



FORT BEND ISD COVID-19 Safety Manual

As of: 7/30/2020

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INTRODUCTION TO THE COVID-19 HANDBOOK

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. It has spread from China to many other countries around the world, including the United States. Depending on the severity of COVID-19's international impacts, outbreak conditions—including those rising to the level of a pandemic—can affect all aspects of daily life, including travel, trade, tourism, food supplies, and financial markets.

To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all employers to plan now for COVID-19. For employers who have already planned for influenza pandemics, planning for COVID-19 may involve updating plans to address the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of SARS-CoV-2 (i.e., compared to pandemic influenza viruses). Employers who have not prepared for pandemic events should prepare themselves and their workers as far in advance as possible of potentially worsening outbreak conditions. Lack of continuity planning can result in a cascade of failures as employers attempt to address challenges of COVID-19 with insufficient resources and workers who might not be adequately trained for jobs they may have to perform under pandemic conditions.

As of August 7th, 2020, there are 19,176,624 cases of COVID-19 globally, 4,904,474 cases in the United States, 467,485 cases in Texas and 9,706 cases in Fort Bend County.

COVID-19 Cases Summary

	Numbers of COVID-19 Cases		Number of Reported Deaths	
	8/7/2020 (Today)	8/4/2020	8/7/2020 (Today)	8/4/2020
Globally*	19,176,624	18,349,260	716,400	659,709
U.S.*	4,904,474	4,738,853	160,394	156,041
Texas+	467,485	442,014	7803	7,016
Fort Bend County	9,151	7,706	108	100

*Data source: John Hopkins COVID-19 map: <https://systems.jhu.edu/research/public-health/ncov/>

+Data source: Texas Department of State Health Services: <https://txdshs.maps.arcgis.com/apps/opsdashboard/index.html#/ed483ecd702b4298ab01e8b9cafc8b83>

The purpose of the Fort Bend Independent School District (FBISD) COVID-19 Safety Manual is to provide comprehensive guidance, procedures, and protocols to help ensure the safe re-opening of district and campus buildings and operations during this pandemic. The intent of this information is to empower and encourage all stakeholders in FBISD to do their part in creating the safe return to work and school. The COVID-19 Safety Manual is organized into five fundamental sections:

1. About COVID-19
2. Guidance for All Employees;
3. Guidance for Campus Employees;
4. Guidance for Non-Campus Employees; and
5. Guidance for Other Programs

The COVID-19 Safety Manual begins with “About COVID-19” and “Guidance for All Employees” as a critical foundation to equip staff with the essential safety, sanitizing, and social distancing guidelines to promote health and wellness for themselves and their fellow employees. This section also includes the protocols for staff when they become ill and their return to work. The third section, “Guidance for Campus Employees”, focuses on applying the safety, sanitizing, and social distancing guidelines to all areas, interactions, and operations within the school building. This includes guidance for the arrival and dismissal of students, classroom set-up, food service, hall and stairway traffic, visitors, and the procedure if a student or staff becomes ill and/or tests positive for COVID-19. The fourth section, “Guidance for Non-Campus Staff”, applies COVID-19 prevention best practices to District buildings and operations to help leaders and staff set up their environments for a safe return to work for all employees. The COVID-19 Safety Manual concludes with “Guidance for Other Programs and Events”, which includes Graduation, Summer Programming, Extended Day, and Testing considerations.

ABOUT COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Symptoms of COVID-19

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all. According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

How COVID-19 Spreads

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread SARS-CoV-2 to other people. The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about six feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms. There have been reports of this type of asymptomatic transmission with this new coronavirus but this is also not thought to be the main way the virus spreads.

Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

How a COVID-19 Outbreak Could Affect Workplaces

<https://www.osha.gov/Publications/OSHA3990.pdf>

Similar to influenza viruses, SARS-CoV-2, the virus that causes COVID-19, has the potential to cause extensive outbreaks. Under conditions associated with widespread person-to-person spread, multiple areas of the United States and other countries may see impacts at the same time. In the absence of a vaccine, an outbreak may also be an extended event. As a result, workplaces may experience:

- Absenteeism. Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.
- Change in patterns of commerce. Consumer demand for items related to infection prevention (e.g., respirators) is likely to increase significantly, while consumer interest in other goods may decline. Consumers may also change shopping patterns because of a COVID-19 outbreak. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services, or prefer other options, such as drivethrough service, to reduce person-to-person contact.
- Interrupted supply/delivery. Shipments of items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.

GUIDANCE FOR ALL FBISD EMPLOYEES

Staff Safety

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

<https://open.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Office-Based-Employers.pdf>

Educate and encourage employees to follow any new policies or procedures related to illness, cleaning and disinfecting, work meetings, and travel. The best way to prevent illness is to avoid being exposed to this virus. You can take steps to slow the spread.

1. Actively encourage sick employees to stay home:
 - Employees who have [symptoms](#) should notify their supervisor and stay home.
 - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow [CDC recommended precautions](#).
2. Sick employees should follow [CDC-recommended steps](#). Employees should not return to work until the criteria to [discontinue home isolation](#) are met, in consultation with healthcare providers. Do not allow employees with new or worsening signs or symptoms listed above to return to work until:
 - In the case of an employee or contractor who was diagnosed with COVID-19, the individual may return to work when all three of the following criteria are met: at least 3 days (72 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications); and the individual has improvement in symptoms (e.g., cough, shortness of breath); and at least 10 days have passed since symptoms first appeared.
 - In the case of an employee or contractor who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to work until the individual has completed the same three-step criteria listed above; or
 - If the employee or contractor has symptoms that could be COVID-19 and wants to return to work before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on an alternative diagnosis.
3. Screen employees and contractors before coming into the office
4. [Maintain good social distance](#) (about six feet). This is very important in preventing the spread of COVID-19.
5. [Wash your hands](#) often with soap and water. Wash their hands often with soap and water for at least 20 seconds or to use hand sanitizer with at least 60% alcohol if soap and water are not available.
 - Have employees and contractors wash or sanitize their hands upon entering the office

Inform employees that if their hands are visibly dirty, they should use soap and water over hand sanitizer. Key times for employees to clean their hands include:

- Before and after work shifts
 - Before and after work breaks
 - After blowing their nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After putting on, touching, or removing cloth face coverings
6. Cover their mouth and nose with a tissue when you cough or sneeze, or use the inside of their elbow. Throw used tissues into no-touch trash cans and immediately wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer containing at least 60% alcohol. Learn more about [coughing and sneezing](#) etiquette on the CDC website.

7. Practice routine cleaning and disinfection of frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use products that meet EPA's criteria for use against SARS-CoV-2, the cause of COVID-19, and are appropriate for the surface. Cover your mouth and nose with a [cloth face covering](#) when around others.
8. Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. Clean and disinfect them before and after use.
9. Consider implementing a staggered workforce, such as alternating days or weeks for different groups of employees and/or contractors coming into the workplace.
10. Continue to encourage individuals to work remotely if possible.
11. If an employer provides a meal for employees and/or contractors, the employer is recommended to have the meal individually packed for each individual.

Learn more about what you can do to [protect yourself and others](#).

Clean and Disinfect Thoroughly:

<https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>

Wear reusable or disposable gloves for routine cleaning and disinfection.

- Clean surfaces using soap and water, then use disinfectant.
- Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.
- Practice routine cleaning of frequently touched surfaces. High touch surfaces include:
 - Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.
- Recommend use of [EPA-registered household disinfectant external icon](#). Follow the instructions on the label to ensure safe and effective use of the product. [Read EPA's infographic on how to use these disinfectant products external icon](#) safely and effectively.
Many products recommend:
 - Keeping surface wet for a period of time (see product label)
 - Precautions such as wearing gloves and making sure you have good ventilation during use of the product
 - Diluted household bleach solutions may also be used if appropriate for the surface.
 - Check the label to see if your bleach is intended for disinfection and has a sodium hypochlorite concentration of 5%–6%. Ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening, may not be suitable for disinfection.
 - Unexpired household bleach will be effective against coronaviruses when properly diluted.
Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser. Leave solution on the surface for at least 1 minute.
- To make a bleach solution, mix:
 - 5 tablespoons (1/3rd cup) bleach per gallon of room temperature water

Additional information on cleaning and disinfection of community facilities such as schools can be found on [CDC's website](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html).; <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

Employee Reporting and Return to Work Guidelines

<https://open.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Office-Based-Employers.pdf>

1. Actively encourage sick employees to stay home:
 - Employees who have [symptoms](#) should notify their supervisor and stay home.
 - Sick employees should follow [CDC-recommended steps](#). Employees should not return to work until the criteria to [discontinue home isolation](#) are met, in consultation with healthcare providers
 - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow [CDC recommended precautions](#).

Reporting Protocols:

1. Upon receiving a positive testing result for COVID-19, the employee should immediately notify their direct supervisor;
2. The director supervisor shall direct the employee to submit a FBISD COVID-19 Incident Report if their absence is COVID-19 related;
3. The District COVID-19 Team will contact the employee to initiate contact tracing; The District COVID-19 Team will communicate with the individual involved, notify the health department is needed, and communicate with appropriate FBISD personnel regarding when the employee can return to campus.

Contact Tracing:

Contact Tracing is the process of interviewing those who have tested positive for the virus, determining people who have been in close contact with that positive individual, connecting with those close contacts to gather further information, and provide guidance to help them stay well while limiting spread of the disease. Fort Bend ISD is developing an internal contact tracing system in partnership with our local health authority to cut short the transmission of the disease within our school community.

Return to Work Guidelines for Employees:

The decision to discontinue isolation for persons with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

Employees with a confirmed case of COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

Employees with COVID-19 who have symptoms and were directed to care for themselves at

home may discontinue isolation under the following conditions:

- At least 24 have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and**
- Symptoms have improved **and**,
- At least 10 days have passed *since symptoms first appeared*; **and**
 - 20 days have passed after symptoms onset for students with severe to critical illness or who are severely immunocompromised

Employees that have come in “close contact” with someone that has tested positive for COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>

<https://open.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Child-Care-Centers.pdf>

- “Close contact,” is defined by the CDC as someone who was within six feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated. This includes:
 - Living in the same household as a sick person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within six feet of a sick person with COVID-19 for about 15 minutes
- Testing is recommended for all close contact of confirmed or probably COVID-19 patients.
- The employee with known close contact to a person who is lab-confirmed to have COVID-19 to return to work until the end of the 14 day self-quarantine period from the last date of exposure (with an exception granted for health care workers and critical infrastructure workers).
- The employee should monitor their health for fever, cough, and shortness of breath during the 14 days after the last day you were in close contact with the sick person with COVID-19.
- If, during this 14-day self-quarantine period, the employee gets sick with fever, cough or shortness of breath (even if your symptoms are very mild), the employee should stay at home and away from other people. If the employee feels they need additional medical evaluation or have any of the following conditions that may increase your risk for a serious infection —age 60 years or over, are pregnant, or have medical conditions—they should contact their physician’s office and tell them that they were exposed to someone with COVID-19.

