

TEAM KENTUCKY

#HealthyAtSchool

Guidance on Safety Expectations and Best Practices for Kentucky Schools (K-12)

Interim Guidance as of March 31, 2021



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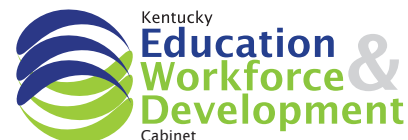
How Was This Guidance Developed?

Kentucky Governor Andy Beshear has taken swift action to keep Kentuckians safe from COVID-19.

- March 6: declared a state of emergency.
- March 12: recommended that all school superintendents cease in-person instruction.
- April 20: recommended superintendents keep schools closed for the remainder of the school year.
- April 21: launched “Healthy at Work,” an initiative to help Kentucky’s economy re-open in a phased approach.

In order to establish guidelines for resuming in-person instruction this fall, the Kentucky Department of Education, in conjunction with the Governor’s Office, announced the creation of the Education Continuation Task Force on March 16. The task force is chaired by Lieutenant Governor Jacqueline Coleman, who also serves as Secretary of the Education and Workforce Development Cabinet. The group consists of representatives from Kentucky’s educational cooperatives, educational partner organizations such as the Kentucky Association of School Superintendents, Kentucky School Board Association, Kentucky Parent Teacher Association, Kentucky Education Association and Kentucky High School Athletic Association, as well as Kentucky Educational Television, the Southern Regional Education Board and a group of four bipartisan legislators. The task force focuses on providing timely information, research and instructional resources to Kentucky school districts as they deal with an unprecedented school closure and how to safely re-open amid COVID-19.

These safety expectations were written with input from the Education Continuation Task Force as well as the Governor’s Office, Department for Public Health, Kentucky Department of Education, the Cabinet of Education and Workforce Development and the Cabinet for Health and Family Services. Throughout this process, stakeholders from all areas of education have been engaged to provide input and expertise.



Why Are Additional Health Safety Expectations Needed Now?

The COVID-19 pandemic is a public health emergency that has spread across Kentucky affecting all age groups. Scientific knowledge about this novel virus continues to evolve. The following guidelines are based upon what is known about mitigating risks of transmission across the Commonwealth to protect all populations. Protecting students and staff at educational facilities is necessary to reduce the spread in this environment and limit the community spread of COVID-19.

COVID-19 is transmitted mostly through direct contact with respiratory droplets from an infected individual. The infected individual may have no symptoms or have symptoms of a fever (greater than 100.4), a cough, gastrointestinal symptoms (diarrhea or vomiting), a new rash or new loss of sense of taste/smell. These symptoms are not unlike other infectious viruses, yet it is difficult without testing to develop a plan that is able to meet all circumstances. The goal of the Kentucky Department for Public Health is to establish **safety expectations** based upon the core measures to mitigate transmission. These include:

- Social Distancing
- Screening, School Exclusion & Contact Tracing
- Personal Protective Equipment, including Cloth Face Masks
- Sanitation, Environmental, and Industrial Factors

Flexible plans should be in place to address school attendance, closure of schools, and transition to distance learning models. The safety of all students and staff, while promoting the best possible learning environment, is necessary.

How to Use These Safety Expectations and Best Practices Guidelines

Practices listed in this document are divided into **safety expectations** that must be implemented by schools as determined by the Kentucky Department for Public Health and the U.S. Centers for Disease Control and Prevention (CDC). **Best practices** are additional strategies that schools may choose to follow in order to optimize the safety of students and staff.

The following **safety expectations** are fully explained in this guide:

- Social Distancing
- Cloth Face Coverings, School Health Policies, and Personal Protective Equipment
- Screening and School Exclusion
- Sanitation and Environmental Factors
- Contact Tracing

Each of these sections include a detailed list of **safety expectations** and **best practices** followed by an at-a-glance overview for younger users.

While this document outlines safety expectations and best practices for Kentucky schools, care has been taken to ensure the guidance outlined in this document is aligned with the most up-to-date guidance from the CDC. Schools should refer to the CDC's guidance when considering unique circumstances not contained within this document, and may default to CDC guidance in instances when this document has not been updated.

Updates

Based on the latest information from the U.S. Centers for Disease Control and Prevention (CDC), the Kentucky Department for Public Health is making the following changes to the state's flagship Healthy at School guidance document dated June 2020:

7/28/2020

Best Practices (pg 8)

- Plexiglas may be used in classrooms for dividers between students if approved by local health department environmental staff and the panels meet fire code requirements. They must be securely fastened to prevent student injury and should be cleaned when other contact surfaces are cleaned, such as the student's desktop.

Exclusion Criteria (pg 15)

- "Cough" changed to: **"New** uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)"

Return to School Policy (pg 16)

Return to school guidance after positive COVID-19 test:

- At least 10 days since symptoms first appeared **and**
- At least 24 hours with no fever without fever-reducing medication **and**
- Symptoms have improved

Return to school guidance for other illness:

- Fever- and symptom-free for 24 hours without fever-reducing medication
- A negative COVID-19 test or doctor's note should **not** be required for return

8/31/2020

Use of Cloth Face Coverings (Masks)

- The use of cloth face coverings (masks) should be required by all students and staff at all times while in the building or on the bus, unless medically waived. Students and staff should only lower their masks while actively eating or drinking. This change is reflected on pages 7, 8, 9, 10, and 13.

