

**COVID-19**

# **Guidance for School Re-opening During the COVID-19 Pandemic**



**Children's Mercy**

Updated: July 21, 2020

# COVID-19

The decision to resume in-person schooling during the COVID-19 pandemic should be made by the local school and school system in conjunction with the local health department. The decision should consider local re-opening regulations, community transmission rates, and available testing and contact tracing resources.

Tandem virtual learning options should be made available, regardless of in-person schooling, to accommodate high-risk staff and students, children in isolation and quarantine, and those families who may choose to not pursue in-person schooling at this time. Teachers, children, and families should not be penalized for pursuing one option over the other, and both options should be readily available. For schools pursuing in-person learning, every effort must be made to mitigate the risks of the spread of COVID-19 and protect children and staff. For schools pursuing virtual learning, every effort must be made to provide all students with adequate technology and internet connection and support students' socioemotional wellbeing and nutrition needs.<sup>1</sup>

Each school should develop a risk mitigation plan that addresses isolation and containment. In addition, schools should identify a COVID-19 Team that includes representation from administrators, educators, nurses, and custodial staff. The team should meet regularly to review plans and protocols and make changes as new guidance becomes available. In addition, each school should identify one person to serve as the liaison with the local health department.

This document serves as guidance to mitigate the risk and provide COVID-19 containment strategies for schools that make the decision to pursue in-person learning. The document will be continually updated based on new evidence.

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<sup>1</sup> Guidance for remote learning and application of technology should be provided by experts in those fields.

# COVID-19

## Mitigation Strategies

### 1. Screening

Screening should occur prior to arrival to school for both students and staff. Parents/caregivers and/or students, where able, should perform daily screening. Screening should include a general assessment of symptoms and exposure to persons with known or suspected COVID-19.

- See **Appendix A (pg. 15)** for symptoms associated with COVID-19. Anyone with a positive screen should not report to school.
- See **Appendix B (pgs. 15-16)** for additional guidance on management of positive screens.

#### Staff Screening

- Implement daily screening with record keeping for all staff before reporting to work.
- Temperature checks should be performed upon arrival to school.
- If a staff member screens positive, the staff member should not report to work and should contact a designated person at the school.

#### Student Screening

- Implement daily screening with record keeping for all students before school arrival or getting on the bus.
- Temperature checks can be performed at the school if implemented without causing crowding and contact with other students. Data suggest that fever occurs in only 50% of children with COVID-19.
- If a student screens positive, the student should not go to school and the parent/caregiver should contact a pre-designated person at the school.

#### Visitor Screening

- Visitors are discouraged from entering the school. Meetings with families and teachers should occur virtually whenever possible.
- If visitor entry is required, screening for COVID-19 symptoms and a temperature check should be performed.
- Visitors should sign in and sign out, recording times of entry and exit. Locations visited should be documented. This information will facilitate contact tracing.

### 2. Transportation

Bus transportation is necessary for children to get to and from school safely. Risks for both students and drivers should be mitigated. Parents/caregivers should prioritize a safe alternative mode of transportation when available to optimize physical distancing on the bus.

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# COVID-19

## Transportation *(cont.)*

### Staff

- Staff should always wear a cloth face covering.
- Staff can consider wearing a face shield if it does not inhibit driving.
- Installing of a physical barrier (e.g. plexiglass) between the driver's seat and students can be considered.

### Students

- Buses should be loaded from back to front.
- Seats should be assigned.
- Family units should sit together.
- All children should wear a cloth face covering.
- Windows should be opened (weather permitting) to allow for airflow.
- Hand hygiene upon bus entry.

## 3. Face Coverings

Masking has proven to be an effective way to decrease the spread of COVID-19. Instruction on appropriate mask wearing should be discussed at the beginning of the school year and repeated frequently.