Contact Tracing

Contact tracing, a process of supporting patients and warning contacts of exposure in order to stop chains of transmission, will be completed by the Campus COVID-19 Teams at each school in Fort Bend ISD. The Campus COVID-19 Team will include the nurse, campus administrator, counseling staff, and attendance related staff. All campus and district-level COVID-19 Teams

will complete a COVID-19 Contact Tracing training offered by Johns Hopkins University and will be prepared to perform contact tracing for each campus and facility. The SEL and Comprehensive Health Team will provide training over a district specific protocol (*outlined in the graphic below*) derived from the Johns Hopkins and Bloomberg training.

Communication Methods

Efficient, ongoing communication and consultation with parents and the school community is critical to maintaining the trusting relationships that are vital to a healthy, productive learning environment. As a District, it is our duty to reassure parents of the safety in our schools and to coordinate among various stakeholders.

The system and process for alerting parents or employees of new COVID cases will follow standard District notification processes, including:

- Email/letter regarding situations related to safety on campuses or sites.
- Campus-based team members will make phone calls to students, families, and staff to share possible exposure information and complete contact tracing protocols.
- Contact tracing will be conducted by the Campus COVID-19 Team comprised of the nurse, campus administrator, counseling staff, and attendance related staff.
- Everyone who has been in contact with an impacted individual will be alerted to ensure overall safety and wellbeing. Through the tracing process, it will be determined whether it is necessary for specific team members and students to be out of the school or work environment.

In the event of a COVID positive case, there is a 14day quarantine period that will be implemented as deemed necessary. If a specific impacted area of the campus can be clearly identified, this area could be closed and sanitized, while face-to-face instruction may continue in other areas. The decision to close entire areas will be handled on a case-by-case basis after contact tracing is complete.

Promote a Safe Workplace

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Expectations and Guidelines

Expectations for being a proactive, social distancing citizen to support learning will be made available to students, staff, parents, and the community. These expectations will be communicated in the form of training videos and printed materials. Materials reflecting positive expectations for being a social distancing citizen will include how handwashing and mask wearing helps us all stay safe. The training will also include items such as social distancing,, cleaning and sanitizing spaces, as well as best practices for coughing and sneezing. An example of a printed resource that has already been published for employee reference is provided below.

FORT BEND ISD SAFETY PROTOCOLS

Anyone who has a fever of 100.0°F or above or other signs of illness should **not** report to a worksite

All Fort Bend ISD schools and facilities remain closed due to the COVID-19 pandemic, and employee and visitor access remains restricted at this time.

A District design team is working on a plan for staff members to report back onsite when it is appropriate to do so. The District will provide advance notification with clear protocols in place.

In the meantime, all staff are required to adhere to the following interim protocols when reporting to any FBISD campus, facility, or worksite.



Maintain social distance (at least six feet apart) at all times.



Employees are required to wear a personal protective face covering (cloth or disposable) while in buildings when in close proximity to others or in common areas.



Wash hands often, for 20 seconds or more, or utilize hand sanitizer (60-95% alcohol) if soap and water are not available.



Report to your immediate supervisor any concerns that arise regarding possible exposure to someone who has tested positive to COVID-19.

★ fortbendisd.com/covid-19

The District will implement and enforce social distancing protocols in all buildings and facilities. Every effort will be made to ensure that everyone will be able to keep a minimum of six feet distance from one another in all situations. Fort Bend ISD determined the ratios for the number of students to teachers in classrooms through careful consideration and application of two factors referenced in guidance for the reopening of schools provided by TEA (*see appendix*) and is detailed below:

1. average classroom sizes in schools based on the amount of 45 square feet per person at
2. capacity to support the desks spaced six feet apart

Additionally, designated entrances will be used to control the traffic flow, limiting the number of persons in one space at one time, and provide for the appropriate social distancing needed to keep everyone safe. It is important to note, in certain situations, staff members will need to interact at a closer distance to support individual student needs; therefore, additional protocols will be established to address the safety and well-being of students and staff. Additionally, based on building configurations appropriate safety protocols may be customized to meet the unique needs of a building.

Preventative Hygiene Protocols

To mitigate the spread of COVID-19, facial coverings will be worn by all staff, students in the third through the twelfth grade, visitors, and others deemed necessary unless there is a medical reason that the person cannot safely wear a mask. Each staff member and student will receive a reusable cloth facial covering provided by the District. Students will also be encouraged to bring their own facial coverings from home. Instructions will be provided on how to properly wear facial masks and coverings:

Additional District-created training for the care of cloth or reusable facial coverings and masks will be provided for use of schools with ability to train students and staff members. An accommodation may be needed when it is determined that a student with special needs is unable to wear a mask.

Regular hand washing is one of the best ways to prevent the spread of germs to others. The District will expect staff, students and visitors to frequently and consistently practice safety protocols by washing their hands as often as possible using the following hand-washing protocol:

- Wash hands with soap and water for at-least 20 seconds and rinse with clean water
- If soap and water are not available, use hand sanitizer with at least 60% alcohol
- Dry hands with a clean paper towel or use an air dryer

We are recommending campuses allow breaks for students to wash hands before and after eating, mid-morning and mid-afternoon (when possible). Students will also be required to sanitize after all common contacts (eat, touch points) and will receive continuous reinforcement on hygiene ownership.

Personal Protective Equipment (PPE)

Fort Bend ISD warehouse staff will distribute the initial supply of personal protective equipment (PPE) to campuses and departments that are needed to start school based on enrollment numbers provided by the Budget Office.

Support Coping and Resilience

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/what-you-can-do.html>

Older people and people of any age who have serious underlying health conditions are at higher risk for severe illness from COVID-19. People who may have issues getting assistance if they become ill, like those experiencing homelessness. People with disabilities are also at increased risk from COVID-19.

These conditions and situations may result in increased stress during this pandemic. Fear and anxiety can be overwhelming and cause strong emotions.

Things staff can do to support themselves:

- Take breaks from watching, reading, or listening to news stories and social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.
- Call your healthcare provider if stress gets in the way of your daily activities for several days in a row.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- Inform employees of the resources offered by the District including:
 - Local county health department contact information
 - Employee Assistance Program (EAP)
 - Mental health and counseling services
 - Self-care and managing their personal wellbeing

- Medical services including virtual medical services
- Leave of absence information
- Childcare services

Staff and Children at Higher Risk for Severe Illness from COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- [People 65 years and older](#)
- People who live in a nursing home or long-term care facility
- People of all ages with [underlying medical conditions, particularly if not well controlled](#), including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Precautions for staff and children at Higher Risk for Severe Illness from COVID-19 include

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/what-you-can-do.html>

- Stay home if possible.
- Wash your hands often.
- Take everyday precautions to keep space between yourself and others (stay 6 feet away, which is about two arm lengths).
- Keep away from people who are sick.
- Stock up on supplies.
- Clean and disinfect frequently touched services.
- Avoid all cruise travel and non-essential air travel.
- Call your healthcare professional if you have concerns about COVID-19 and your underlying condition or if you are sick.
- [Steps You Can Take \(Printer Friendly version\)](#)
 - [Spanish](#)
- [How to protect yourself](#)

Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html#anchor_1589932065842

Offer options for staff at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk (e.g., telework, modified job responsibilities that limit exposure risk).

Consistent with applicable law, put in place policies to protect the privacy of people at [higher risk for severe illness](#) regarding underlying medical conditions.

GUIDANCE FOR CAMPUS EMPLOYEES

Designated COVID-19 Point of Contact

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

Designate a staff person to be responsible for responding to COVID-19 concerns (e.g., school nurse). All school staff and families should know who this person is and how to contact them.

Social Distancing Guidelines

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

In accordance with CDC and TEA guidelines, social (physical) distancing is a key strategy in the containment of the COVID-19 virus. While the requirement to keep a distance from others to limit or prevent the transmission of the virus is necessary, we acknowledge that this is a difficult measure to implement, especially for younger age students. To practice social or physical distancing stay at least six feet (about 2 arms' length) from other people.

In addition to [everyday steps to prevent COVID-19](#), keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world.

Limit close contact with others outside your household in indoor and outdoor spaces. Since people can spread the virus before they know they are sick, it is important to stay away from others when possible, even if you—or they—have no symptoms. Social distancing is especially important for [people who are at higher risk](#) for severe illness from COVID-19.

Many people have personal circumstances or situations that present challenges with practicing social distancing to prevent the spread of COVID-19. Please see the following guidance for additional recommendations and considerations for:

- [Households Living in Close Quarters: How to Protect Those Who Are Most Vulnerable](#)
- [Living in Shared Housing](#)
- [People with Disabilities](#)
- [People Experiencing Homelessness](#)

Arrival and/or Dismissal Times:

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html#anchor_1589932065842

- Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.
- When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately six feet) between employees and others, especially if social distancing is recommended by state and local health authorities.

Classrooms:

Encourage students to practice social distancing and minimize the number of students who they encounter regularly.

1. When determining the number of students in a classroom group in a typical classroom space, the school must apply all three of the following factors:
 - Each individual (teacher, staff, or student) must have a minimum of 45 square feet of space in the classroom.
 - Student desks (or seats at a table if tables are used) must be placed a minimum of six feet apart. It is recommended that students face the same direction rather than facing each other.
2. Whenever possible, students, teachers, and staff should maintain consistent groupings of people to minimize virus spread in the school. Specifically:
 - Elementary school students should be taught in self-contained classes, if at all possible; and
 - Secondary students should be taught in self-contained classes, if possible and, when that is not possible, should be exposed to as few different individual teachers as possible.

The rationale for this limitation is that each additional individual exposure presents greater opportunity for virus spread. If, for example, three classes are taught by a single science teacher, and a student in one of those classes contracts COVID-19, all three classes are considered a single class group for purposes of potential exposure, because they all have extended exposure to an individual who could spread the virus, and all will need to follow protocols listed under “Positive Cases” below.

3. Whenever possible and developmentally appropriate, there should be no group or pairs work that would require students to regularly interact within six feet, recognizing that this is not possible for early childhood students and some students with disabilities.
4. When students must be taught by multiple teachers, it is better for students not to be brought together with those in other classes for shared instruction or mixed with other classes during elective or other periods or between classes.
 - Rather than having students change from classroom to classroom, consider having teachers rotate between classes while students stay in one class to minimize students encountering others in the hallway.
 - Alternatively, schools could stagger class start and end times to minimize the number of students in the hallway during passing periods.

5. Students must not be brought together in assemblies, field trips, or other group gatherings outside of their class group, unless the distancing of 12 feet between groups can be maintained.
6. When feasible and appropriate, it is preferable for students to gather outside rather than inside, because of likely reduced risk of virus spread outdoors.