12/7/2020

Quarantine (pg 24)

- Quarantine guidance was updated to reflect changes from the CDC. Schools should work with their local health departments to determine the duration of quarantine.

3/22/2021

Social Distancing Guidelines (pg 7)

- Social distancing guidance was updated to reflect changes made by the CDC. Students are required to maintain 6 feet of social distancing while in congregate areas, such as bathrooms, hallways, cafeterias and gymnasiums. In the classroom, social distancing may be reduced to a minimum of 3 feet. Students must wear cloth face coverings at all times while in the classroom, and should continue to face the same direction to reduce the risk of viral spread. If the county moves into the high incidence critical rate for COVID-19, the CDC recommends that middle and high school students be spaced at 6 feet in the classroom setting because of their higher likelihood of viral transmission.

4/1/2021

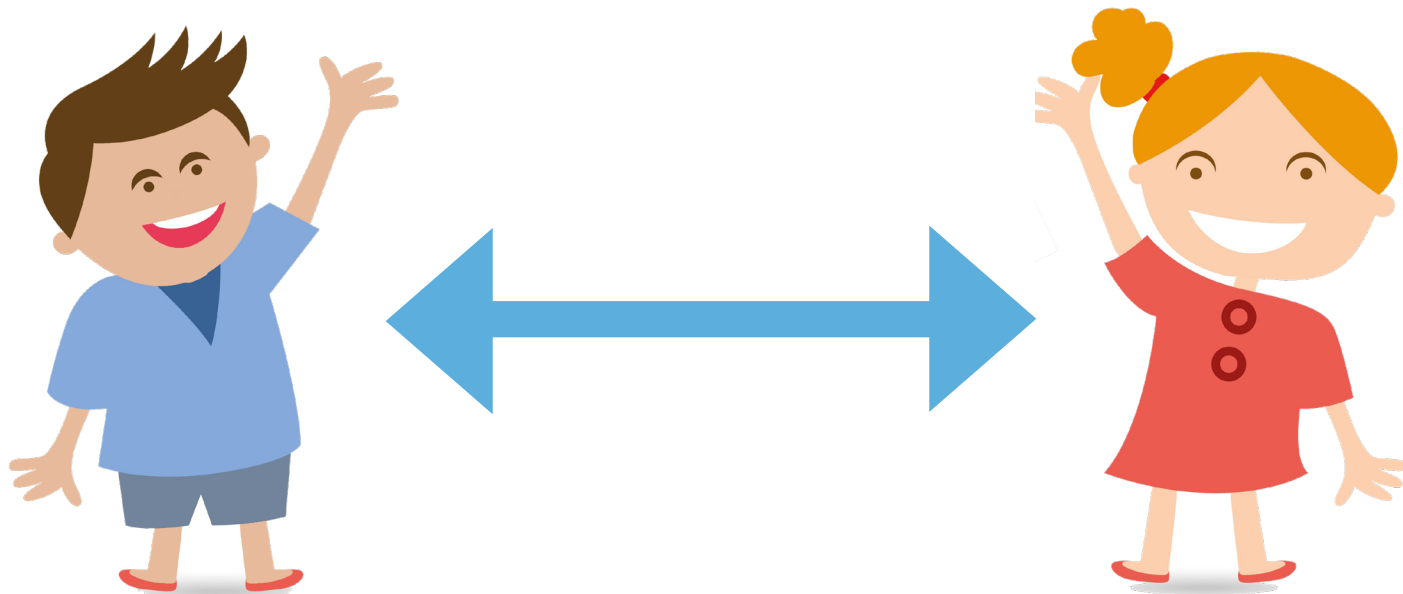
Temperature Screening (pg 14, 17)

- Temperature screening expectations have been changed with only symptomatic students now needing to be screened for fever. If a student is found to have a temperature greater than 100.4, the student should be isolated as described in the Isolation Criteria on Page 16.

References

CDC: [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#)

CDC: [Schools and Childcare Programs](#)



Social Distancing

Social distancing will require local school districts to develop unique plans that address the space, workforce, and resources available at each school. These **safety expectations** align with the policies published by the U.S. Centers for Disease Control & Prevention and the World Health Organization. Plans tailored to elementary, middle and high schools should be considered.



Safety Expectations

Must be implemented by schools as determined by the Kentucky Department for Public Health.

- Stagger arrival and dismissal times.
- Increase space between students in classrooms by rearranging seating to include social distancing of at least 3 feet.
- In order to maintain health and safety, student desks should be at least 3 feet apart, with a greater distance allocated when possible. All desks should be arranged so students' seats face the same direction. The use of cloth face masks is a safety expectation for all students and staff at all times, unless medically waived.
- While in congregant areas, such as hallways, bathrooms, cafeterias and gymnasiums, 6 feet of social distancing should be maintained, and unnecessary contact or movement should be avoided.
 - Place markings on floor as a reminder of areas that are 6 feet apart for instruction.
 - Maintain a social distance of 6 feet in hallways during arrival and dismissal.
 - Maintain a social distance of 6 feet in common areas such as bathrooms or create barriers between sinks/stalls.

