



Health, Safety and Communication Plans
Dr. Merv Daugherty, Superintendent

Last updated: Sept. 25, 2020

PROJECT RESTART PUBLIC HEALTH PANEL

The School Board has requested assistance from public health leaders who will recommend scientific data and public health metrics that should be met in order for schools in Chesterfield County to reopen safely for students. In response, the Superintendent has convened a public health panel to help guide Chesterfield County Public Schools' decisions. The panel includes representation from the Chesterfield Health District, Chesterfield County Risk Management, the Virginia Commonwealth University Health System, Virginia Commonwealth University's Department of Microbiology and Immunology, others from the medical profession and the school division's Student Support Services team.

Combined with the Virginia Department of Health's (VDH) upcoming release of a public health dashboard, the panel's recommendations should set parameters for determining the safe return of students and when schools should close in response to illness.

The panel will consider multiple data points, recommend metric evaluation based on a phased-in approach and consider other available metrics. Among the data points to be considered include: a seven-day average of cases in Chesterfield County, the positivity rate of testing, and the number of local hospitalizations. The panel also is reviewing Virginia Department of Health data and university-based metrics from Harvard and Virginia.

Weekly updates about the panel's work will be provided to the School Board, which will consider potential changes to school operations at each monthly meeting based on these reports.

Committee members have agreed on ranges for the metrics -- green, yellow, orange and red. The group's recommendation is that the school division begin to bring back certain cohorts of students once the ratings are in the low orange range and two of the three metrics showing two weeks of stable or downward-trending data. (Trends are defined by the Virginia Department of Health.)

The school division would continue to monitor the trends in order to bring back other cohort groups. A review of data every two weeks would yield a decision for the next cohort. If the trends remained stable or continued in a downward motion, the next set of cohorts would be reintroduced to in-person instruction. (School division leaders recommend a week's notice be provided to students and staff members before returning to in-person learning in the classroom.)

An all-virtual choice would continue to be provided to families who elect not to return their student to in-person instruction. CCPSOnline would be the choice for secondary students wanting to commit to a full year of virtual learning, understanding that some shifts in schedules might be needed since each school division course is not currently offered in CCPSOnline. Schools will begin to reach out next week to families who have expressed an interest in potentially remaining in an all-virtual CCPSOnline scenario for the entire school year.

The committee will consider metrics to consider in the event a school closure is needed in the future. The decision to close schools ultimately would be made by the Superintendent in consultation and collaboration with the Virginia Department of Health, the Chesterfield Health District and the county government's Risk Management Department.

PROJECT RESTART PHASED-IN RE-ENTRY PLAN

In-person instruction may be offered for cohorts of students once the public health committee's recommendations have been met. Social distancing measures and other guidelines will be implemented. When returning cohorts of students to face-to-face instruction, regular school start times will be in effect.

Phased Cohorts	Groups of Students Returning to In Person Instruction	Notes
Cohort 1	Select Special Education Level 2 students as determined by IEPs (Grades K-12)	<p>The following students with disabilities (SWD) would receive in-person instruction up to four days per week.</p> <ul style="list-style-type: none"> • SWD who receive instruction through the Aligned Standards of Learning curriculum, or • who attend one of the following self-contained classroom programs: Early Childhood Special Education Program (ECSE), Intensive Day Program (IDP), Autism Day Program (ADP) and Severe Intellectual Disabilities Program (ID-S). <p>All services will be provided in the self-contained (special education setting) as determined to be appropriate by the IEP team and with parental consent.</p>
<p>Hybrid plan (Originally known as Option 4 Modified)</p> <p>Students return to school for in-person learning within the classroom on defined days, changing classes at the secondary level. During the days when they are not present for in-person instruction, they are given assignments to reinforce the learning from the in-person days.</p> <p>Students are assigned to work with classroom teachers while in school, but would not have access to a teacher during the school day on days when the student is working from home. In the hybrid model, on distance learning days, students will independently work on engaging learning applications like MyOn, Lexia, and DreamBox at the elementary level to build literacy and math skills.</p>		

At the secondary level, they will be working in courseware like ALEKS, Edgenuity and teacher-designed online work.