Outclass:

- Modify classes where participants are likely to be in very close contact.
- Bring in specialist staff (e.g., music, art, physical education) to individual classrooms versus rotating all kids through a shared space that is not able to be cleaned with each new participant introduction.
- Whenever possible, hold physical education and music classes outside and encourage participants to spread out. Consider using visual cues to demonstrate physical spacing.

Multipurpose Rooms:

Avoid having areas easily accessible that would allow staff, volunteers, or participants to easily congregate in a limited space.

- All areas should be managed to reduce communal use. If safe distances cannot be maintained, consider finding alternative areas to take breaks.
- Do not use public pens and other communal items.
- Place visual reminders to maintain social distance in all community areas.

Identifying Small Groups and Keeping Them Together (Cohorting):

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html#anchor_1589932065842

- 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).
- Limit mixing between groups if possible.

Bathrooms:

- Avoid taking multiple rooms of pods to the bathrooms at once (e.g., avoid having all classes use the bathroom right after lunch or recess).
- Place visual reminders to maintain social distance in all community areas.
- Do not use drinking fountain, encourage students to bring water bottles.
- Elementary students should have an extra set of clothing at school.
- Use disposable bathroom passes, which are thrown in the trash when the student returns class.
- Bathrooms should be cleaned regularly throughout the school day.

Drinking Fountains:

- Water fountains will be used for refilling reusable bottles, not individual use.

Stairwells:

- If multiple stairwells exist and it is possible, limit the stairwell as “up only” or “down only”.
- Keep an eight-stair distance between you and others to maintain social distancing.

Hallways:

- Limit hallways to one-way paths if possible – If not possible, have ensure students and staff travel on the right side of the hallways and move in a clockwise fashion.
- Stagger or extended transition times to limit the number of people in the hallway at one time. Keep the transitions consistent to limit exposure across persons.

Elevators:

<https://open.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Office-Based-Employees.pdf>

- Limit the use of standard-size elevators to four individuals at a time, each located at a different corner of the elevator, to avoid close contact. In elevators, masks should be worn. For individuals not wishing to ride an elevator, ensure stairways are available for use. As appropriate, individuals subject to the Americans with Disabilities Act may ride the elevator alone or accompanied by the individual’s caregiver. Consider taping or painting social distancing standing spots on the floor.

Lunchroom:

- Serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria, while ensuring the [safety of children with food allergies](#).
- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should [wash their hands](#) after removing their gloves or after directly handling used food service items.
- 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 food and utensils and ensure the [safety of children with food allergies](#).

Other considerations:

- Campus lunch areas should follow social distancing guidelines.
- Increase distance in waiting lines. Using painters tape, or other non-damaging tapes/ on the ground to indicate “line starts here” concept and placing tape/ marker at 6-foot intervals.
- Hang signage where appropriate to illustrate best practices for social distancing and handwashing.
- Do not share food or utensils.
- Wash hands before and after entering the lunchroom.
- Wash hands before and after eating.
- Use disposable flatware and cutlery when possible.

- Stagger meal times to minimize the number of people dining inside at one time and keep people 6 feet apart.
 - Don't intermix pods/classes, and maintain a consistent group of classrooms/pods that are dining at the same time each day whenever possible.
 - Consider adding lunches to allow for social distancing.
- Clean and disinfect common surfaces between groups.
- Staff serving meals should follow Child Nutrition Worker Safety Information

Face Coverings:

<https://open.texas.gov/uploads/files/organization/opentexas/EO-GA-29-use-of-face-coverings-during-COVID-19-IMAGE-07-02-2020.pdf>

Personal Protective Equipment (PPE) Fort Bend ISD warehouse staff will distribute the initial supply of personal protective equipment (PPE) to campuses and departments that are needed to start school based on enrollment numbers provided by the Budget Office.

Teach and reinforce use of [cloth face coverings](#). Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. Face coverings should be worn by staff and students over the age of 2 years old, as feasible and are most essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to staff, students, and students' families on [proper use, removal, and washing of cloth face coverings](#).

Every person in a Fort Bend ISD facility shall wear a face covering over the nose and mouth when inside a commercial entity or other building or space open to the public, or when in an outdoor public space, wherever it is not feasible to maintain six feet of social distancing from another person not in the same household.

- This face-covering requirement does not apply to the following: any person with a medical condition or disability that prevents wearing a face covering; any person while the person is consuming food or drink, or is seated at a restaurant to eat or drink; any person while the person is (a) exercising outdoors or engaging in physical activity outdoors, and (b) maintaining a safe distance from other people not in the same household; a person while the person is driving alone or with passengers who are part of the same household as the driver; any person obtaining a service that requires temporary removal of the face covering for security surveillance, screening, or a need for specific access to the face, such as while visiting a bank or while obtaining a personal care service involving the face, but only to the extent necessary for the temporary removal; any person while the person is in a swimming pool, lake, or similar body of water; any person who is voting, assisting a voter, serving as a poli watcher, or actively administering an election, but wearing a face covering is strongly encouraged; any person who is actively providing or obtaining access to religious worship, but wearing a face covering is strongly encouraged; or any person while the person is giving a speech for a broadcast or to an audience.
- [Cloth face coverings](#) are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. [Cloth face coverings](#) are not surgical masks, respirators, or other medical personal protective equipment.

- Do NOT use a facemask meant for a healthcare worker.
- Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.

Signs and Messages

- Post [signs](#) in highly visible locations (e.g., school entrances, restrooms) that are approved by the CDC and [promote everyday protective measures](#) and describe how to [stop the spread](#) of germs (such as by [properly washing hands](#) and [properly wearing a cloth face covering](#)).
- Broadcast regular [announcements](#) on reducing the spread of COVID-19 on PA systems.
- Include messages (for example, [videos](#)) about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and on school [social media accounts](#)).
- Find free CDC print and digital resources on CDC's [communications resources](#) main page.

Reducing Surface Contact By implementing proactive measures to minimize the contact with surfaces in high traffic areas and frequently visited areas, we can further reduce the spread of germs and other pathogens. The District will implement restrictions for use of water fountains and academic lockers. When possible, doors will be manned or opened by the classroom teacher to ensure students have limited contact with doorknobs as feasible. The District encourages PE, band and athletics locker rooms to remain open when appropriate and feasible.

In order to avoid sharing instructional materials such as computers, manipulatives, etc., FBISD recommends and encourages students to bring their own supplies (devices), and refillable water bottles if possible. Supplies may be assigned individually as often as possible. This will minimize additional cleaning by staff that is required to disinfect items such as a computer, mouse, and tablet between uses.

Teams are encouraged to continue the practice of engaging in virtual meetings using online collaboration tools identified by the District such as Microsoft Teams and Zoom. In instances when a face-to-face meeting may be required, all staff members in attendance must adhere to the safety protocols outlined in the previous sections. Communal items (white board, etc.) should only be used while measures are taken to sanitize and not increase the potential spread. For example, any shared items, such as markers, will not be provided. Tables and surfaces should be wiped down with appropriate sanitation supplies before and after the meeting.

Guidelines for When a Confirmed Case of COVID-19 has Entered a School

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

Regardless of community transmission, short-term closure procedures may need to be implemented if an infected person has been in a school building. If this happens, CDC recommends the following procedures regardless of the level of community spread:

1. Advise Staff and Families of Sick Students of Home Isolation Criteria

- Sick staff members or students should not return until they have met CDC's [criteria to discontinue home isolation](#).
2. Isolate and Transport Those Who are Sick
 - Make sure that staff and families know that they (staff) or their children (families) should not come to school, and that they should notify school officials (e.g., the designated COVID-19 point of contact) if they (staff) or their child (families) become sick with COVID-19 [symptoms](#), test positive for COVID-19, or have been [exposed](#) to someone with COVID-19 symptoms or a confirmed or suspected case.
 - Immediately separate staff and [children](#) with COVID-19 [symptoms](#) (such as fever, cough, or shortness of breath) at school. Individuals who are sick should go home or to a healthcare facility depending on how severe their symptoms are, and follow [CDC guidance for caring for oneself and others](#) who are sick.
 - Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. 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 who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.
 3. Clean and Disinfect

<https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>

 - Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#)
 - Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#)[external icon](#), including storing products securely away from children.
 4. Notify Health Officials and Close Contacts
 - In accordance with state and local laws and regulations, school administrators should notify [local health officials](#), staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the [Americans with Disabilities Act \(ADA\)](#).
 - Inform those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home and [self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop.

Student Return to School Guidelines

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and**
- Symptoms have improved **and,**
- At least 10 days have passed *since symptoms first appeared*; **and**
 - 20 days have passed after symptoms onset for students with severe to critical illness or who are severely immunocompromised

In the case of a student who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the student is assumed to have COVID-19. The student may not return to school until the student has completed the same three-step criteria listed above. If the student has symptoms that could be COVID-19 and wants to return to school before completing the above self-isolation period, the student must obtain a medical professional’s note clearing the student for return based on an alternative diagnosis.

Return to school guidance for a student that has come in “close contact” with someone that has tested positive for COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>

<https://open.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Child-Care-Centers.pdf>

- “Close contact,” is defined by the CDC as someone who was within six feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated. This includes:
 - Living in the same household as a sick person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within six feet of a sick person with COVID-19 for about 15 minutes
- Testing is recommended for all close contact of confirmed or probable COVID-19 patients.
- The student with known close contact to a person who is lab-confirmed to have COVID-19 to return to work until the end of the 14 day self-quarantine period from the last date of exposure (with an exception granted for health care workers and critical infrastructure workers).
- The student should monitor their health for fever, cough and shortness of breath during the 14 day s after the last day they were in close contact with the sick person with COVID-19.
- If, during this 14-day self-quarantine period, the student gets sick with fever, cough or shortness of breath (even if your symptoms are very mild), the student should stay at home and away from other people. If the student feels they need additional medical evaluation or have any of the following conditions that may increase their risk for a serious infection — like a pre-existing medical condition - they should contact their physician’s office and tell them that they were exposed to someone with COVID-19.

Guidelines for Students That Become Ill at School

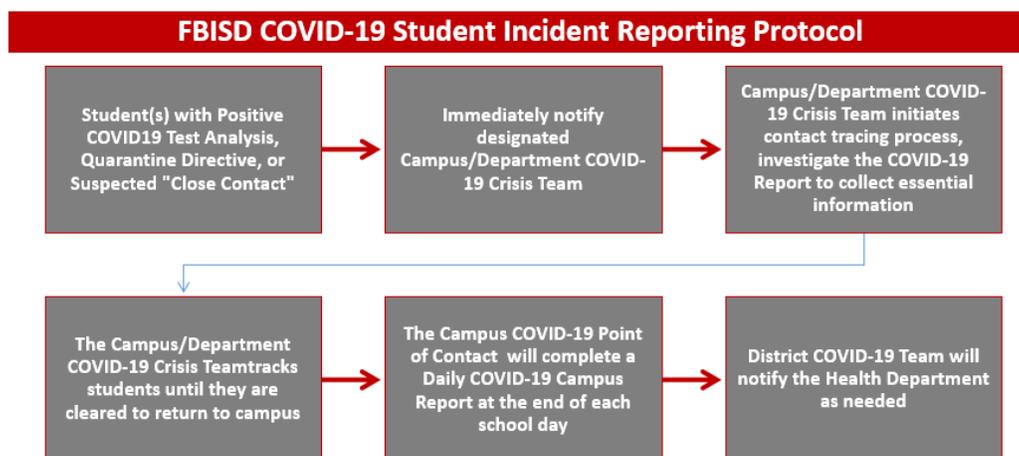
- Children who start to experience symptoms of respiratory illness, including a fever of >100.0 while at child care, will be isolated from other children until they can be picked up.
- The child will be required to stay home until they are fever free, without fever reducing medication, for 3 days (72 hours), or have written clearance by a physician.