- Reduce class sizes to allow for smaller cohorts of students to decrease potential need for contact tracing.
- Modify classes/activities that normally require multiple students to engage in an activity that could cause close social contact, congestion or movement in the school hallways such as choir, gym class, art, music, etc. These do not have to be canceled if distance and sanitation needs are met.
- Reduce congestion in common areas (school office, nurse's office, guidance office, bus loading areas, etc.).
- Cancel field trips, assemblies, and other large group activities to avoid mixing students in large common areas. Adhere to the Governor's current guidance regarding group gatherings.
- Limit non-essential visitors on school property.
- Ensure students go straight from vehicles to their classrooms to avoid congregating.
- Limit cross transfer between special programs and school staff. Develop a plan for limiting substitutes, student teachers, and evaluators; if possible, nurses should work at one school.
- Develop a bus transportation plan that includes sanitation, screening, and social distance plans including:
 - Leave first seat empty behind the driver.
 - Wearing a mask while riding the bus is a **safety expectation** unless medically waived.
 - Load from back to front of the bus.
 - Offload should occur from front to back of the bus.
 - Stagger seating if bus is not at full capacity.
 - Seat passengers from the same household together.
 - Assign seating for all passengers (if feasible).
 - Students with medical concerns, allergies, asthma should be assigned seating at front of bus with windows up.
 - Education/training for bus riders on rules of loading, keeping hands to self unless need to touch seat backs for balance, no congregating, etc.
 - Students should remain seated until their time to exit to maintain social distance.
 - No congregating in aisles.
 - Bus monitors or staff should wear personal protective equipment (mask) at all times while on duty.

Best Practices - *Additional strategies that schools may choose to follow*

- Place physical barriers such as Plexiglas at reception desks and similar areas for protection.
- If social distancing is not possible in the cafeteria, have meals served to the classroom or have students bring food from the cafeteria back to their classrooms to eat. Be mindful of those students with food allergies.
- Minimize face-to-face interactions by designating one-way hallway traffic and designating certain doors for entry and for exit.