<p>Cohort 2</p>	<p>All Students in Cohort 1 Plus</p> <ul style="list-style-type: none"> • All students with disabilities (SWD) PreK-2 following the proposed hybrid model. • SWD K-2 in Cohort 1 will continue a 4 day per week schedule. • SWD who receive instruction through the Standards of Learning and the Aligned Standards of Learning in a self-contained (special education setting) K-5. <ul style="list-style-type: none"> ○ All services will be provided 4 days per week in the self-contained (special education setting) as determined to be appropriate by the IEP team and with parental consent. <p>Grade Levels PreK-2 students to include</p> <ul style="list-style-type: none"> • English as a second language students in the grades PreK-2 • Gifted services and programs in grades PreK-2 <p>Remainder of students continue in Virtual learning environment</p> <p>Career and Technical Center Only</p>	<p>Proposed Hybrid Model 4-modified 2 Student Groups - In School 2 days per week and 2 days learning at home</p> <ul style="list-style-type: none"> • (Group 1) Mondays and Tuesdays • (Group 2) Thursdays and Fridays • Wednesdays (teaching staff - Remediation and individual student check-in and professional development) <p>A Tech Center student will have 1 day per week in school learning at the CTC - (Courthouse or Hull) and 4 days at home.</p>
<p>Cohort 3</p>	<p>All Students in Cohort 1 and 2 Plus Grade Levels 3-5 all remaining students to include</p> <ul style="list-style-type: none"> • Special education students (SOL and ASOL) 	<p>Proposed Hybrid Model 4-modified 2 Student Groups - In School 2 days per week with the classroom teacher and 2 days learning at home</p> <ul style="list-style-type: none"> • (Group 1) Mondays and Tuesdays

	<ul style="list-style-type: none"> English as a second language students in the grade levels specified (Levels 1-4) Gifted services and programs in grades 3-5 	<ul style="list-style-type: none"> (Group 2) Thursdays and Fridays Wednesdays (teaching staff - Remediation and individual student check-in and professional development)
Cohort 4	<p>All Students in Cohort 1,2 & 3 Plus Grades Levels 6-12 all remaining students to include:</p> <ul style="list-style-type: none"> special education students (SOL and ASOL) English as a second language students in the grade levels specified (Levels 1-4) Gifted services and programs in grades 7-8 	<p>Proposed Hybrid Model 4-modified 2 Student Groups - In School 2 days per week and 2 days learning at home</p> <ul style="list-style-type: none"> (Group 1) Mondays and Tuesdays (Group 2) Thursdays and Fridays Wednesdays (teaching staff - Remediation and individual student check-in and professional development)

Additional Considerations:

- Impacts to transportation
- We would need to determine the pace of which cohorts are phased in

PROJECT RESTART

HEALTH AND SAFETY PLAN

OVERVIEW

The Centers for Disease Control and prevention and the Virginia Department of Health offer guidance for the safe reopening of schools. School division health guidelines and protocols will be based on CDC and Virginia Department of Health (VDH) guidance, along with review and partnership from the Chesterfield Health District.

Chesterfield County Public Schools recognizes the importance of hygiene practices, distancing measures, and the use of cloth face coverings to reduce the spread of COVID-19 in the school community.

School nurses, clinic assistants, and trained clinic backups are available in each school building to manage the daily use of the clinic, as well as any individuals exhibiting possible COVID-19 symptoms. In each school building, a Symptom Management Room or area will be designated in order to isolate symptomatic individuals for parent pickup. Students, parents, and staff are asked to complete a self-assessment prior to reporting to school and are required to stay home when exhibiting possible COVID-19 symptoms or feeling ill.

See below for more detailed health and safety information.

PREPARING TO REOPEN

School clinic procedures

The school division's goal is to keep otherwise healthy students and staff away from areas where they may be exposed to illness, when possible. Non-clinic school staff should not enter the clinic areas unless it is necessary for their job role, there is a need to be assessed for illness or injury, or they are trained as back up clinic staff.

Each county school site will identify a secondary location to be utilized as a Symptom Management Room for any students exhibiting COVID-19 related symptoms. Ideally, the Symptom Management Room will be located near the clinic with easy access to parent pickup to minimize exposure. The standard clinic will continue to be utilized for student daily medications and non-COVID-19 illness and injuries.

All students will be triaged prior to entering the clinic and will be directed to the Symptom Management Room, as needed, for suspected COVID-19 symptoms.

School division nurses and clinic staff will wear appropriate personal protection equipment (PPE) depending on the individual situation:

PPE for Standard Clinic and Routine Procedures

The use of personal protective equipment will vary depending on the role or situation in the educational setting and may include using masks, face shields, gloves, and/or gowns

- Routine procedures may include, but are not limited to, medication administration, complaints of injury, falling, bumps to the head and diabetes management.