Communication System and Self-Reporting

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html#anchor_1589932065842

- Put systems in place for:
 - Consistent with applicable law and privacy policies, having staff and families self-report to the school 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[external icon](#) (e.g. see “Notify Health Officials and Close Contacts” in the Preparing for When Someone Gets Sick section below) and other applicable federal and state laws and regulations relating to privacy and confidentiality, such as the Family Educational Rights and Privacy Act (FERPA).
 - Notifying staff, families, and the public of school closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

Campus COVID-19 Team: This team will consist of at least one campus administrator, a counselor, the campus nurse, attendance staff member, campus wellness monitors, and other identified staff. The Campus COVID-19 Team initiates contact tracing process, investigates the COVID-19 Report to collect essential information to identify those needing to self-quarantine or isolate, track when students and staff can return to campus, and provide information to the community as needed.



Visitors and Volunteers

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html#anchor_1589932065842

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least six feet between people if events are held. Limit group size to the extent possible.
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.
- Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

Other considerations:

- Prohibit the presence of visitors to campuses without an appointment.
 - PTA/PTO/Booster Clubs need to have scheduled times to visit
- Ensure that visitors appropriately disinfect their hands, including prior to accessing district facilities and after the use of restroom facilities. Hand sanitizer must be provided at regular access points for visitors and staff.
- Visitors and volunteers with scheduled meetings must come alone, small children and others not scheduled to meet should not attend.
- Move parent-teacher conferences, 504, and individualized education program (IEP) meetings to phone conferences or a virtual format.
- Do not allow the public access to indoor facilities when a program is in progress.
- Promote staff, volunteers, participants, and their families to maintain distance from each other.
- Educate staff, volunteers, participants, and their families and explain why this is important.

Visitor Return to School Guidelines

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>

<https://open.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Child-Care-Centers.pdf>

- Do not allow parent (or legal guardian) visitors access to the school until:
 - In the case of a visitor diagnosed with COVID-19, the visitor may return when all three of the following criteria are met: at least 24 hours have passed since recovery (resolution of fever without the use of fever-reducing medications); and the visitor symptoms have improved (e.g., cough, shortness of breath); and at

least 10 days have passed since symptoms first appeared (20 days for severe cases); or

- In the case of a visitor who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the visitor is assumed to have COVID-19, and the visitor may not return to the campus until the visitor has completed the same three-step criteria listed above; or
- If the visitor has symptoms that could be COVID-19 and wants to return to the campus before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the visitor for return based on an alternative diagnosis.
- Do not allow a visitor with known close contact to a person who is lab-confirmed to have COVID-19 to return to work until the end of the 14-day self-quarantine period from the last date of exposure.

School Buses

https://open.texas.gov/uploads/files/organization/opentexas/TEA-Summer-Program-Operational-Considerations_5-18-2020.pdf

Limit bus capacity to maintain social or physical distancing guidelines stated above.

- School systems should reduce the number of students on a bus route and consider grouping bus routes to align to class groupings to minimize cross-group exposure.
- Students, teachers, and staff should use hand sanitizer upon boarding the bus.
- Students should be seated at least six feet from other students on the bus (in most cases, this will mean one student per row, on opposite sides of the bus). Students should stay in their seats.
- Encourage families to drop students off, carpool, or walk with their student to school to reduce possible virus exposure on buses.
- Buses should be thoroughly cleaned after each bus trip, particularly high-touch surfaces such as bus seats, steering wheels, knobs, and door handles. During cleaning, open windows to allow for additional ventilation and airflow, which is helpful in mitigating COVID-19 spread.

Field Trips, Assemblies, and Other Large Gatherings

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html#anchor_1589931942037

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least six feet between people if events are held. Limit group size to the extent possible.
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.

- Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

Recess and Playground Usage

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html#anchor_1589931942037

In accordance with the CDC’s *Guidance for Administrators in Parks and Recreational Facilities*, playgrounds and other outdoor areas do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public.

All FBISD’s playgrounds are closed. We will consult with public health officials and refer to state and local regulations regarding the appropriate timing of re-opening playgrounds.

District Facility Usage/Renting

<https://open.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Gyms-Exercise-Facilities.pdf>

- Facility usage and rental information is posted on the FBISD Facilities webpage <https://www.fortbendisd.com/Page/266>
- Organizations wanting to use or rent FBISD Facilities will have to acquire prior approval through the FBISD Facilities Department.
- Organizations must require the following:
 - Spacing workout or sports equipment to provide for at least 6 feet separation between patrons.
<https://gov.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Gyms-Exercise-Facilities.pdf>
 - Regularly and frequently clean and disinfect any regularly touched surfaces, such as doorknobs, tables, chairs, and restrooms.
 - Disinfect any items that come into contact with customers.
 - Provide equipment-cleaning products throughout the gym or facility or class for use on equipment, including dead weights.
 - Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available to employees, contractors, and customers.
 - Consider placing readily visible signage at the gym or exercise facility or class to remind everyone of best hygiene practices.
 - Provide for facilities with more than 10 employees and/or contractors present at one time, an individual wholly or partially dedicated to ensuring the health protocols adopted by the facility are being successfully implemented and followed.

Guidance for Extracurricular Activities (UIL and Non-UIL)

Participation in extracurricular activities on campus is permitted under the following conditions:

- Students may participate in UIL-approved conditioning or training programs, consistent with UIL guidance.
- Students may participate in conditioning or training programs for non-UIL activities that typically compete or conduct activities during the fall semester, consistent with Guidance on Non-UIL Activities, posted in the Closure Guidance section of the TEA coronavirus website.

Students participating in these activities can make use of school gyms, weight rooms, and other indoor facilities, consistent with either UIL or non-UIL guidance linked above, while supervised by school staff. Indoor facilities are to remain closed for purposes of athletic or fitness activities to unsupervised students and to the community.

Before and After School Student Clubs and Meetings

- Staff and students should wear cloth face coverings (over the nose and mouth) when participating in before and after school clubs.
- Ensure all staff and students have participated in a health screening.
- Within these groups, individuals should, to the extent possible, minimize in-person contact with others not in the individual’s household. Minimizing in-person contact includes maintaining six feet of separation from individuals. When maintaining six feet of separation is not feasible, other methods should be utilized to slow the spread of COVID-19, such as wearing a face covering or mask, washing or sanitizing hand frequently, and avoiding sharing utensils or other common objects.

Staff and Student Travel

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

- Adhere to current travel restrictions
 - CDC’s Travel Updates for COVID-19 (www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)
- Ask staff and participants to limit their interaction with local communities when off-site to obtaining only essential services; and only allow interaction sparsely or find other ways to get supplies/services.
- Follow appropriate social distancing and health etiquette measures when interacting with the community.
- Encourage staff to limit their interactions with others on their time off.

Cleaning

COVID-19 Cleaning and Disinfecting Guidance for Schools and Child Care Programs (www.health.state.mn.us/diseases/coronavirus/schools/clean.html)

Fort Bend ISD’s approach to providing a safe learning environment for all students and staff involves frequent and ongoing cleaning, sanitizing, and disinfecting of campuses and District-level buildings. Cleaning and disinfecting are part of a broad approach to preventing the

exposure and spread of infectious diseases in schools. The process of cleaning combined with disinfecting effectively work to minimize the spread of infection.

Cleaning Protocols

Cleaning

- Removes germs, dirt and impurities from surfaces or objects
- Lowers the number of germs and the risk of spreading infection

Disinfecting

- Kills germs on surfaces and objects
- Can further lower the risk of spreading infection once a surface has been cleaned

Sanitizing

- Involves the processes of cleaning surfaces before disinfecting them
- Lowers the number of germs on surfaces to a safe level

FBISD will enhance current cleaning protocols and facilities will be cleaned throughout the instructional day. Disinfectants and cleaning products used by the custodial staff are on the Environmental Protection Agency’s list of Disinfectants for Use Against SARS-CoV-2 (COVID-19) and the standard procedures for routine cleaning and disinfecting will be followed. This will include frequent cleaning and disinfecting surfaces and objects that are touched often throughout the school day as outlined in the chart below.

Classroom	Student Resources	Common Spaces
Desks Toys	Computers Manipulatives Science Lab Equipment Books Hands on Learning Tools	Countertops Doorknobs Faucet Handles Phones Light switches Banisters

High traffic common areas including restrooms, gyms, locker rooms, cafeterias, and teacher workrooms, will also be cleaned and disinfected daily. In addition, special education classrooms (SAILS, FLASH, etc.) will follow additional sanitization protocols based on the specific needs of the program and/or students in the room. Please reference the *(Cleaning Specifications)* document in the appendix for an outline in the FBISD cleaning protocols and schedules which are aligned with the CDC guidance for cleaning and disinfecting. Additional cleaning measures will occur weekly, monthly, and during scheduled school closures on holidays, extended breaks, and intercession weeks, which is also outlined in the Cleaning Specifications document.

In the event of an identified COVID19 case or outbreak, contractor support is available if cleaning is necessary beyond the capability of the custodial staff. The Facilities Department will continue to monitor CDC guidelines and recommendations to ensure that the safest and most current practices for the cleaning, disinfecting, and sanitizing campuses and district buildings are implemented.

In addition, custodial staffing will be realigned to allow for ongoing cleaning of high touch surfaces during the instructional day. Classrooms will be equipped for cleaning between scheduled transitions and changing of student groups. Surface wipes and/or hand sanitizer will be available near copy machines.

Employees using Public Transportation or Ride Sharing

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

- If feasible, offer employees incentives to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).
- Ask employees to follow the CDC guidance on how to [protect yourself when using transportation](#).
- Allow employees to shift their hours so they can commute during less busy times.
- Ask employees to [clean their hands](#) as soon as possible after their trip.

Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html#anchor_1589932065842

- Offer options for staff and students at [higher risk of severe illness](#) that limit their exposure risk (e.g., virtual learning opportunities).
- Consistent with applicable law, put in place policies to protect the privacy of people at [higher risk for severe illness](#) regarding underlying medical conditions.

Campus Health Checks

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#General>

Emphasize the importance of daily health checks. This includes screening for participants, staff, students and volunteers to ensure those who develop symptoms are not attending.