At-A-Glance | Social Distancing

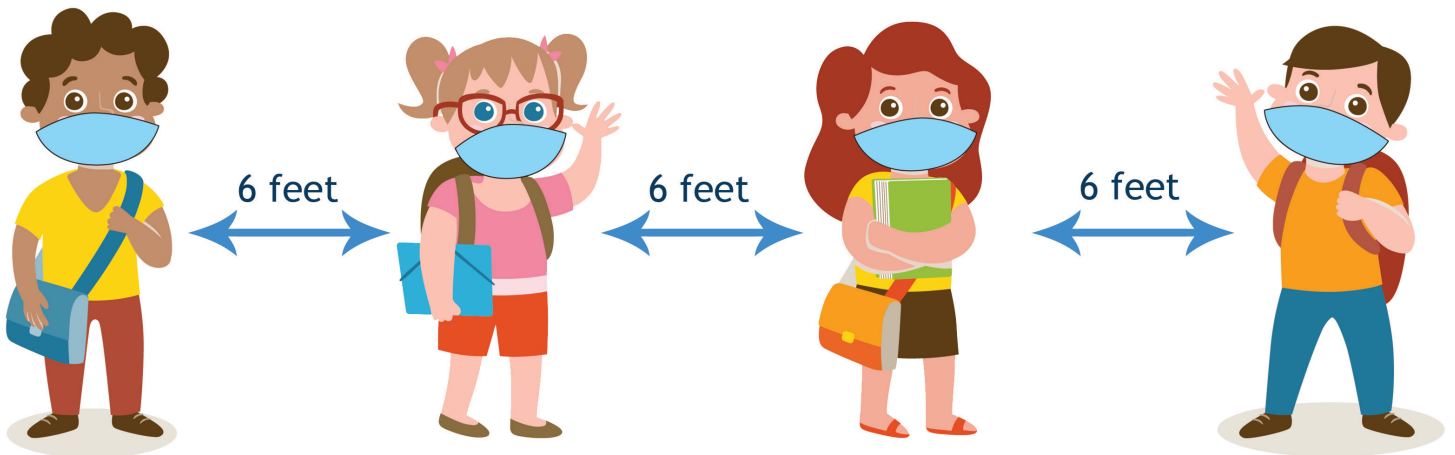


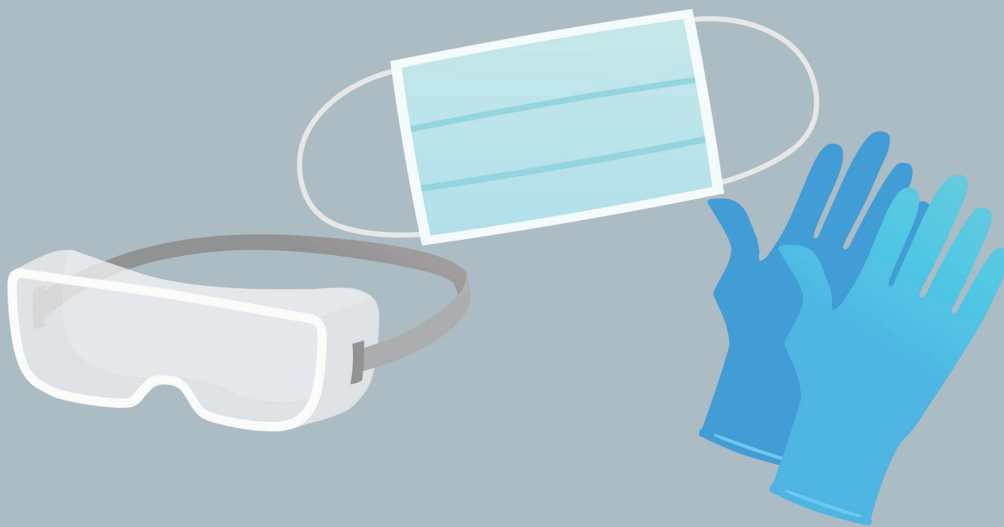
On the Bus:

- Load from back to front
- Sit with siblings
- Wear your mask at all times
- Don't sit behind the driver

At School:

- Smaller class sizes
- Everyone faces same direction
- Space between desks
- Wear your mask at all times





Cloth Face Coverings, Personal Protective Equipment and School Health Policies

Personal protective equipment includes face coverings, gloves and shields.



Safety expectations

Must be implemented by schools as determined by the Kentucky Department for Public Health.

Develop school plans with language to address respiratory etiquette and protection.

- Face mask prohibit spread of the virus even when the infected person is without symptoms:
 - Students who are enrolled in first grade and above and staff should be required to wear a cloth face covering, unless medically waived. Per CDC guidelines, schools may choose to adopt policies requiring all individuals over two-years of age to wear a mask.
 - Masks should not be lowered during the school day, even if all students and staff are seated 6 feet apart. Masks should only be lowered when actively eating or drinking.
- Use CDC guidance to inform students, staff and families of proper wearing of a face covering. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf>
- Face masks/shields must be worn by bus drivers if they do not interfere with the health and safety of the driver.
- Cloth masks for all staff and students on bus (exceptions for special needs students).

- When students are outside and 6 feet from others, masks are not required.
- Masks should:
 - Fit snugly but comfortably against the side of the face
 - Be secured with ties or ear loops
 - Include multiple layers of fabric
 - Allow for breathing without restriction
 - Be able to be laundered and machine dried without damage or change to shape
 - Cover both nose and mouth
- Schools should develop a standard for masks to assure messaging or images on masks align with school dress code.
- Schools should develop a plan for purchase/donation of cloth masks for provision to students who arrive without a mask or do not have resources to obtain a mask.



Personal Protective Equipment Policy for delivery of health care services requires different equipment for protection of all parties. Treatments for students with asthma require special precautions. The CDC has provided the guidance below:

During this COVID-19 pandemic, asthma treatments using inhalers with spacers (with or without face mask, according to each student's individualized treatment plan) are preferred over nebulizer treatments whenever possible. Based on limited data, use of asthma inhalers (with or without spacers or face masks) is not considered an

aerosol-generating procedure.

Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious. During this COVID-19 pandemic, nebulizer treatments at school should be reserved for students who cannot use or do not have access to an inhaler (with or without spacer or face mask).

Use of peak flow meters, including in the school setting, includes forceful exhalation. Based on limited available data, forceful exhalation is not considered an aerosol-generating procedure associated with increased risk of transmitting the virus that causes COVID-19. However, for some people with asthma, using a peak flow meter can trigger cough.

Schools should obtain the appropriate personal protective equipment (PPE) for staff who administer nebulizer treatments and peak flow meters to students with asthma. PPE for use when administering nebulizer treatments or peak flow meters to students with asthma consists of gloves, medical or surgical face mask and eye protection.

School staff should be trained on

- When to use PPE
- What PPE is necessary
- Where this PPE is stored
- How to properly don (put on), use, and doff (take off) PPE
- How to properly dispose of used PPE. CDC has information on using PPE.
- Staff should also be trained on

how to administer nebulizer treatments and peak flow meters.

During this COVID-19 pandemic, if a nebulizer treatment or use of peak flow meter is necessary at school for a student, the number of people present in the room should be limited to the student and the staff member administering the treatment or peak flow meter. If appropriate, based on the student's age and level of maturity, the staff member could leave the room and return when the nebulizer treatment is finished. After the nebulizer treatment or use of peak flow meter, this room should undergo routine cleaning and disinfection. CDC has [information on how to clean and disinfect](#) and [how to prevent asthma attacks triggered by cleaning and disinfecting activities](#).



School Health plans should include infection control policies for:

- Gloves worn for:
 - Cleaning and sanitation
 - Food service
 - School health procedures (catheterization, tube feeding, etc.)

