.

Additional Information

Recognizing that experts are continuing to learn more about COVID-19 and the conditions surrounding the crisis are continually evolving, this guidance may change, be amended, or augmented. School districts should coordinate with local authorities, such as state and local health departments, health centers, consulting physicians, and health-care providers, and apply this guidance in accordance with the guidance they receive from these stakeholders. School districts should always adhere to the most recent recommendations from the Centers for Disease Control and Prevention (CDC).

For additional information please go to:

Department of Education and Early Development

- [NEW] Alaska Smart Start 2020
- [NEW] COVID-19 School Resources and Information
- Teaching & Learning Support
- Alaska Statewide Virtual System

Department of Health and Social Services

- [NEW] Back to School
- COVID-19 in Alaska
- Alaska COVID-19 Response Hub
- COVID-19 Testing
- Sign-up for DHSS Alerts

Centers for Disease Control and Prevention (CDC)

- COVID-19 Guidance
- Schools Decision Tool
- Guidance for K-12 Schools and Child Care Programs
- Guidance for Schools and Day Camps
- Preparing a safe return to school
- Cloth face coverings in schools
- Checklists for going back to school
- Screening students for symptoms