Wellness Monitors

In order to reopen schools, as a District, we had to consider how to reopen in a way that keeps students and employees safe. For the upcoming school year, the role of a wellness monitor will be added to campuses. Wellness monitors will be positioned at appropriate entrances and exits and have multiple roles including but not limited to:

- confirming daily symptom check-ins
- performing noncontact temperature checks
- providing facial coverings for employees on the initial entry day and then on an as needed basis
- supporting contact tracing

Screening

If a participant, staff member, student, volunteer or visitor answers “Yes” to any of the screening questions or has a measured temperature above 100.0F, they should not be allowed to enter the facility.

Send home any employee or contractor who has any of the following new or worsening signs or symptoms of possible COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Known close contact with a person who is lab confirmed to have COVID-19

Do not allow an employee or contractor with known close contact to a person who is lab-confirmed to have COVID-19 to return to work until the end of the 14 day self-quarantine period from the last date of exposure (with an exception granted for healthcare workers and critical infrastructure workers)

Temperature screening can be done with proper social distancing, protection, and hygiene protocols. The person conducting the screening should be wearing personal protective equipment (PPE) including a cloth mask, gloves and a face shield (gown if available), so the screener can be within six feet of a person being screened.

There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of six feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening:

Reliance on Social Distancing (example 1)

- Ask parents/guardians to take their child’s temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least six feet away from the parent/guardian and child.
- Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness that may indicate something is medically wrong.
- You do not need to wear personal protective equipment (PPE) if you can maintain a distance of six feet.

Reliance on Barrier/Partition Controls (example 2)

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Conduct temperature screening (follow steps below)
 - Perform hand hygiene
 - Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child's temperature, reaching around the partition or through the window.
- Always make sure your face stays behind the barrier during the screening.
- If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

Reliance on Personal Protective Equipment (example 3)

If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child. However, reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.

- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
- Take the child's temperature.
 - If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
 - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
 - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

- After each screening, remove and discard PPE, and wash hands.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If your staff does not have experience in using PPE:
 - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
 - If your facility does not have specific guidance, [the CDC has recommended sequences for donning and doffing PPE](#)

Health Screens Conducted on a School Bus

- The bus driver or person(s) conducting the health check will not allow any student or their sibling to board a bus if they or their sibling has a temperature of 100.0F.
- The District must require all students be escorted to the bus stop by designated person that will be responsible for seeing that the student safely can return home and will be supervised if they do not pass the health check.

GUIDANCE FOR NON-CAMPUS EMPLOYEES

Designated COVID-19 Point of Contact

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

Designate a department staff person to be responsible for responding to COVID-19 concerns. All staff should know who this person is and how to contact them.

Social Distancing Guidelines

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

Limiting face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19). Social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home. As the District continues to respond to the changing world which COVID-19 has created, it is important our employees understand how to implement social distancing on campus and in district building and workspaces. To practice social or physical distancing:

- Stay at least six feet (about 2 arms’ length) from other people
- Do not gather in groups more than ten
- Stay out of crowded places
- Do not share water bottles, food, or other items
- Avoid using communal items

In addition to [everyday steps to prevent COVID-19](#), keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world.

For offices with more than 10 employees and/or contractors present at one time, consider having an individual wholly or partially dedicated to ensuring the health protocols adopted by the office are being successfully implemented and followed.

While working, limit close contact with others in indoor and outdoor spaces. Since people can spread the virus before they know they are sick, it is important to stay away from others when possible, even if you—or they—have no symptoms. Social distancing is especially important for [people who are at higher risk](#) for severe illness from COVID-19.

Arrival and/or Departure Times:

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html#anchor_1589932065842

<https://open.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Office-Based-Employers.pdf>

- When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately six feet) between employees and others, especially if social distancing is recommended by state and local health authorities.
- Minimize crowding at arrival and departure time of employees.
- Consider staggering arrival and departure shift times to minimize the number of workers entering and exiting facilities at the same time.
- Health checks shall be conducted upon employee arrival to work.
- Designate times for vendors and visitors to come, consider staggering times if possible.

Workspaces/Meeting Room/Conference Spaces/Collaboration Areas:

<https://gov.texas.gov/organization/opentexas>

The number of customers/patrons inside any indoor facility is limited to 50% of the facility's total listed occupancy.

There is no limit on the number of individuals who may be outside at your facility, provided they are following proper social distancing guidelines and comply with the outside events protocols on this website.

Configure your facility such that customers or patrons are separated by at least six feet from others not within the individual's group while at the facility.

For employers with more than 10 employees and/or contractors present at one time, consider having an individual wholly or partially dedicated to ensuring the health protocols adopted by the employer are being successfully implemented and followed.

To practice social or physical distancing in workspaces and meeting rooms:

- Develop a seating strategy that works for your workgroup — all flexible, all assigned or a blend of both. Drag and drop people directly on a map and draft flexible seating needed

to introduce changes like shifts to existing assigned desk layouts.

- With area largely unoccupied, consider moving some staff to alternative rooms.
- Use phones, videos, or video conferencing to reduce the need for meetings and other close personal contact.
- All areas should be managed to reduce communal use. If safe distances cannot be maintained, consider finding alternative areas to take breaks.
- Do not use public pens and other communal items.
- Consider the physical barriers, which are in place such as doorways or cubicle walls.
- Place visual reminders to maintain social distance in all community areas.

Reception Areas/Entry Areas:

- Limit the number of people allowed in the area to maintain social distancing.
- Limit the number of seats. Organize seats in such a manner so there is at least six feet between seats. Remove seats if necessary.
- Increase distance in waiting lines. Using tape/paint on the ground to indicate “line starts here” concept and placing tape/paint marker at six feet intervals.

Lunchroom:

- Serve individually plated meals instead of in a communal dining hall or cafeteria, while ensuring the safety of employees with food allergies.
- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should [wash their hands](#) after removing their gloves or after directly handling used food service items.
- 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 food and utensils and ensure the safety of employees with food allergies.
- Lunch area should not be used for dining in.
- Increase distance in waiting lines. Using tape/paint on the ground to indicate “line starts here” concept and placing tape/paint marker at 6-foot intervals.
- Do not share food or utensils.
- Wash hands before and after entering the lunchroom.
- Wash hands before and after eating.
- Use disposable flatware and cutlery when possible.

Elevators:

<https://open.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Office-Based-Employees.pdf>

- Limit the use of standard-size elevators to four individuals at a time, each located at a different corner of the elevator, to avoid close contact. In elevators, masks should be worn. For individuals not wishing to ride an elevator, ensure stairways are available for use. As appropriate, individuals subject to the Americans with Disabilities Act may ride the elevator alone or accompanied by the individual’s caregiver. Consider taping or painting social distancing standing spots on the floor.

Stairwells:

- Keep an eight-foot distance between you and others to maintain social distancing.
- If multiple stairwells exist and it is possible, designate stairwells as “up-only” or “down-only”.

Face Coverings:

<https://open.texas.gov/uploads/files/organization/opentexas/EO-GA-29-use-of-face-coverings-during-COVID-19-IMAGE-07-02-2020.pdf>

Personal Protective Equipment (PPE) Fort Bend ISD warehouse staff will distribute the initial supply of personal protective equipment (PPE) to campuses and departments that are needed to start school based on enrollment numbers provided by the Budget Office.

Teach and reinforce use of [cloth face coverings](#). Face coverings may be challenging to wear in all-day settings such as work. Face coverings should be worn by all staff and students as feasible and are most essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to staff on [proper use, removal, and washing of cloth face coverings](#).

Every person in a Fort Bend ISD facility shall wear a face covering over the nose and mouth when inside a commercial entity or other building or space open to the public, or when in an outdoor public space, wherever it is not feasible to maintain six feet of social distancing from another person not in the same household.

- This face-covering requirement does not apply to any person with a medical condition or disability that prevents wearing a face covering and/or any person while consuming food or drink.
- [Cloth face coverings](#) are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. [Cloth face coverings](#) are not surgical masks, respirators, or other medical personal protective equipment.
- Do NOT use a facemask meant for a healthcare worker.
- Continue to keep about six feet between yourself and others. The cloth face cover is not a substitute for social distancing.

Visitors

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html#anchor_1589932065842

- Prohibit any but the following individuals from accessing your facility:
 - Operation staff.
 - Persons with legal authority to enter, including law enforcement officers, Texas Rising Star staff, Licensing staff, and Department of Family and Protective Services staff.
 - Professionals providing services to the District.
- Limit the presence of visitors to district facilities without an appointment.

- Use virtual formats for meeting with visitors if possible, move meetings to phone conferences or a virtual format.
- Ensure that visitors appropriately disinfect their hands, including prior to accessing district facilities and after the use of restroom facilities. Hand sanitizer must be provided at regular access points for visitors and staff.

Visitor Return to District Facility Guidelines

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>

<https://open.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Child-Care-Centers.pdf>

- Do not allow visitors access to the district facility until:
 - In the case of a visitor diagnosed with COVID-19, the visitor may return when all three of the following criteria are met: at least 24 have passed since recovery (resolution of fever without the use of fever-reducing medications); and the visitor has improved symptoms (e.g., cough, shortness of breath); and at least 10 days have passed since symptoms first appeared; or
 - In the case of a visitor who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the visitor is assumed to have COVID-19, and the visitor may not return to the district facility until the visitor has completed the same three-step criteria listed above; or
 - If the visitor has symptoms that could be COVID-19 and wants to return to the district facility before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the visitor for return based on an alternative diagnosis.
- Do not allow a visitor with known close contact to a person who is lab-confirmed to have COVID-19 to return to work until the end of the 14-day self-quarantine period from the last date of exposure.

Staff Travel

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

- Adhere to current travel restrictions
 - CDC's Travel Updates for COVID-19 (www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)
- Ask staff and participants to limit their interaction with local communities when off-site to obtaining only essential services; and only allow sparingly or find other ways to get supplies/services.
- Follow appropriate social distancing and health etiquette measures when interacting with the community.
- Encourage staff to limit their interactions with others on their time off.

Cleaning

COVID-19 Cleaning and Disinfecting Guidance for Schools and Child Care Programs
(www.health.state.mn.us/diseases/coronavirus/schools/clean.html)

Fort Bend ISD's approach to providing a safe learning environment for all students and staff involves frequent and ongoing cleaning, sanitizing, and disinfecting of campuses and District-level buildings. Cleaning and disinfecting are part of a broad approach to preventing the exposure and spread of infectious diseases in schools. The process of cleaning combined with disinfecting effectively work to minimize the spread of infection.