- Individuals providing health-care services should perform hand hygiene before and after contact with each patient, contact with potentially infectious material, and before putting on and after removing PPE (including gloves). Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process
- School staff working in the clinic will need to assess each student for the appropriate use of PPE. For well students that present to the clinic for medication administration, a physical injury or emotional need, staff and students will follow distancing protocols and wear a cloth mask.
- Gloves will be used by staff when hands-on physical assessment or treatment is needed. Gloves will be removed and hands washed immediately following contact with a student or other staff member.

PPE for Symptom Management Room

- The symptomatic individual will don a face mask, as feasible due to health concerns and the severity of respiratory symptoms.
- Nurses and clinic staff conducting any assessments/monitoring of known ill individuals or individuals with suspected COVID-19 symptoms must wear Personal Protective Equipment (PPE). This includes a medical grade face mask, gloves, and face shield. Disposable gowns will be utilized by nurses and clinic staff, as needed, based on the individual situation.

Medication Guidelines

All school division policies and medication guidelines remain in effect. Each clinic varies in size and layout, therefore, no one solution will work for all sites. The following suggestions may be considered in order to minimize traffic in the clinic.

- Where appropriate, students should take any morning medications at home and discuss with their doctor the possibility of taking a suspended release medication, possibly eliminating the need for school administration.
- Clinic staff may deliver scheduled medications to the classroom, where feasible while maintaining privacy and confidentiality.
- Lunchtime medications should be staggered so that students don't arrive at the same time.
- Where possible, students should wait outside the clinic door and enter one at a time or will be met at the door with their medication, eliminating the need for them to enter the clinic.
- Floor markers, spaced 6 feet apart, may be used in the clinic/hallway as students wait their turn.
- Where they exist, utilize half-doors or windows to administer medications, again, minimizing traffic in the clinic.

Aerosol Generating Procedures

Aerosol Generating Procedures (AGPs) are thought to increase the risk of COVID-19 transmission. The CDC, Virginia Association of School Nurses (VASN), Asthma and Allergy Network, and many other organizations suggest that school divisions minimize or discontinue AGPs in the school setting during the COVID-19 pandemic.

Common AGPs utilized in the school setting are nebulizer treatments, oral suctioning, nasal suctioning, tracheal suctioning, CPAP, BiPAP, and high flow oxygen delivery. The most common

AGPs performed in the school setting are discussed below. If your child is in need of an AGP not discussed in detail here, please contact your student's school nurse or administrator to discuss. If your child has a disability, please consult with your child's case manager for guidance.

Nebulizers

Due to their aerosolizing effect, nebulizers should not be utilized in the school setting during the COVID-19 pandemic. The school division recognizes that this may impact students diagnosed with asthma, among others. Per the CDC, inhalers with spacers are the preferred treatment option during the COVID-19 pandemic, however, any treatment decisions should be made through consultation with a licensed health-care provider. Please reach out to your licensed health-care provider to discuss an appropriate alternative treatment during the school day.

It is also important to note that symptoms of asthma and COVID-19 may overlap. According to the CDC, "Students experiencing acute asthma attacks should not be attending school without approval by a health-care provider."

Oral, Nasal, and/or Tracheal Suctioning

As an AGP, suctioning may lead to increased risk of COVID-19 transmission. If your child has a need for oral, nasal, and/or tracheal suctioning, please contact your student's licensed health-care provider and school-based staff (case manager, school nurse, etc.) to discuss the appropriate care for your child during the school day during the COVID-19 pandemic.

According to VASN, "During a COVID-19 outbreak in the community and without the use of a vaccine, it is highly recommended that, for persons who have significant respiratory conditions and/or impaired airway clearance, such as oral suctioning, nasopharyngeal suctioning, suctioning a tracheostomy, with or without ventilator support, students, the school nurse and the parents consult with their Health Care Provider regarding the benefits of on-campus education."

PREPARING TO REOPEN

Classroom-based care

Infection control will be a priority in our school clinic(s). To prevent potential exposure to infectious illnesses and promote isolation, many students may need to stay in place in the learning environment. Whenever possible, reserve non-scheduled clinic visits for illnesses. See below for guidance on when it may be appropriate to keep a student in the classroom while providing an intervention.

Staff may contact the school nurse prior to sending the student to the office if they are uncertain or need guidance about student care.

The following situations may be appropriate for classroom-based care:

- To the extent possible, students self-administer medication that may be self-carried and administered by policy and paperwork is on file in the clinic (asthma and/or diabetes medication)
- Minor toothache/primary tooth comes out
- Restroom accidents/soiled clothing: Students should be allowed to change clothes in the class restroom or communal restroom. Parents should be notified that clean clothing is required.

- Small paper cuts, abrasions, picked scabs/ice packs for small bumps/bruises. Scrapes can be cleaned and a bandage applied. Most scrapes do not require a clinic visit.