- Reasonable accommodations for IEPs or 504s that include administration of daily medications, emergency medications (meter dose inhalers, Epinephrine injections, Glucagon injections), intranasal medications, insulin injections, student position changes, hygiene needs (diapering, dressing changes, etc.) that include use of:
 - Surgical masks
 - Face shields
 - Gloves
- Maintaining 6 feet distance for care when reasonable.
- Continue to encourage students and staff to cover their coughs and sneezes by coughing into their elbow or covering with a tissue. Deposit the used tissue into a waste basket.
- Consideration of health services that can be moved to virtual intervention such as speech therapy.
- Medication storage (double locked) in classroom OR stored securely in the front office-determined by the school setting:
 - Administration by trained non-licensed school personnel OR school nursing staff
 - Virtual training and oversight of trained non-licensed school personnel (distance evaluation for required skills check-off)
 - Review of medication records electronically
- Telephone triage for school nurse evaluation for illness/injury or treatments.



At-A-Glance | Cloth Face Coverings, Personal Protective Equipment and School Health Policies



Wearing Your Mask:

- Must cover your mouth and nose
- Is not a toy
- Should be worn any time you are in the school building
- Should be worn by everyone first grade and above



Screening and School Exclusion

School level plans include screening for COVID-19 symptoms prior to school entry. Some parts of this plan should include use of community level partnerships to address safety measures outside the control of the school staff. School entry begins at the point in which a student enters school property. This includes transportation by school buses.



Safety expectations

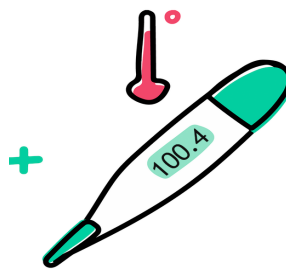
Must be implemented by schools as determined by the Kentucky Department for Public Health.

- Community education on:
 - Should a student arrive sick to school
 - Social distancing at bus stop
 - Transportation requirements
 - Personal protective equipment (mask wear) policies.
- Routine temperature screening prior to school or bus entry is not required.
- Students that exhibit symptoms of illness while at school should have their temperature taken as part of the physical assessment done by school staff. Students with a temperature greater than 100.4 should follow the Isolation Criteria as described on

Page 16.

- Staff member taking temperatures should use a touchless thermometer if available. No oral temperature readings to prevent viral spread.
- Staff member should clean hands before touching thermometer.
- Thermometer must be cleaned per the manufacturer's recommendations.

- School health policies should include instructions for parents to keep students at home if they meet any of the exclusion criteria for COVID-19 below until clearance documentation. These criteria must also be in place for staff.



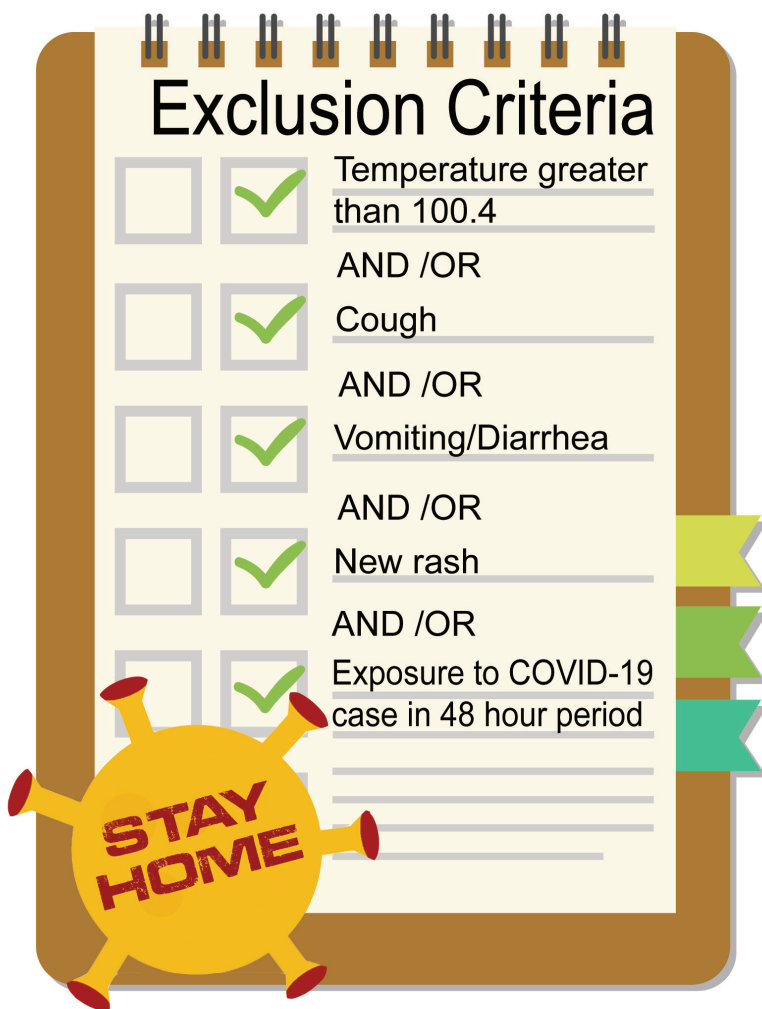
Exclusion Criteria:

Students or staff should stay home OR be sent home if any of the following occur

- Temperature greater than 100.4
- Cough
- GI (vomiting/diarrhea)
- New rash
- Exposure to a COVID-19 case during a 48 hour period before onset of symptoms until

meeting criteria for discontinuing home isolation. Contact the local health department for more detailed guidance.