Cleaning Protocols

- Cleaning**
 - Removes germs, dirt and impurities from surfaces or objects
 - Lowers the number of germs and the risk of spreading infection
- Disinfecting**
 - Kills germs on surfaces and objects
 - Can further lower the risk of spreading infection once a surface has been cleaned
- Sanitizing**
 - Involves the processes of cleaning surfaces before disinfecting them
 - Lowers the number of germs on surfaces to a safe level

FBISD will enhance current cleaning protocols and facilities will be cleaned throughout the work day. Disinfectants and cleaning products used by the custodial staff are on the Environmental Protection Agency's list of Disinfectants for Use Against SARS-CoV-2 (COVID-19) and the standard procedures for routine cleaning and disinfecting will be followed. This will include frequent cleaning and disinfecting surfaces and objects that are touched often throughout the work day.

High traffic common areas including restrooms, cafeterias, and staff workrooms, will also be cleaned and disinfected daily. Please reference the (*Cleaning Specifications*) document in the appendix for an outline in the FBISD cleaning protocols and schedules which are aligned with the CDC guidance for cleaning and disinfecting. Additional cleaning measures will occur weekly, monthly, and during scheduled school closures on holidays, extended breaks, and intercession weeks, which is also outlined in the *Cleaning Specifications* document.

In the event of an identified COVID19 case or outbreak, contractor support is available if cleaning is necessary beyond the capability of the custodial staff. The Facilities Department will continue to monitor CDC guidelines and recommendations to ensure that the safest and most current practices for the cleaning, disinfecting, and sanitizing campuses and district buildings are implemented. In addition, custodial staffing may be realigned to allow for ongoing cleaning of high touch surfaces during the work day.

Clean and disinfect thoroughly:

1. Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
2. Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
3. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
4. For disinfection most common EPA-registered household disinfectants should be effective.
 - A list of products that are EPA-approved for use against the virus that causes COVID-19 is available here. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - Additionally, diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water
5. Additional information on cleaning and disinfection of community facilities such as schools can be found on [CDC's website](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html).

Employees using Public Transportation or Ride Sharing

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

- Encourage employees to use forms of transportation that minimize close contact with others, such as offering reimbursement for parking or single-occupancy ride shares.
- Ask employees to [clean their hands](#) as soon as possible after their trip.

In-Home Visits and Testing

- All FBISD employees providing In-home visits and testing will complete the COVID 19 self-reported health assessment before reporting to a student's home, which includes:
 - Screened (via questioning) by school system employees that will screen them for worsening signs or symptoms of possible COVID-19:
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat

- Loss of taste or smell
 - Diarrhea
 - Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
 - Known close contact with a person who is lab confirmed to have COVID-19 if exposure to the active confirmed case occurred within the last 14 days
- Those found with any of these signs or symptoms must be excluded from the activity.
- Each employee should take their temperature and be able to answer NO to all the COVID 19 screening questions.
- If an employee answers “Yes” to any of the screening questions or has a measured temperature above 100.0F, they should not report to work. In addition, they should contact their immediate supervisor and their health care provider.
- Any employee, who becomes ill and has provided in-home instructional services to students within the past 7 days, should contact their immediate supervisor.
- Employees should wear masks if available and gloves. If mask are not available, face coverings may be used.
 - Gloves must be changed if the employee goes to the restroom, leaves the home to go back to their car, or their hands come in contact with anything that could possibly spread germs.
- Before entering a student’s home, the student and their family members will be screened for signs and symptoms of COVID 19. If anyone in the home answers “Yes” to any of the screening questions or has a measured temperature above 100.0F, the employee will not provide services or testing in the student’s home and should report the incident to their immediate supervisor.
- Any student or family member with signs and symptoms of illness should be encouraged to contact their healthcare provider for further guidance.
- Before In-home instructional services can be reinstated following a student or family member illness, all family members should be able to answer YES to all the following questions:
 - Has it been at least 7 days since you first had symptoms?
 - Have you been without fever for three days (72 hours) without any medicine for fever?
 - Are your other symptoms improved?
- At the completion of the In-home visit, employees should remove PPE and thoroughly wash hands. If unable to wash hands with soap and water, use hand sanitizer until able to wash hands with running water and soap.

Testing Center Guidance

https://tea.texas.gov/sites/default/files/covid/covid19-summer_program_operational_considerations.pdf

- Require a health check for all employees when they arrive to the testing center.

- Require a health check for all students participating in testing before they are allowed to enter the testing center.
- Reducing crowding in waiting rooms, by asking those not participating in a test to remain outside (e.g., stay in their vehicles, if applicable) until testing is complete.
- Schedule testing appointment during different times of the day to avoid crowds.
- All employees and testing participants should be asked to wear a cloth face covering.
- Tables and screens used during testing must be cleaned before and after use.
 - Use the cleaners typically used at your facility.
- Guidelines regarding testing to be adhered to:
 - Do not provide students with the ability to test at home by providing students/parents the link to install INSIGHT on a student’s home device.
 - Do not create Zoom, Skype, Google Hangout/Meet or any other type of online meeting in order to test students via this method of communication.
 - Do not mail secure testing materials to students’ homes.
 - Do not initiate any other creative form of testing beyond the standardized, secure method of testing (i.e. in-person testing, online testing at schools and newcomer welcome centers).

Employee Health Checks

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#General>

<https://open.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Employers.pdf>

Emphasize the importance of daily health checks. This includes screening for participants, staff, students and volunteers to ensure those who develop symptoms are not attending.

Persons who have a fever of 100.0F or above or other signs of illness should not be admitted to the a Fort Bend ISD facility, they should be advised to go home, stay away from other people, and contact their health care provider. Everyone should be on high alert for signs of illness stay home when they are sick. Persons should be screened upon arrival, if possible.

If a worker or visitor answers “Yes” to any of the screening questions they should be advised to go home, stay away from other people, and contact their health care provider.

Wellness Monitors

In order to reopen as a District, we had to consider how to reopen in a way that keeps students and employees safe. For the upcoming school year, the role of a wellness monitor will be added to district facilities. Wellness monitors will be positioned at appropriate entrances and exits and have multiple roles including but not limited to:

- confirming daily symptom check-ins
- performing noncontact temperature checks
- providing facial coverings for employees on the initial entry day and then on an as needed basis
- supporting contact tracing

Employee Screening

Screen employees and contractors before coming into the office.

Send home any employee or contractor who has any of the following new or worsening signs or symptoms of possible COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Known close contact with a person who is lab confirmed to have COVID-19

Do not allow an employee or contractor with known close contact to a person who is lab-confirmed to have COVID-19 to return to work until the end of the 14 day self-quarantine period from the last date of exposure (with an exception granted for healthcare workers and critical infrastructure workers)

Temporal Temperature Health Check Guidelines

Temperature screening can be done with proper social distancing, protection, and hygiene protocols. The person conducting the screening should be wearing personal protective equipment (PPE) including a cloth mask, gloves and a face shield (gown if available), so the screener can be within 6 feet of a person being screened.

The following process should be followed when conducting a Temporal Temperature Health Check:

- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- Make a visual inspection of the person being screened for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
- Take the person's temperature.
 - If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
 - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.

Example of a Non-Temporal Temperature Health Check Questionnaire Guidelines

If a worker or visitor answers “Yes” to any of the screening questions below, they should be advised to go home, stay away from other people, and contact their health care provider. The Health Check Questionnaire should include the following questions:

**Fort Bend ISD
COVID-19 Screening (Employees)**

Name of Employee: _____ Week of: _____

Symptoms	Monday	Tuesday	Wednesday	Thursday	Friday	Comments
Cough	Yes No	Yes No	Yes No	Yes No	Yes No	
Shortness of breath or difficulty breathing	Yes No	Yes No	Yes No	Yes No	Yes No	
Chills	Yes No	Yes No	Yes No	Yes No	Yes No	
Repeated shaking with chills	Yes No	Yes No	Yes No	Yes No	Yes No	
Muscle pain	Yes No	Yes No	Yes No	Yes No	Yes No	
Headache	Yes No	Yes No	Yes No	Yes No	Yes No	
Sore throat	Yes No	Yes No	Yes No	Yes No	Yes No	
Loss of taste or smell	Yes No	Yes No	Yes No	Yes No	Yes No	
Diarrhea	Yes No	Yes No	Yes No	Yes No	Yes No	
Feeling feverish or a temperature greater than or equal to 100°F	Yes No	Yes No	Yes No	Yes No	Yes No	
Known close contact with a person who is lab confirmed to have COVID-19	Yes No	Yes No	Yes No	Yes No	Yes No	

There is no way to 100% eliminate the risk of contracting COVID-19 in a public setting. Per TEA guidelines, all Dickinson ISD employees are required to complete this document when they enter their assigned DISD facility. If an employee checks yes to anything on the questionnaire, they will be denied entry. Along with our increased sanitation protocols, we require employees to wear a mask or face covering, use hand sanitizer, and follow social distancing protocols.

GUIDANCE FOR OTHER DISTRICT PROGRAMS AND EVENTS

Summer Programs and Other Instruction Activities

https://tea.texas.gov/sites/default/files/covid/covid19-summer_program_operational_considerations.pdf

Summer School Programs and Other Instructional Activities

- Any instructional activity to be completed at school, including summer school, should either be optional or, if it is mandatory, should be able to be completed virtually. Students who are mandated by their school system to attend summer school as a condition of promotion to the next grade or to otherwise obtain course credit may not be required to attend in-person but would still need to satisfy district academic and/or participation requirements virtually if they do not attend in person.
 - School systems may consider prioritizing the availability of on-campus summer school for:
 - Students with significant academic gaps;
 - Students with disabilities whose needs pose additional challenges to learning in a virtual environment but who are otherwise not medically at risk;

- Student learning experiences that cannot be done remotely, such as certain Career and Technical Education (CTE) learning experiences for middle and high school students;
- Students experiencing homelessness;
- English learners;
- Younger students whose parents may have greater need of childcare to allow them to work; and/or
- Students in protective day service who are not otherwise medically at risk.

Instruction

Encourage students to practice social distancing and minimize the number of students who they encounter regularly.

2. When determining the number of students in a classroom group in a typical classroom space, the school must apply all three of the following factors:
 - Each individual (teacher, staff, or student) must have a minimum of 45 square feet of space in the classroom.
 - No more than 22 total individuals can group in a typical classroom space (i.e., not a cafeteria, gym, library, or other larger space.)
 - Student desks (or seats at a table if tables are used) must be placed a minimum of six feet apart. It is recommended that students face the same direction rather than facing each other.
 - Using these requirements, for example, would mean that:
 - An 800 square foot room could serve 17 individuals ($800 \text{ sq. ft}/45 \text{ sq. ft}=17.8$; round down to 17), so long as the room configuration allowed for desks to be placed six feet apart; and
 - A 1,200 square foot room could serve 22 individuals, so long as the room configuration allowed for desks to be placed six feet apart ($1,200 \text{ sq. ft}/45 \text{ sq. ft}=26.67$; however, 22 individuals is the maximum in a classroom space).
3. Multiple groups can meet in a larger space such as a gym or cafeteria, so long as the school applies all four of the following factors:
 - Each individual (teacher, staff, or student) must have a minimum of 45 square feet of space.
 - Students must be separated into distinct groups that cannot exceed 22 individuals, including students, teachers and staff.
 - Student desks (or seats at a table if tables are used) must be placed a minimum of six feet apart. It is recommended that students face the same direction rather than facing each other.
 - Each class group must be separated from other groups by at least 12 feet.
 - Using these requirements, for example, would mean that:
 - A 3,000 square foot cafeteria might serve two groups of 22 with 12 feet between student groups, so long as the room configuration allowed for desks to be placed six feet apart. One teacher might serve both of these groups or the groups may have separate teachers. (The exact number of groups and number of individuals total served in a 3,000 square foot space is determined by the layout of the space.)