- All school staff should be required to wear a cloth face covering.
- Wearing a face shield in addition to a mask can be considered but is not a substitute for a cloth face covering.
- All students 4th grade and older should always be required to wear a cloth face covering.
- All students K-3rd grade should strongly be encouraged to wear a cloth face covering. Data suggest younger children are less likely to spread the virus.
- Masks should be worn at all times EXCEPT while: eating; drinking; and during active outdoor recess, outdoor physical education activities and indoor physical education while maintaining physical distancing of 6 feet.
- Any mask exceptions should be discussed with the school's COVID-19 team.

## 4. School Entry

The formation of large groups and crowding should be avoided at the point of entry.

- Staggering entry times for buses and car drop-off should be considered.
- Multiple entrances should be used.
- Masked staff members should assist with transition from car to school (as opposed to parent/caregiver).
- Hand hygiene should occur at school/classroom entry.
- Students should be directed to their first class and avoid congregating in hallways.
- Students should be visually screened for signs of illness upon entry to the school/classroom.

## 5. Hand Hygiene

Hand hygiene is an important step in decreasing spread of the virus that causes COVID-19. Hand hygiene should occur:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

Instructions on proper hand hygiene should be posted in multiple areas and reviewed frequently with staff and students.

### Hand washing instructions:

- Wet your hands with clean, running water (warm or cold), and apply soap.
- Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

An alcohol-based hand sanitizer that contains at least 60% alcohol can be used if soap and water are not available.

- Apply hand sanitizer product to the palm of one hand (read the label to determine correct amount).
- Rub hands together.
- Rub the gel over all the surfaces of hands and fingers until hands are dry. This should take around 20 seconds.

## 6. Classrooms, Physical Distancing and Cohorting

Every effort should be made to physically distance and cohort children to minimize COVID-19 exposure and assist with contact tracing should a child or staff become ill.

- Ideally, desks should be placed 6 feet apart. When 6 feet cannot be achieved, desks should be placed at least 3 feet apart.
- Outdoor classroom space for learning, eating and playing should be used as much as possible weather permitting.
- Large space, such as auditoriums and gymnasiums, should be used as a classroom when able to optimize physical distancing.
- Consider discussing with local businesses availability of unused areas that could be converted to classrooms to optimize physical distancing.
- When physically distancing cannot be maintained, children should be kept in cohorts. This means that the children learn together, eat together and play together allowing for the rapid identification of those who have been exposed should a positive COVID-19 case occur in the cohort.
- Teachers should rotate between classrooms instead of having children move from class to class to minimize hallway crowding.
- Student desks should all be facing forward in the same direction.
- Physical distancing cues of 6 feet should be placed in common areas.
- Minimize mixing of students between classes and years.
- In older children who rotate classrooms, consider block scheduling when feasible and assign seating in all classes to allow for contact tracing.
- Consider live, in-school, & virtual classes to minimize classroom transitions. This would assure students have access to proper technology and the psychosocial benefits of in-person school.

## 7. Recess and Physical Education

Recess and physical education are important for the development of children.

- Outdoor activities should be considered whenever possible.
- Student participation in activities should be organized into cohorts where possible.
- Hand hygiene should occur before and after.
- Physical education activities should avoid prolonged, close contact, and focus on individual skills and drills.

## 8. Specialty Classes

The Centers for Disease Control and Prevention have designated some activities to be higher risk for spreading the virus that causes COVID-19.

- High-risk activities, including band and choir, should only be undertaken outside where physical distancing of at least 6 feet can occur.
- If physical distancing cannot occur, consider virtual options for these activities.

## 9. Eating and Drinking

- Schools should continue to provide nutritional, well-balanced meals for students.
- Cafeteria staff should wear gloves and masks during food preparation and service.
- Staff should bring meals to the students at the location where meals will be eaten. If this is not feasible, students should pick up meals in a cohort group and return to the class.
- Eat outside in cohort groups, weather permitting.
- If unable to eat outside, students should eat in the classroom, with their cohort group.
- If meals are not able to be provided in the classroom, consider large, open spaces where children can be physically distanced, staggered or organized in cohorts.
- Water fountains should remain on, but students and staff should refrain from drinking directly from the fountain and instead fill cups and/or bottles.
- Food, water bottles, cutlery, and trays/plates should not be shared.