- Consult your school nurse if exclusion is unclear.
- Post signage instructing anyone entering the school property to NOT ENTER if they meet any of the Exclusion Criteria



Isolation Criteria:

We recommend schools have a designated area for isolation of sick students with an ability to maintain adult supervision until student is picked up by a parent, guardian or designee. Students with symptoms of infectious disease should not be cohorted. Assure student is wearing a face covering while waiting for transport if there is no medical reason to prevent this.

- Transport Criteria of the potentially infectious student to include:
 - How student gets home if parent has no transportation.
 - If parent is not responding to calls for pick-up, follow protocols in place for such situations.
 - Students cannot be sent home sick on the school bus.
- Return to School Policy:
 - Return to school when the local health department or the student's provider provides clearance documentation for school record.
- Flexible attendance policy to address distance learning when students are in isolation/quarantine and able to participate in distance learning instruction.
- Immunizations and Annual Health Screening Exams – Continued requirement
 - Kindergarten and 6th grade exams should be high priority for exams with
 - Linkage to a medical home.
 - Inclusion of vision and dental screenings.

- Mass screenings per KRS 156.160 and 702 KAR 1:160 should be delayed until planning can be completed on how to reduce exposure during screening for all parties.
- Monitor School Attendance for trends/patterns of absences for infectious illness:
 - Develop a monitoring system for identification of absences for COVID-19/Influenza with an ability to compare to usual rates/patterns at individual school site levels.
 - Develop a plan for school closure and move to distance learning when absence rates or rates of infectious disease rise to allow for containment and sanitation of the school site. These plans should have specific guidelines for closure and reopening.



- Include health education for inclusion of:
 - Promotion and modeling of hand-washing technique
 - Hand-washing should occur:
 - Before and after eating
 - Before and after using restroom
 - When hands are soiled
 - Use hand sanitizer per discretion of supervisory staff person
 - Use of hand sanitizer at school entry, and safe storage
 - Healthy nutrition
 - Physical activity - health education should be age specific to address and contextualize the information for best understanding for different ages, or specific needs such as language, cognitive ability, culture, etc.

Best Practice - *Additional strategies that schools may choose to follow*

- Provide communication for the families (instruction sheets, newsletters, social media) about practices at school including face covering to prevent viral spread of disease, proper hand-washing and hand sanitizing techniques, and practicing social distancing outside the home. <https://covid19.ncdhhs.gov/materials-resources/social-media-toolkit-covid-19>
- Provide instructional sheet with exclusion criteria for families to inform them when not to send their child to school AND so they will better understand why a child might be sent home if they meet the exclusion criteria.
- Assure that sick leave policy is generous for staff to enforce staying home if sick.
- Encourage students to stay home if sick by discontinuing attendance-dependent awards and ratings.
- Designate a "Healthy at School" officer, other than the school nurse, who agrees to be a person staff can identify and communicate potential improvements and/or concerns for school.
- Training for bus drivers:
 - If a parent/guardian is at bus-stop, send child home if he/she meets exclusion criteria to assure child safety.
 - If parent/guardian is not available, child will have to be transported for pick-up at school site.
 - Identify an area for isolation on bus at greatest distance from other students.
 - Assure student has mask on covering mouth and nose unless medical waiver known for student.



Sanitation and Environmental Standards

Because of concern that infectious viral particles can land on surfaces with coughing, sneezing, talking and laughing, **safety expectations** for schools during this public health emergency should include:



Safety expectations

Must be implemented by schools as determined by the Kentucky Department for Public Health.

- Post signs throughout the school facility encouraging proper hand and respiratory hygiene practices (covering coughs and sneezes).
- Daily cleaning and disinfection of all school facilities.
- Collaborate with local health department for guidance on closures and re-openings.
- Consult with your local health department's environmental health program to determine ventilation capacity in classrooms. When reasonable and feasible, utilize outdoor instructional time.



Hand Hygiene

- Make hand cleaning supplies readily available. All restrooms should be monitored often for adequate hand soap and towels or functioning hand drying devices.
- Hand sanitizer containing at least 60% alcohol may be used when soap and water are not readily available.
- Follow normal preventative actions while at home and school, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands. Encourage these activities at home.



How to Clean and Disinfect

Daily cleaning and disinfection of classrooms, gymnasiums, restrooms, locker rooms, cafeteria seating and other facilities is critical to preventing the spread of all illness, including COVID-19 pandemic and seasonal influenza. Special attention should be given to high touch areas, such as water fountains, doorknobs, light switches, desks, computers, phones, toilets, faucets, sinks, handrails, etc. It is recommended that high touch surfaces be cleaned and disinfected frequently.