A 7,800 square foot gymnasium might serve three groups of 22 with 12 feet between student groups, so long as the room configuration allowed for desks to be placed six feet apart. One teacher might serve both of these groups, or they may have separate teachers. (The exact number of groups and number of individuals total served in a 3,000 square foot space is determined by the layout of the space.)

4. Whenever possible, students, teachers, and staff should maintain consistent groupings of people to minimize virus spread in the school. Specifically:
 - Elementary school students should be taught in self-contained classes, if at all possible; and
 - Secondary students should be taught in self-contained classes, if possible and, when that is not possible, should be exposed to as few different individual teachers as possible.
5. The rationale for this limitation is that each additional individual exposure presents greater opportunity for virus spread. If, for example, three classes are taught by a single science teacher, and a student in one of those classes contracts COVID-19, all three classes are considered a single class group for purposes of potential exposure, because they all have extended exposure to an individual who could spread the virus, and all will need to follow protocols listed under “Positive Cases” below.
6. Whenever possible and developmentally appropriate, there should be no group or pairs work that would require students to regularly interact within six feet, recognizing that this is not possible for early childhood students and some students with disabilities.
7. When students must be taught by multiple teachers, it is better for students not to be brought together with those in other classes for shared instruction or mixed with other classes during elective or other periods or between classes.
 - Rather than having students change from classroom to classroom, consider having teachers rotate between classes while students stay in one class to minimize students encountering others in the hallway.
 - Alternatively, schools could stagger class start and end times to minimize the number of students in the hallway during passing periods.
8. Students must not be brought together in assemblies, field trips, or other group gatherings outside of their class group, unless the distancing of 12 feet between groups can be maintained.
9. When feasible and appropriate, it is preferable for students to gather outside rather than inside, because of likely reduced risk of virus spread outdoors. If students gather outside, they should maintain the maximum group size of 22 noted above and maintain 12 feet between groups.

Health and Hygiene Practices

1. Teachers and staff should self-screen for COVID-19 symptoms before coming onto campus. Before coming onto campus and at the start of every week of instruction, all students should be pre-screened for COVID-19 symptoms that they or others living in their house will experience. Screening of students can be completed by phone prior to the first day of school and/or prior to entering the campus in person or in writing. The symptoms to screen for are listed at the bottom of this document.

2. Designated staff should take the temperature of each student each day they are on campus, if possible.
3. Schools should have hand sanitizer and/or hand washing stations with soap and water at each entrance and require students, teachers, and staff to use it whenever they enter the building. Hand sanitizer or hand washing stations with soap and water should also be available in every classroom, and students and teachers should be encouraged to sanitize and/or wash hands frequently. Students, teachers, and staff should also wash hands or use hand sanitizer after they have touched something another person recently touched.
4. Staff and students should be encouraged to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash, hands should be washed immediately with soap and water for at least 20 seconds, or hand sanitizer should be used.
5. Students should be instructed in good handwashing techniques and given frequent opportunities to wash their hands.
6. Students should engage in supervised handwashing for at least 20 seconds at least two times each day, in addition to being encouraged to wash hands after using the restroom and before eating.
7. Consider adding physical barriers, such as plastic flexible screens, between bathroom sinks, especially when students cannot be at least six feet apart while using the sinks.
8. Consistent with the actions taken by many organizations across the state, consider having all employees wear cloth face coverings (over the nose and mouth). If available, employees should consider wearing non-medical grade face masks. Similarly, consider having all students for whom it is developmentally appropriate wear cloth face coverings (over the nose and mouth), except while doing an activity where the mask cannot be worn (e.g., eating). Masks or face coverings are especially important in hallways, between classes or at the beginning and end of the school day when students may congregate and class groups may not be as easily isolated from one another. It is most likely not developmentally appropriate for students younger than two years old and for some students with disabilities to wear masks or face coverings. Young children and persons who are unable to adjust or remove face coverings should not be regarded as suitable candidates for wearing face coverings. The decision is up to the individual or their parent, guardian, or attendant.
9. Where possible, dividers should be placed on desks if they can serve the purpose of shielding students, teachers, and staff from respiratory droplets with which they might otherwise come into contact. This could be particularly helpful in settings where individuals cannot otherwise wear cloth face coverings or masks.
10. The CDC provides a range of printed resources such as posters that promote protective measures and can serve as helpful reminders of best practices. Schools may use these or may create their own reminders.
11. Campuses should institute more frequent cleaning practices, including additional cleaning by janitorial staff, as well as provide the opportunity for children to clean their own spaces before and after they are used, in ways that are safe and developmentally appropriate. Arrange for additional cleaning and disinfecting of surfaces that are touched in common throughout the day. This would include objects such as door handles, common tables/desks, shared supplies such as art supplies, and high touch devices such as shared laptops or tablets. Arrange for cleaning of commonly-touched

surfaces in classrooms between different class groups, if the same room will be used by multiple class groups. The CDC has provided guidance on cleaning community buildings to prevent COVID-19 spread. Schools must ensure these products are stored safely, including storing harmful products where children cannot access them, and ensuring that harmful cleaning products are not used near children.

12. Whenever possible, schools should open windows or otherwise work to improve air flow by allowing outside air to circulate in the building.
13. If a building has remained dormant for an extended period, we recommend you review CDC guidance on maintaining water system safety when buildings are unused for extended periods of time and apply this guidance as appropriate.

Other Operational Considerations

1. Campuses will need to plan for entry and exit procedures that reduce the number of students and parents congregating outside and/or mixing in the hallways. Consider staggering school start and end times, assigning students to entries to ensure even distribution of students entering/exiting at each door, providing guidance to students to enter one at a time and wait six feet apart outside the entrance, and, where appropriate, encouraging parents to remain outside during drop-off and pick-up.
2. Parents can participate in school visits if their participation is needed. In these cases, parents should follow the guidance in this document. School systems and parents should consider how to minimize visits inside the school building when they are not needed to reduce the number of individual interactions during summer school (e.g., have parents drop off and pick up students outside the school rather than inside).
3. To the extent possible, students should eat lunch at their desks. When this is not possible, students could have assigned seats in the cafeteria that allow students to maintain social distancing. Students who do not bring their own lunch should be served individually plated meals with disposable food service items.
4. Schools will need to consider how to minimize virus spread as a result of play space use.
 - o Older elementary students who can follow social distancing protocols should be asked to keep six feet apart while using play spaces. For these children, it may also help to restrict class groups to specific areas of the play space using cones, caution tape, or a natural barrier, with the intent of preventing students from interacting across class groups and increasing virus spread. Alternatively, schools can send only one class group to a play space at a time.
5. For the youngest students, including early childhood and early elementary students, as well as some students with disabilities, social distancing on play spaces will not be possible or developmentally appropriate. These students are also unlikely to attend to a natural barrier or cones. In these cases, it is recommended that, as much as possible, only one class group uses a play space at a time.
6. Students in age groups who do not need to use play equipment for recreation should not spend their recreation time in play spaces, if possible, and should maintain social distance at all times when outside, just as they do inside.
7. Employees of school systems, like employees of any organization, must continue to meet the work expectations set by their employers, subject to any applicable employment contract terms. However, school systems will need to plan for increased

teacher attrition and potential future illness and should develop policies that encourage sick employees to stay home. For teachers and staff members who are at particular risk, consider options to allow them to work remotely. Systems should consider hiring additional teachers to plan for these possibilities.

Bus Planning Recommendations

1. School systems should reduce the number of students on a bus route and consider grouping bus routes to align to class groupings to minimize cross-group exposure.
2. Students, teachers, and staff should use hand sanitizer upon boarding the bus.
3. Students who do not live in the same household should be seated at least six feet from other students on the bus (in most cases, this will mean one student per row, on opposite sides of the bus). Students should stay in their seats.
4. Encourage families to drop students off, carpool, or walk with their student to school to reduce possible virus exposure on buses.
5. Buses should be thoroughly cleaned after each bus trip, focusing on high-touch surfaces such as bus seats, steering wheels, knobs, and door handles. During cleaning, open windows to allow for additional ventilation and air flow, which is helpful in mitigating COVID-19 spread.
6. Whenever possible, schools should open windows or otherwise work to improve air flow by allowing outside air to circulate in the bus.

Positive Cases and Teachers, Staff, or Students Showing COVID-19 Symptoms

1. Schools must have a plan for immediately separating any student who shows COVID-19 symptoms while at school until the student can be picked up by a parent or guardian.
2. Schools should close off areas used by a sick individual (student, teacher, or staff) until they can be disinfected. If possible, wait 24 hours to clean these areas to increase the chances of the virus becoming inactive. If 24 hours is not possible, wait as long as possible.
3. If a positive case is identified for a summer school participant, whether teacher, staff, or student, the school must identify any individuals who had regular or close contact with the affected participant. This will include the entire class (students, teachers and staff) and potentially other teachers and staff (if multiple teachers work regularly with the student or staff member). If those teachers or the students interacted with other students or staff on a regular basis or came in close contact with them, those students and staff should be considered potentially exposed as well and should be screened for symptoms and tested for COVID-19 before returning to school.
4. All participants of the summer school program must receive written notification if a positive COVID-19 case is identified among summer school participants (teachers, staff, or students). For students, such written notification is to be provided to the parents or guardians of the students. The school must also notify its local health department.
5. Any teacher, staff member, or student who experiences any of the symptoms of COVID-19 (listed below) should self-isolate until the below conditions have been met. - In the case of an individual who was diagnosed with COVID-19, the individual may return to the summer school program when all three of the following criteria are met: at least three days (72 hours) have passed since recovery (resolution of fever without the use of

fever-reducing medications); and the individual has improvement in symptoms (e.g., cough, shortness of breath); and at least ten days have passed since symptoms first appeared; or

- In the case of an individual who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to work until the individual has completed the same three-step criteria listed above; or
 - If the individual has symptoms that could be COVID-19 and wants to return to the summer school program before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on an alternative diagnosis.
6. Any student, teacher, or staff member living with someone who experiences any of the symptoms of COVID-19, whether they have a positive COVID-19 test or not, should self-isolate until the above conditions have been met. If they do not experience any COVID-19 symptoms during that period, they can return to summer school. If they experience symptoms, they must self-isolate until the conditions outlined above have been met.