## 10. Dismissal

- Consider bus and car dismissal at staggered times.
- Afterschool programs should continue as able. Cohort groups and school-day risk mitigation strategies should occur.

## 11. Congregate Areas and Staff Meetings

- All staff meetings should occur virtually. If virtual meetings are not an option, meetings should occur with staff physically distanced, 6 feet apart, and wearing cloth face coverings.
- If teachers' lounges and break rooms remain open, congregation should be discouraged.
- Buffets and communal food should not be provided. Cutlery should not be shared.

## 12. Ventilation

The virus that causes COVID-19 appears to spread less in outdoor environments and areas with improved ventilation.

- Activities should be held outside, whenever possible.
- Windows should remain open, weather permitting.
- Best practices to promote good air flow in buildings.
  - o Operate building Heating, Ventilation, and Air Conditioning (HVAC) systems according to manufacturer instructions.
  - o Begin HVAC system operation at least an hour prior to school starting, continuously throughout the day, and then for at least an additional hour after school.
  - o Use HVAC filtration with a Minimum Efficiency Rating Value (MERV) rating of at least 8 and possibly up to MERV 10 or MERV 12 as most existing HVAC systems are not capable of handling more efficient filtration without damaging the fan motor.

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## Ventilation *(cont.)*

- o Experts recommend quarterly filter changes, typically school districts change filters three times per year, which fits nicely with the school year schedule. More frequent filter changes may be required depending on filter dirtiness.
  - o Consider closing doors to separate classroom cohorts from one another.
  - o Ensure staff do not obstruct any supply, return, and exhaust vents in their respective spaces.
  - o Operate exhaust fans in those areas where such fans are present (kitchens, restrooms, etc.)
  - o Routinely service and make repairs, if necessary, to existing HVAC equipment.
- **Window Air Conditioning (AC) unit use in classrooms**
    - o Window AC units can be used to cool rooms during warmer weather.
    - o Window ACs typically do not have the best filtration and may not be able to handle highly efficient filtration. If there are concerns about filter efficiency and higher efficiency filters are not available for the units, more frequent filter changes are recommended.
  - **Space Heater use in classrooms**
    - o A heater may be required in a space if the existing HVAC system is unable to maintain temperatures at 65° F during the occupied periods of the school day. Heaters alter existing air flow patterns in the facility, which may increase exposure potential to airborne COVID-19.
    - o Space heaters should have a Tilt Safety Shut-Off switch.

## 13. Cleaning Procedures

- Regular classroom and school cleaning and disinfecting should occur.
  - o Focus cleaning/disinfecting efforts on common areas (classrooms, music room, gym, etc.) and those surfaces and items that are touched routinely and frequently throughout the day.
  - o All custodial cleaning activities should be performed daily, while highly touched surfaces will require more often throughout the day.
  - o Outdoor equipment can be cleaned daily.
- Toys and equipment available in classrooms and throughout the school should be able to be cleaned and disinfected.
- Thorough cleaning should follow the top-down cleaning methodology, which essentially allows gravity to settle dust and other contaminants down to the floor, with vacuuming or damp sweeping being the last step to take place.
- Surfaces should always be cleaned of dirt, oils, and other contaminants prior to using any disinfectants or sanitizers.

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## Cleaning Procedures *(cont.)*

- Once surfaces have been cleaned, apply disinfectant to surface and allow product application to sit on surfaces for manufacturer's recommended dwell time. The dwell time for most products will be in the range of 5 to 15 minutes. If the disinfectant is not allowed to sit on the surfaces for the recommended dwell time, it will NOT BE EFFECTIVE at disinfecting surfaces as advertised.
- All dusting should be done using microfiber cloths, if possible, as they are much more effective at collecting and capturing surface dusts and contaminants. Be sure to follow laundering directions of microfiber cloths, because if they are not followed, the cloths may not be as effective at capturing dusts after laundering.
- All floor cleaning should be performed using damp mopping or vacuuming with a HEPA filtered vacuum, which captures 99.97% of particulates down to 0.3 um in size range. This will help minimize dust from the floor to get into the air during the vacuuming process.
- See **Appendix C (pg. 17)** for recommended products to disinfect against COVID-19.