PROMOTING BEHAVIORS THAT REDUCE SPREAD

Staying Home When Appropriate

Students and staff are asked to complete a self-assessment prior to coming to school. This self-assessment may include a list of COVID-19 related symptoms, current temperature, and questions about close contact diagnosed with or suspected to have COVID-19. Any student or staff member experiencing any of the listed symptoms or answering “yes: to any of the contact related questions should not report to the school building or bus.

Hand Hygiene and Respiratory Etiquette

Students and staff are encouraged to wash their hands frequently with soap and water for at least 20 seconds. When soap and water are unavailable, hand sanitizer that contains at least 60 percent alcohol can be used. Students and staff may possess alcohol-based hand sanitizer, per current School Board policy.

Students and staff are encouraged to cover their coughs and sneezes with a tissue. Used tissues should be thrown away and hands should be washed with soap and water for 20 seconds afterwards. When soap and water are unavailable, hand sanitizer that contains at least 60% alcohol can be used.

Cloth Face Coverings

Students are required to wear cloth face coverings at all times while at school and/or on the bus, as is medically and developmentally appropriate. The American Academy of Pediatrics (AAP) states that “if not developmentally feasible, which may be the case for younger students, and wearing face coverings cannot be done safely (e.g., the face covering makes wearers touch their face more than they otherwise would), schools may choose to not require their use when physical distancing measures can be effectively implemented”.

Staff are required to wear cloth face coverings at all times while at school and/or on the bus, as is medically appropriate.

During meetings or gatherings or in narrow hallways or other settings where physical distancing may not be easy to maintain, it would be prudent to wear a face covering.

Resources will be provided to students and staff regarding the proper use, removal, and washing of cloth face coverings.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

PROMOTING BEHAVIORS THAT REDUCE SPREAD

Maintaining Healthy Environments

Cleaning and Disinfection

Frequently touched areas in the school building and on the bus will be cleaned frequently utilizing approved products. Please see the maintenance and custodial services section of this plan for more details.

Modified Layouts and Encouraging Distancing

Classrooms will be arranged to provide 6 feet of distance between desks or student seats on buses, where possible. When 6 feet of distance is not possible, efforts will be made to maximize space between students and cloth face coverings will be required, as medically and developmentally appropriate.

All students and staff are encouraged to maintain 6 feet of distance whenever possible. When 6 feet of distance is difficult to maintain, cloth face coverings are required, as medically and developmentally appropriate.

PROMOTING BEHAVIORS THAT REDUCE SPREAD

Maintaining Healthy Operations

Designated COVID-19 Point of Contact

The building-level administrator along with the school nurse will be available to students, staff, and families to respond to COVID-19 concerns.

Communications System

Where consistent with privacy policies, staff and families are requested to self-report to the school site if they or their student have symptoms of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with health information sharing regulations for COVID-19 and other applicable federal and state laws and regulations relating to privacy and confidentiality, such as the Family Educational Rights and Privacy Act (FERPA).

Staff Training

School nurses will provide training for staff regarding all health and safety protocols prior to students returning to the school building. Topics will include, at a minimum:

- COVID-19 information
 - [How to Protect Yourself & Others](#)
- Proper use of face coverings: While not considered personal protective equipment, cloth face coverings may be worn by students and school personnel. According to the CDC (2020), “Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.” Cloth face coverings should be washed daily. Care should be taken to avoid touching one’s face while wearing cloth face coverings.
 - [CDC Guidelines for cloth face coverings](#)
- Handwashing

- [Handwashing: Clean Hands Save Lives](#)
- <https://www.cdc.gov/handwashing/posters>
- When to send students to clinic- The goal is to keep otherwise healthy students out of the clinic where they can be exposed to illness. Non-emergency first aid may be handled by the teacher in the classroom. Staff should not enter the clinic areas unless it is necessary for he/she to be assessed for illness or injury or they are trained clinic staff.

PREPARING FOR WHEN SOMEONE GETS SICK

Home Isolation Criteria

Per Chesterfield County Employee Health guidance, a student or staff member suspected of COVID-19 due to symptoms or diagnosed with symptomatic COVID-19 will be required to stay home until:

- At least 10 days have passed since symptoms first appeared, **and**
- At least 48 hours have passed since a fever was present (without the use of fever reducing medication), **and**
- Respiratory symptoms have improved, **or**
- A written note from a licensed health-care provider is received indicating a safe return date
 - For employees only: In addition to the above requirements, employees must receive approval from Chesterfield County Employee Medical Center prior to returning to work

A student or staff member diagnosed with asymptomatic COVID-19 will be required to stay home for 10 days from the date of the positive COVID-19 test.