COVID-19 Symptoms for Screening

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Known close contact with a person who is lab confirmed to have COVID-19

Extended Learning

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#open>

For purposes of this checklist, "childcare center" refers to both regulated childcare centers, temporary licensed childcare centers, home providers, and youth development organizations.

Prohibit any but the following individuals from accessing your facility:

- Operation staff;
- Persons with legal authority to enter, including law enforcement officers, Texas Rising Star staff, Licensing staff, and Department of Family and Protective Services staff;
- Professionals providing services to children;
- Children enrolled at the operation; and

- Parents who have children enrolled and present at the operation. Parents should only enter the childcare center when necessary.
- Limit the use of parent or other volunteers in your facilities to an absolute minimum.

Social distancing strategies:

Use preparedness strategies and consider the following social distancing strategies:

- Have employees maintain at least 6 feet of separation from other individuals. If such distancing is not feasible, other measures such as face covering, hand hygiene, cough etiquette, cleanliness, and sanitation should be rigorously practiced.
- If possible, childcare classes should include the same group each day, and the same childcare providers should remain with the same group each day.
- Cancel or postpone special events such as festivals, holiday events, and special performances.
 - Consider whether to alter or halt daily group activities that may promote transmission.
 - Keep each group of children in a separate room to the extent possible.
- Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection.
- Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
- High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
- Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- If possible, at naptime, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread. Be sure and disinfect mats before and after each use.
- If possible, arrange for administrative staff to telework from their homes.
- Minimize time standing in lines, keeping children at safe distances apart from each other. Six feet of separation between children is preferred.
- Limit the use of water tables and sensory tables, and have children wash or sanitize their hands immediately after using these play stations.
- Increase the distance between children during table work.
- Incorporate more outside activities, where feasible.
- Avoid requiring children to bring items from home (e.g. show and tells).
- Face Coverings should cover your mouth and nose with a [cloth face covering](#) when around others, including when you have to go out in public, for example to the lunchroom, to the restroom, in the classroom, when in the hallways, when going to or from school, when at any gathering beyond your primary family, etc.
 - Staff members working in youth and participant programs are encouraged to wear cloth face coverings during the workday as much as possible.
 - Face coverings for all over the age of 2 and who can remove the face covering themselves, and do not have breathing problems.

Healthy hand hygiene:

- All children, staff, and volunteers should engage in hand hygiene at the following times:
 - Arrival to the facility and after breaks ☐ Before and after preparing food or drinks
 - Before and after eating or handling food, or feeding children
 - Before and after administering medication or medical ointment
 - Before and after diapering
 - After using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - After handling animals or cleaning up animal waste
 - After playing outdoors or in sand
 - After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone.
- After assisting children with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

Require sick children and staff to stay home:

- Communicate to parents the importance of keeping children home when they are sick.

Monitor and plan for absenteeism among your staff:

- Develop plans to cover classes in the event of increased staff absences.
- Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick. ☐ Recommend that individuals at higher risk for severe illness from COVID-19 consult with their medical provider to assess their risk and to determine if they should stay home if there is an outbreak in their community.

If COVID-19 is confirmed in a child or staff member:

In the event an ELD employee or student demonstrates symptoms of COVID-19, the following protocols shall be followed:

- An employee shall not report to work if symptomatic. If symptoms develop at work, the employee should immediately contact the nurse and site supervisor, and return home. The employee may not return to work unless cleared by a medical professional or acknowledges compliance with other CDC and District requirements.
- A student must not report to ELD if symptomatic. If symptoms develop at ELD, the ELD employee noticing symptoms should immediately contact the nurse and site supervisor. The child should be isolated in the nurse's clinic, parent/guardian(s) called, and the student sent home. The student may not return unless cleared by a medical professional or a parent/guardian acknowledges compliance with other CDC and District requirements.
- The areas used by the sick person must be closed off, and staff should open outside doors and windows to increase air circulation in the areas.

- Open outside doors and windows to increase air circulation in the areas.
- If a child is isolated in the facility, surfaces in the nurse’s clinic and other areas in which the child engaged must be cleaned and disinfected after the sick child has gone home.
- Maintenance personnel should wait up to 24 hours or as long as possible before cleaning or disinfecting the area to allow respiratory droplets to settle.
- All areas used by the person who is sick, such as offices, bathrooms, and common areas, will be cleaned and disinfected.
- If more than 10 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
- Continue routine cleaning and disinfection.

Parent drop-off and pick-up:

- The pick-up and drop-off of children should be completed outside of the operation, unless the operation determines that there is a legitimate need for the parent to enter. Should the parent have a legitimate need to enter the operation, the parent must be screened by the operation as outlined in this document.
 - NOTE: For families participating in the subsidized child care program, efforts should be made to allow them to check in via the state’s card swipe system. Consider moving the card swipe station outdoors in the morning or swiping the parent’s card for them. Sanitize card swipe stations after use.
- Consider staggering arrival and drop off times and have child care providers go outside the facility to pick up the children as caretakers arrive. A plan for curbside drop-off and pick-up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children’s reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Designate a parent to be the drop-off/pick-up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars. These volunteers should wear a mask. To the extent possible, they should also keep 6 feet of distance between themselves and the caregiver, and other volunteers.
- Infants can be transported in their car seats. Store car seats out of children’s reach.
- If possible, older people such as grandparents should not pick up children, because they are more at risk for severe illness from COVID-19.

Screening:

- The following individuals must be screened every day before entering the facility:
 - Operations staff;
 - Persons with legal authority to enter, including law enforcement officers, Texas Rising Star staff, Licensing staff, and Department of Family and Protective Services staff;
 - Professionals providing services to children;
 - Children enrolled at the operation; and

- Parents who have children enrolled and present at the operation. Parents should only enter the child care center when necessary.
- There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening. For various examples on screening practices, see CDC guidance on screening at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>
- Screen those entering the facility prior to entering the child care center:
 - Send home any employee or child who has any of the following new or worsening signs or symptoms of possible COVID-19:
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - Loss of taste or smell
 - Diarrhea
 - Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
 - Known close contact with a person who is lab-confirmed to have COVID-19
 - Do not allow employees or children with the new or worsening signs or symptoms listed above to return to work until:
 - In the case of an employee who was diagnosed with COVID-19, the individual may return to work when all three of the following criteria are met: at least 24 hours have passed since recovery (resolution of fever without the use of fever-reducing medications); and the individual has improved symptoms (e.g., cough, shortness of breath); and at least 10 days have passed since symptoms first appeared; or
 - In the case of an employee who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to work until the individual has completed the same three-step criteria listed above; or
 - If the employee has symptoms that could be COVID-19 and wants to return to work before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on an alternative diagnosis.
 - Do not allow an employee or child with known close contact to a person who is lab-confirmed to have COVID-19 to return to work until the end of the 14 day self-quarantine period from the last date of exposure (with an exception granted for health care workers and critical infrastructure workers).

- Child care programs are encouraged to implement sick leave policies that permit staff who are symptomatic, particularly high-risk individuals, to stay at home.
- If staff members believe they have had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for the above symptoms during the 14 days after the last day they were in close contact with the individual with COVID-19.
- If a parent believes that they or the child has had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for the above symptoms during the 14 days after the last day they were in close contact with the individual with COVID-19.

Transportation:

Close seating on buses makes person-to-person transmission of respiratory viruses more likely. Those providing transportation to child care centers should practice social distancing while on the bus.

- Child care centers should maximize space between riders (for example, one rider per seat in every other row).
- Keeping windows open might reduce virus transmission.
- Cleaning and disinfecting buses: Open the windows after runs and let the buses thoroughly air out. Buses should be cleaned after each use. Handrails can then be disinfected with an EPA-approved safer disinfectant. Windows must be kept open to prevent buildup of chemicals that could cause eye and respiratory problems.
- These recommendations should be followed by any third-party transportation services child care centers utilize.

Enhanced cleaning and disinfecting measures:

The following should be done in addition to (or in substitution of) existing cleaning protocols in place at the child care center:

- Clean and disinfecting efforts should be intensified over the pre-COVID-19 standards. Additional CDC guidance can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfectingbuilding-facility.html>
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
- Facilities should develop a schedule for regular cleaning and disinfecting.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games.
- Clean objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility.
- Adjust the HVAC system to allow for more fresh air to enter the program space, if possible.
- All bathrooms should be cleaned and disinfected regularly throughout the day, at a minimum bathrooms should be cleaned and disinfected three times per day.
- Cleaning products:
 - Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household

disinfectants should be effective. A list cleaning products specific to COVID can be found here: <https://www.epa.gov/pesticideregistration/list-n-disinfectants-use-against-sars-cov-2>

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on disinfection for community settings.
- All cleaning materials should be kept secure and out of reach of children.
- Clean and sanitize toys:
 - Toys that cannot be cleaned and sanitized should not be used.
 - Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned and disinfected by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
 - Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
 - Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
 - Set aside toys that need to be cleaned. Place in a dishpan with soapy water or put in a separate container marked for "soiled toys." Keep dishpan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
 - Children's books and other paper materials should be rotated if used by one group in a cohort. They should not be used by any other cohort or group for at least 36 hours.
- Clean and disinfect bedding:
 - Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed.
 - Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child.
 - Bedding that touches a child's skin should be cleaned weekly or before use by another child.
- Diapering:
 - When diapering a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper-changing areas. Steps include:
 - Prepare (includes putting on gloves)
 - Clean the child
 - Remove trash (soiled diaper and wipes)

- Replace diaper
 - Wash child's hands
 - Clean up diapering station
 - Wash hands
- After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.
- If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.
- Washing, feeding, or holding a child:
 - It is important to comfort crying, sad, or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children, child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo. Consider limiting the amount and type of jewelry that you wear so that the disease cannot be transmitted that way.
 - Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
 - Child care providers should change the child's clothes if secretions are on the child's clothes. They should change their clothing, if there are secretions on it, and wash their hands again.
 - Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
 - Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care. Children should not be allowed to wear other children's clothing.
 - Child care providers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility.
 - Bottles, bottle caps, nipples, and other equipment (e.g. bottle warmers) used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.

Food preparation and meal service:

- An operation should not serve family style meals. Each child should be provided individual meals and snacks.
- If the child brings their own food from home, the provider should discourage the sharing of food between children.
- Providers should give careful consideration to the meal process and work on educating parents and families on the best way to provide their child's food and drinks for the day/week.

- Consider storing children’s food and drinks for the day in their cubbies or another dedicated area if meals are brought from home
- Meals should be served in the classroom and teachers should directly serve children in their classrooms.
- Sinks used for food preparation should not be used for any other purposes.
- Caregivers should ensure children wash hands prior to and immediately after eating.
- Caregivers should wash their hands before preparing food and after helping children to eat.
- Facilities should follow all other applicable federal, state, and local regulations and guidance related to safe preparation of food.
- If an employer provides a meal for employees, employers are recommended to have the meal individually packed for each employee.