## 14. Personal Protective Equipment

Cloth face coverings are thought to be effective at minimizing droplet spread to others, but they are not considered effective protection against the virus that causes COVID-19. Although cloth face coverings should be worn by all staff, some staff require personal protective equipment (PPE) due to the nature of their role in the school.

- All school nurses should have access to appropriate PPE to care for an ill student or staff member. Appropriate PPE includes gown, gloves, medical grade mask, and eye shield.
- A fit-tested N95 respirator should be used if nebulizer treatments are being administered. If possible, nebulized treatments should be administered outside. Every effort should be made to use metered dose inhalers over nebulizers. Schools should work with the child's primary care provider to find alternatives to nebulizers.
- For children who are technology dependent, schools should work to develop a plan with the child's multidisciplinary care team, which may include but is not limited to the primary care provider and therapists. For children with tracheotomies, involvement of otolaryngologists, pulmonologists, home nursing, respiratory therapists, and/or home ventilator teams is critical to mitigate the risks associated with suctioning.
- If the school does not have a school nurse, a designated staff member should be provided appropriate PPE when medical care is needed.
- Eye shields can be used by staff members, if desired, but should not be a substitute for cloth face coverings.
- Gloves should be used when handling food, caring for an ill student or staff member, or when bodily fluid contamination may occur. Otherwise, gloves are generally not necessary.

## 15. Mental and Behavioral Health Support

Sample mental health questionnaires to administer to children upon school re-opening.

- There are many tools that can be used for screening and assessing your students. Examples:
  - o The UCLA Brief COVID-19 Screen for Child/Adolescent PTSD is in the public domain
  - o Evidence-Based Assessment Tools for Common Mental Health Problems: A Practical Guide for School Settings by Andrews et al. (2020)
  - o [The National Association of School Psychologists](#)
- It is recommended to collaborate with your school/school district mental health team to determine the best tools for your students.

### Recommendations for providing school-based mental health services on campus and group therapy:

- o Need to have large enough space to physically distance.
- o Be considerate of student confidentiality when considering group therapy.
- o Group therapy for children would be best in a space where you can appropriately distance (e.g., classroom).
- o Consider using telehealth at your school to provide services from different rooms without having to wear a mask. Children's Mercy has effectively delivered telehealth psychotherapy to our patients for the last few months.
- o Children's Mercy has been successful with telehealth group therapy for parents, but this may be challenging for children if there is a lack of in-room adult support.
- o A school re-entry adjustment group may be helpful for students to process their feelings and practice coping strategies.
- o You may consider basic intervention for all students to normalize the challenges of the pandemic and ensure you are not missing a student in need.
- o Avoid group therapy for individual issues such as a child who experienced a traumatic event.

### Potential mental health implications if masks are optional:

- Optional mask wearing may send mixed messages to students and can single students out, which could potentially lead to teasing and other negative social implications.
- It may be more challenging to get optional mask wearers to comply if they see others not wearing a mask. If school staff explain that a student wearing a mask is protecting the health of others, then the non-mask wearing students could feel badly.
- If mask wearing is required, it will be normalized, which will help students adjust to this change.
- It is important to consider that some students may have problems complying with wearing a mask. Mental health implications can be argued with any decision.
- The mental health risk seems lowest where there is a consistent message of student masking or not masking (with exceptions as needed for students with special needs).
- Ultimately, rely on your local health department to guide the decision on mask wearing.

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# COVID-19

## Mental and Behavioral Health Support *(cont.)*

### Recommendations for support students mental and socio-emotional needs with online teaching and learning

- Schedule time to connect with each student individually and in virtual peer groups outside of academic time.
- Encourage students to ask questions and report challenges about online learning in this forum and others.
- Students will be less likely to reach out to you virtually compared to the classroom but be responsive when they do!
- Play “Get to know you” games and engage students in icebreaker activities to develop trust. You can show and tell each other about your learning settings (home and school).
- There will likely be more opportunities to connect with parents, which can give you more insight to student’s socio-emotional needs.
- Establish school counselor virtual check-ins with students if needed.
- Create consistent teaching schedules and daily check-ins.
- Praise students for their participation and engagement in learning.
- Use reward programs as you would in your classroom to encourage positive behaviors and build student confidence in their “classroom” academic performance and behavior.
- Work with parents to distribute special rewards/privileges at home when students meet their goals.