Testing guidance for isolated students and staff are provided by CDC at the link below. Contact your licensed health-care provider for additional guidance regarding testing.

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fwhen-its-safe.html

Isolation and Transport of Those Who are Sick

Students experiencing COVID-19 related symptoms will be immediately separated from the school population using a Symptom Management Room. Families will be asked to pick up their student in a timely fashion and will be advised to seek the assessment of a licensed health-care provider. Nurses and clinic staff will complete targeted cleaning after the departure of each student being aware of appropriate disinfection time.

Per CDC, symptoms requiring isolation in the school environment include:

- Fever
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Notification of Health Officials and Close Contacts

Per CDC guidance, the building-level administrator, with the assistance of the school nurse, will notify the Chesterfield Health District of any confirmed cases of COVID-19 in the school setting. Student and staff confidentiality will be maintained, as required by current law.

Being sure to align with the recommendation of the Chesterfield Health District, the building-level administrator, with the assistance of the school nurse, will ensure that any known close contacts (within 6 feet for 15 minutes or more) of an individual diagnosed with COVID-19 are notified of the need to quarantine while respecting privacy of the diagnosed individual.

PROJECT RESTART SAFETY PLANS

MASKS

Masks must be worn by all staff upon entry into schools and school division buildings, when working or interacting with other individuals in buildings and classrooms and when traveling through halls or operating in/visiting common spaces in these buildings. This applies to all students and staff members.

Properly using and caring for masks is essential to their effectiveness. The [CDC notes](#) that masks should cover the mouth and nose, be secured under the chin and fit snugly on all sides. It's important to wash your hands before putting on a mask and after removing it. In addition, masks should be washed after each use, either in a washing machine or by soaking in a bleach solution for five minutes. They should be dried on a high setting or air-dried in the sun, the agency said.

Please be prepared to bring your own mask or facial covering. The school division will have a limited stock in place initially to support those employees or students who need assistance on a given day.

The Governor's [Executive Order](#) does include information about exemptions. Not all staff members may be wearing a mask at work. While the school division will not require a doctor's note for those who receive an exemption, school division leaders do ask that staff put in writing to their supervisor the reason they cannot wear a mask. If you have any questions or concerns, please reach out to your supervisor.

VISITORS TO BUILDINGS

During the pandemic, visitors to school buildings will not be allowed past the front office area unless there is a predesignated meeting. This will include classroom visits and lunchroom visits once in-person instruction begins.

The Facilities team is working to provide schools and central office buildings with two visitor sneeze guards that will be used in the front office at the front welcoming desk. Visitors will stand on one side of the Plexiglass-based device and staff on the other side. Buildings may have floor markings designating areas where visitors may stand. (Visitors entering school buildings are required to wear masks, as well.)

Each school also has been provided with signage regarding the required use of masks and questions visitors should ask themselves about their health prior to entering a school building. These should be posted at all entry points. Floor signage reminding visitors of the 6-foot social distancing requirements are being produced for distribution and placement as well.

Building administrators will be responsible for overseeing the removal (as needed) of chairs in offices, conference rooms, lunch areas, etc. to maintain 6-foot social distancing requirements. Front desks should be reconfigured as needed as well for social distancing.

PROJECT RESTART COMMUNICATION OF POSITIVE TEST

How have you communicated positive cases within a school building?

Given we are largely closed to the public, we have followed VDH and CDC guidance regarding individual notifications: Notifying staff in a facility who came into close contact with the infected employee. (VDH: Close contact defined as within 6 feet for 15 minutes or longer.)

How will you communicate positive cases in a school building or on a bus?

In the interest of transparency and a continued trusting relationship between school-home, we are going above and beyond the VDH and CDC guidance as staff and eventually students return:

- **Once staff returns for virtual learning:** Will notify all staff members in a building if there is a positive case within the facility; name of individual infected will not be shared; work directly regarding need for quarantine
- **(DURING COHORT NO. 1) Once students return for in-person instruction:** Will notify all staff/families if there is a positive case in facility/on bus; name of individual infected will not be shared; work directly regarding the need for quarantine. (The general school population will not be notified at this time because of the small number of students in attendance that would make such notification self-identifiable and violate student privacy rights.)
- **(ONCE COHORT NO. 2 RETURNS TO SCHOOL) Once students return for in-person instruction:** Will notify all staff/families if there is a positive case in facility/on bus; name of individual infected will not be shared; work directly regarding need for quarantine

Positive cases identified at a school since teachers returned in early September will be available later today on the Project Restart [webpage](#).