Surfaces



- All staff should be trained on cleaning protocols that include cleaning first then disinfecting and adhering to time on contact requirements in accordance with the EPA approved disinfectants list. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
 - 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

- Products that are EPA approved SARS-CoV-2 disinfectant products are expected to be effective against COVID-19 based on data for harder to kill viruses. (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>). Follow the manufacturer's instructions for all cleaning and disinfectant products (e.g., concentration, application method and contact time).

- For soft (porous) surfaces such as carpeted floors and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Additional PPE might be required based on the cleaning/disinfectant products used and whether there is a risk of splash.
- All areas where cleaning supplies and toxic items are stored must be kept locked, including janitor closets.
- All bottles containing toxics/liquids must be clearly labeled.
- Disinfectants and cleaning materials kept in classrooms and areas accessible to students are required to be kept out of the reach of students and locked, depending on the chemical label and the age group of the students in the classroom.

Teachers and Administrative Staff



- Encourage good hand hygiene by providing signs in classrooms and offices.
- Assist janitorial staff by routinely disinfecting frequently touched items in the classroom/office such as desks, doorknobs, crafting equipment, pencil sharpeners, staplers, markers, white boards, and items that students frequently share, etc.
- Classroom area rugs must be removed during this time to ensure all flooring is easy to clean and disinfect.

Water Fountains



- Water fountains should be cleaned and sanitized frequently throughout the school day. If possible, students should provide their own reusable water bottles to be refilled with water throughout the day. This will reduce the number of students drinking directly from the water fountains.

Custodial Staff



- **Cleaning staff must wear disposable gloves for all tasks in the cleaning process, including handling trash.**
 - Gloves should be compatible with the disinfectant products being used. Gloves should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.

School Buses



- The surfaces of buses that are high contact, such as handrails, seats and windows must be disinfected after each bus route and as often as possible.
- All buses should provide at least 60% alcohol-based hand sanitizer, located at the front of the bus, for students to use as they board the bus. The use and storage of these chemicals should always be under the supervision of the bus driver and/or bus monitor. Hand sanitizer must not be left in the bus due to temperature risk.

- Opening windows and doors, weather permitting, to ventilate buses after the bus route has been completed.
- Allow for additional time between routes for disinfection/sanitation practices.

Playgrounds



- Students must practice good hand hygiene by washing their hands before going out to play and immediately upon returning inside the school building.
- Assign a recess schedule that limits how many classes are on the playground at one time. If multiple playgrounds are available, utilize them to minimize how many students are mixing.

Food Service



- Stagger lunch times and promote social distancing at tables (include accommodation for students with food allergies). If students eat in the cafeteria, surfaces must be cleaned and sanitized between cohorts of diners. Seat assignment and a manifest will be needed to support contact tracing if the school experiences a positive case of COVID-19.
- Use disposable food service items (utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves, washed with dish soap and hot water, and rinsed and sanitized or placed in a dishwasher.
- If food is offered at any event outside of school hours, serve unitized meals to reduce contact amongst students and staff.

- Avoid sharing food and utensils and ensure the safety of students with food allergies.



Cafeteria Staff

- Ensure staff are trained on standard operating procedures relevant to their assigned duties with an emphasis on the procedures for hand-washing, proper glove use, personal hygiene, serving safe food to students with food allergies, and cleaning and sanitizing food contact surfaces.
- Clean, sanitize and disinfect frequently touched surfaces such as kitchen countertops, cafeteria and service tables, door handles, carts and trays, throughout the day.
- Practice proper hand hygiene. Wash hands regularly with soap and water for at least 20 seconds.
- Key times to wash your hands include:
 - Before and after work shifts
 - Before and after work breaks
 - After using the restroom
 - Before eating or preparing food
 - Before putting on and after taking off disposable gloves when preparing food
 - After touching objects with bare hands which have been handled by other staff, students, or visitors, such as tables, trays, carts, racks, dishes, cups, utensils, bags, coolers, totes and trash
 - After blowing your nose, coughing or sneezing
 - After putting on, touching or removing cloth face coverings