### Equity mindset as center of work

- Schools/districts are encouraged to proactively determine how equity will be assessed and addressed. The [equity handout on this website](#) has some great questions to answer to promote an equity mindset.
- [Implement trauma-informed practices](#).
- Require diversity training for all staff.
- Create a channel for teachers and parents to advocate for student needs (e.g., connecting a student with supplies, technology access, mental health support).
- Inquire about individual student needs and resources from their parents/caregivers.

### Staying calm in the midst of pandemic

- Think carefully about your expertise and how best to utilize it.
- Focus on what you are uniquely qualified to do and offload other tasks. This may require some basic training of support staff. For example, you could provide the front office staff with questions and decision trees to help triage parent calls.
- Self-care is also essential!
- Connect with professionals from other schools through your district or school organizations for support and ideas.
- Continue to advocate for your needs-you've got this!

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## Mental and Behavioral Health Support *(cont.)*

### Parental support and adherence to schools' policies

- Provide parents with education on school policies in multiple formats.
  - Provide simple, clear visual representations of policies in handout format, email, on the school website, and on school grounds.
  - Short video demonstrations will help parents engage and learn the new policies.
  - If your policies include students bringing items to school each day (e.g., masks, hand sanitizer), create a backpack checklist for the family to use before children leave the home.
  - You may have staff or parent volunteers dedicated to monitoring adherence, inquiring about non-adherence, re-educating, and connecting families in need to appropriate resources.
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## Quarantine, Isolation and Containment

Schools and staff should have a written plan for isolation and containment when a student or staff member has confirmed or suspected COVID-19. All schools should identify a designated isolation area where exposed and/or ill students can be safely placed until picked up by a parent/caregiver. Students should not be left unattended. The school nurse or a designated staff member should monitor the student and ensure their safety until care is transitioned. Schools should consider having pre-printed templates for communication regarding positive cases and exposures to facilitate rapid communication. The following terminology should be used:

### 1. Exposure

Contact within 6 feet for  $\geq 15$  minutes within the 48 hours prior to the onset of symptoms in a person with known or suspected COVID-19.

### 2. Quarantine

Keeps someone who might have been exposed to the virus away from others.

- **COVID-19 Quarantine:**

Quarantine for 14 days from last exposure to a person with confirmed or suspected COVID-19.

Any student or staff member exposed to someone with suspected or confirmed COVID-19 should not go to school. If a student is identified to have been exposed, and they are already at school, they should be isolated (**see Appendix D, pg. 18**), and the parent/caregiver should be called for prompt pickup. If a staff member is identified to have been exposed, and they are already at school, they should be sent home immediately.

# COVID-19

## 3. Isolation

Isolation separates people who are infected with the virus away from people who are not infected.

- **COVID-19 Symptomatic Isolation:**

Isolation for:

- a) At least 24 hours since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms AND
- b) At least 10 days have passed since symptoms first appeared.

- **COVID-19 Asymptomatic Isolation:**

- a) Isolation for at least 10 days from a positive test.
- b) Any student or staff member with COVID-19 symptoms should not go to school. If a student is identified to have or develops COVID-19 symptoms once the student is already at school, they should be isolated, and the parent/ caregiver should be called for prompt pick up. If a staff member is identified to have COVID-19 symptoms, and they are already at school, they should be sent home immediately. School should designate a contact to determine when staff and students can return to school.
- c) See **Appendix B (pgs. 15-16)** for further recommendations regarding return to school.

## 4. Contact Tracing

Schools should familiarize themselves with the principles of contact tracing in order to rapidly facilitate identification of exposed students and staff and assist local health departments.

- Schools should designate at least one staff member to pursue training in contact tracing.
- Online, free training can be found at the [Johns Hopkins Coronavirus Resource Center](#).
- Once a staff member or student has been diagnosed with COVID-19, the designated staff member in charge of contact tracing will identify any staff members or students that should be considered exposed based on classroom layouts, schedules, etc.
- The staff member liaison to the local health department will immediately notify the health department with the information of the COVID-19 positive person and any exposed persons.
- Schools should be prepared to notify any exposed persons, so they can be immediately dismissed from school or informed to not return to school until their quarantine is complete. All school privacy requirements should be maintained. [See more.](#)
- Schools may choose, but are not required, to notify other staff and students that a person in the school was diagnosed with COVID-19. If schools choose to do this, they should highlight that staff and students were not exposed unless otherwise notified.
- Every effort should be made to keep the identity of the COVID-19 positive person private from other staff and students.
- The decision to close a classroom and/or school should be made in conjunction with the local health department.

## 5. Cleaning after a COVID-19 Positive Case

Schools should establish a plan for cleaning after a COVID-19 positive case has been identified.

- Close off the affected area where the COVID-19 positive staff or student was located.
- Open outside doors or windows.
- Wait 24 hours prior to cleaning. If 24 hours is not feasible without disruption of the school schedule, wait as long as possible.
- Cleaning staff should be provided with the appropriate protective equipment, including gowns and gloves.
- Clean and disinfect the area.
- Recommendations regarding appropriate cleaning and disinfecting agents can be found [here](#).
- If > 7 days have passed since the sick person was at school, additional cleaning and disinfecting is not necessary.
- If a school has been closed for a prolonged period, additional considerations for cleaning and disinfecting prior to reopening may be needed. Learn more [here](#).

# COVID-19

## Appendix A:

### Symptoms Associated with COVID-19

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**Note:** This list is subject to change and can be found on the [CDC website](#).

## Appendix B:

### What to do if a student screens positive for COVID-19

#### COVID-19 SCREENING CRITERIA

Exposure	High-Risk Symptoms	Additional symptoms
To a person with COVID-19	<ul style="list-style-type: none"><li>• New Cough</li><li>• Difficulty breathing</li><li>• Loss of taste/smell</li></ul>	<ul style="list-style-type: none"><li>• Fever (<math>\geq 100.4^\circ</math>) or chills</li><li>• Congestion/runny nose</li><li>• Nausea/vomiting/diarrhea</li><li>• Sore throat</li><li>• Headache</li><li>• Muscle or body aches</li></ul>

(cont.)

# COVID-19

## Appendix B: (cont.)

### Scenario 1: What to do if a student screens POSITIVE for COVID-19 SYMPTOMS

Screening Results	Does the Child Require a COVID-19 Test?	When Can the Child Return to School?
<p>1 additional symptom AND No COVID-19 exposure</p>	NO	<p>Return to school 24 hours after symptom resolution OR If an alternate diagnosis is made, return precautions should be specific to diagnosis</p>

### Scenario 2: What to do if a student screens POSITIVE for COVID-19 SYMPTOMS

Screening Results	Does the Child Require a COVID-19 Test?	When Can the Child Return to School?
<p>1 high-risk symptom OR ≥2 additional symptoms AND No COVID-19 exposure</p>	YES	<p><b>Negative COVID-19 Test:</b> Return to school 24 hours after symptom resolution OR If an alternate diagnosis is made, return precautions should be specific to diagnosis</p>
		<p><b>Positive COVID-19 Test or NO Test:</b> At least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms AND At least 10 days have passed since symptoms first appeared</p>

### Scenario 3: What to do if a student screens POSITIVE for COVID-19 EXPOSURE

Screening Results	Does the Child Require a COVID-19 Test?	When Can the Child Return to School?
<p>Exposure to a person with COVID-19</p>	NO	<p>Quarantine for 14 days from last exposure to a person with confirmed or suspected COVID-19. If child develops high-risk or additional symptoms during quarantine, they need to be evaluated for COVID-19.</p>