Gymnasiums, Physical Education Classrooms, and Weightlifting Rooms

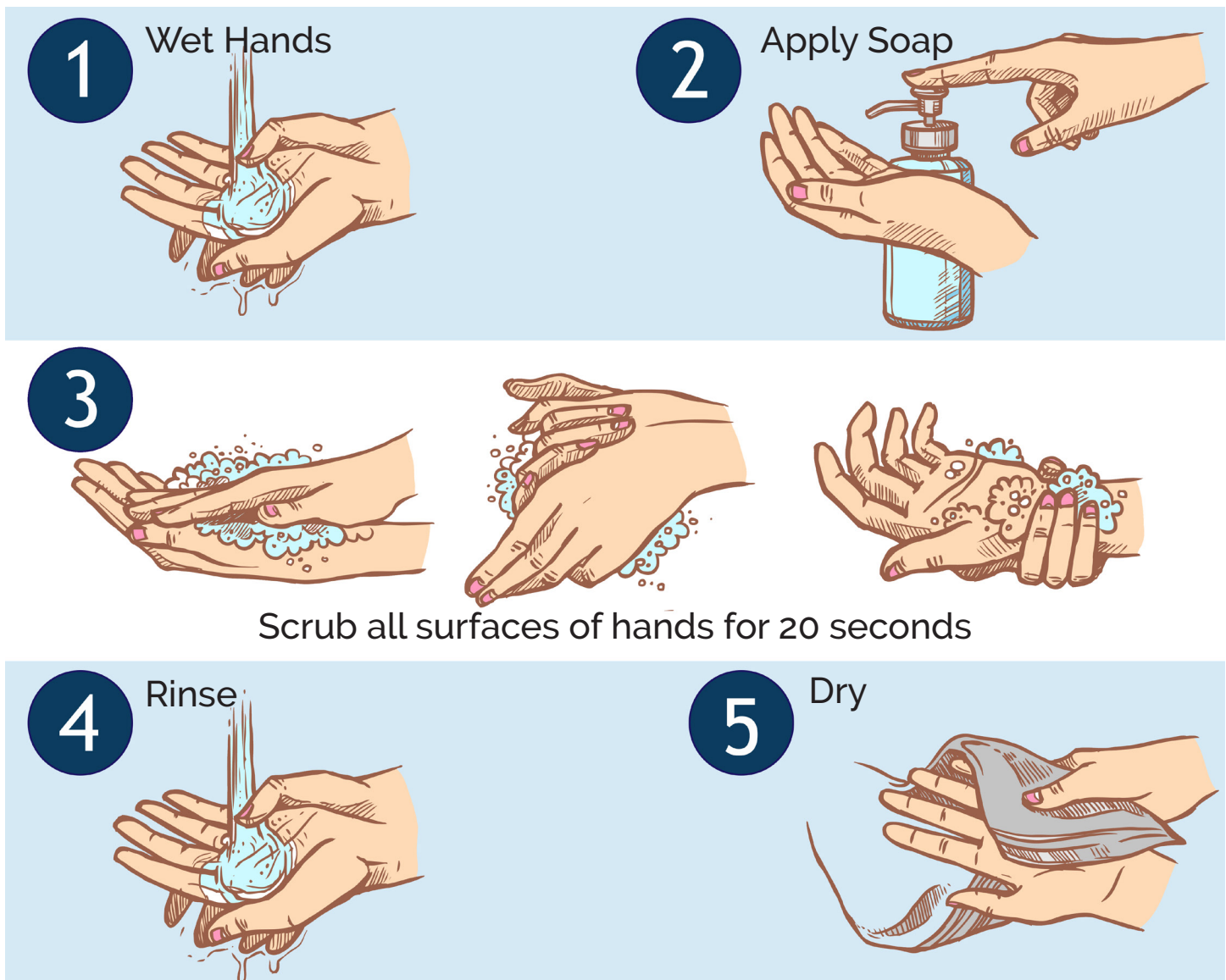
- Clean and sanitize frequently used equipment between classes or sports teams.
- Provide hand hygiene rules in the gymnasium locker rooms and advise students not to share personal items or sporting uniforms.
- Provide disinfectant wipe stations throughout the room for use on equipment after each use.
- Encourage students and athletes to practice good hand hygiene before and after using workout and/or sporting equipment.



Best Practice - Additional strategies that schools may choose to follow

- Provide temporary or permanent Plexiglas shields in areas with high levels of interactions and transactions such as the front office desk and cafeteria serving area.

At-A-Glance | Sanitation and Environmental Standards



How to wash your hands:

1. Wet hands with running water
2. Apply enough soap to cover wet hands
3. Scrub all surfaces of the hands – including backs of hands, between fingers and under nails – for at least 20 seconds
4. Rinse thoroughly with running water
5. Dry hands with a clean, dry cloth, single-use towel or hand drier as available



Contact Tracing



Safety expectations

Must be implemented by schools as determined by the Kentucky Department for Public Health.

- Notify the local health department of any positive cases of COVID-19 and be prepared to cooperate with the contact tracing investigation with manifests of bus transportation, classroom cohorts, cafeteria seating charts, etc., that will allow quick identification of those at high risk of infection from the positive COVID-19 student/staff. Quickly initiating quarantine following [local health department protocols](#) is our best defense against further spread of the viral illness.
- Public health has used contact tracing for decades to identify a person with a communicable illness, isolate that person, and quarantine others with high-risk exposure to the infected person to prevent disease spread.
- This technique has worked with measles, chicken pox, mumps, and multiple other illnesses seen in schools.
- Having a plan to prevent exposure of COVID-19 to your students and staff should include preparing to assist contact tracers with their investigations.

COVID-19 References

- <https://govstatus.egov.com/kycovid19>
- Centers for Disease Control and Prevention Considerations for School: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>
- FAQs for K-12 Schools: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>
- World Health Organization Key Messages and Actions for COVID-19 Prevention and Control in Schools, March 2020: https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4&gclid=EALalQobChMI-sPMsf7O6QIVD7bICh1b2wyUEAAYASAAEgJ9GvD_BwE
- National Association for Pupil Transportation, Going Back to School Before the Kids 3.1. A Return to School Roadmap: http://www.transfinder.com/img/papers_and_colateral/NAPT_back_before_kids_part1-290181.pdf
- Centers for Disease Control, Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>