# COVID-19

## Appendix C:

### Recommended products to disinfect against COVID-19

- **Safe products for disinfecting:**

- o Clorox Commercial Solutions Disinfecting Bio Stain & Odor Remover
- o Clorox Pet Solutions Advanced Disinfecting Stain & Odor Remover
- o Lysol Hydrogen Peroxide Action Multi-Purpose Cleaner, Oxygen Splash
- o Lysol Hydrogen Peroxide Bathroom Cleaner, Cool Spring Breeze
- o Lysol Hydrogen Peroxide Multi-Purpose Cleaner, Citrus Sparkle Zest
- o Lysol Hydrogen Peroxide Multi-Purpose Cleaning Wipes, Oxygen Splash
- o Lysol Power Bathroom Cleaner, Island Breeze
- o Purell Multi Surface Disinfectant, Fragrance Free
- o Seventh Generation Disinfectant Spray, Eucalyptus, Spearmint & Thyme
- o Seventh Generation Disinfectant Spray, Fresh Citrus & Thyme
- o Seventh Generation Disinfectant Spray, Lavender Vanilla & Thyme
- o Seventh Generation Disinfecting Bathroom Cleaner, Lemongrass Citrus Scent
- o Seventh Generation Disinfecting Multi-Surface Cleaner, Lemongrass Citrus Scent
- o Seventh Generation Disinfecting Wipes, Lemongrass Citrus Scent
- o Windex Multi Surface Disinfectant Cleaner
- o Windex Multi Surface Disinfectant Cleaner, Glade Rainshower

- **Safer active ingredients: If you cannot find any of the products listed above, EWG recommends checking the labels of EPA-registered products for the following active ingredients, which are safer and lower in toxicity compared to others:**

- o Hydrogen peroxide
- o Ethyl alcohol (ethanol)
- o Citric acid
- o L-lactic acid
- o Caprylic acid (octanoic acid)
- o Thymol

- **Active ingredients to avoid: When considering a product, read the labels and be on the lookout for these ingredients that may be best to avoid.**

- o Sodium hypochlorite: Found in chlorine bleach. EWG notes that this is "linked to harm to the skin and respiratory system and the environment. When improperly mixed with other cleaners or acids, sodium hypochlorite can be fatally poisonous."
- o Quaternary ammonium compounds: Also known as quats, which, according to EWG, are linked to asthma and suspected of causing reproductive toxicity and birth defects in humans. They also take an environmental toll.
- o Hydrogen peroxide and vinegar mixed together: The combination forms caustic peracetic acid.

Note: This list is a general information resource and should not be treated as medical advice. These ideas are meant to supplement considerations by your state and local governing bodies and Health Department, NOT meant to replace them. Rely on information at your own risk, consult the most up-to-date recommendations and your own state and local public health officials.

## Appendix D:

### Creating Isolation Rooms

- Schools may need to think creatively to find and utilize spaces that at first glance may not appear to be likely candidates for an isolation room. The schools may consider modifying existing spaces that are likely to contain exhaust ventilation, such as staff workrooms, science rooms or science storerooms.
- If no locations can be found with existing exhaust ventilation and the district does not have resources to make significant and costly modifications to the existing HVAC system, the districts should consider placing a room HEPA Air Cleaner that has a Clean Air Delivery (CAD) rate for the size of the space the device will be placed in. Without the ability to create a sick room that is under negative pressure, placement of a room HEPA Air Cleaner will help reduce airborne contaminants and minimize transmission of COVID-19 in sick rooms and perhaps even the clinic.
- Other considerations when determining what spaces to utilize should include the following:
  - o Can social distancing effectively be practiced in the space?
  - o Does the space have an outside entrance/exit?
  - o How close to the existing clinic or front office should the sick room be?
  - o How often should the sick room be cleaned and disinfected?
- If negative pressure cannot be maintained in clinics or sick rooms, consider installing portable HEPA filtration devices in these areas to help control airborne contaminants OR operate clinic restroom exhaust fans continuously during the day, which may help create negative pressure in the clinic.