GENERAL SCHOOL HEALTH & SAFETY GUIDELINES

PERSONAL PROTECTIVE BEHAVIORS IN SCHOOLS

• Place hand sanitizer stations at the entrance of the buildings. Use hand sanitizer products throughout the school facility with 60% alcohol or greater (touchless dispensers if possible). Ensure proper monitoring of student use.

• Supply bathrooms and classroom sinks designated for handwashing with soap, warm water, and disposable towels (or air dryer systems).

• Schedule handwashing for lower elementary students throughout the school day.

• Prohibit student sharing of pencils, pens, and other school supplies.

• Do not allow students to share lockers or cubbies.

• Remove items from the classroom or hallways that are frequently touched but are not easily cleaned on a daily basis.

• Prohibit students from bringing personal items to school from home, e.g., fuzzy toys and blankets, except for earbuds or headsets for use during computer-adaptive testing and bottled water.

• Encourage students to bring bottled water to reduce or eliminate water fountain use during the school day.

• Educate students on viruses, mode of transmission, signs of illness, protective measures, how to wear face coverings, and appropriate social skills encouraging minimal physical contact. The public health authority and teacher should partner to develop and deliver this learning as part of the standard start of school practice.

PROTECTIVE BARRIERS

• Generally, physical distancing, face coverings, furniture configuration, and other appropriate measures are encouraged by the CDC to combat the spread of COVID-19. In situations where a school cannot use the encouraged health and safety measures, a physical barrier may be considered.

• The use of physical barriers in a school, such as Plexiglass, acrylic, or plastic shields as a method of prevention against virus spread, requires an evaluation of the area under consideration as outlined below to ensure all administrative and engineering controls have been considered and approval has been obtained before the purchase and installation of the barrier.
• Schools should contact the Safety Officer to schedule an evaluation. After considering the assessment results, the Safety Officer or Facility Manager will make the determination if a physical barrier is required.

• Barriers must be adequately sanitized and maintained. Schools should also consult with the BIE Facilities Division to determine the best configuration and placement of the barrier.

**DRINKING FOUNTAINS**

• Staff and students are expected to bring their own bottled water to minimize contact with water fountains. School will maintain a supply of bottled water if students or staff forget to bring them to school.

• Drinking directly from fountain faucets is prohibited. Only the refilling of water bottles/containers is permitted.

• Signage will be placed near all drinking fountain locations warning students/staff that drinking directly from water fountains is prohibited.

• In accordance with CDC recommendations, custodial staff will clean and sanitize drinking fountains daily.

• While the risk of COVID-19 transmission utilizing this method is considered low by CDC, it is recommended that hand sanitizer be placed near drinking fountains to reduce the spread of germs through high touch surfaces.

**ADMINISTRATIVE CONTROLS FOR CONSIDERATION**

• Provide markers on the floor to demonstrate physical distancing requirements (between people, desks, etc.).

• Place markers on the hallway floors to designate traffic flows to facilitate physical distancing when transitioning in the building.

• Limit visitor access to all locations of the school campus and ensure all visitors are aware of face covering and physical distancing requirements.

• Limit the number of visitors permitted in the school front office at one time.

• Alter schedules, stagger breaks after instructional time, recess and lunch periods to reduce student mixing and to reduce class size. Recess is a regularly scheduled period in the school day for physical activity and play that is monitored by trained staff or volunteers, and physical distancing is maintained to the maximum extent possible.
CLOTH FACE COVERINGS

To maximize the in-school attendance of students and school staff members, BIE strongly encourages all personnel on a BIE school campus to wear a face covering, including when on BIE buses and at school bus stops. Where a tribal government or local health authority has issued rules or regulations for face coverings, students and school staff should conform to such requirements. Face covering are particularly important when physical distancing cannot be achieved. BIE has ordered face coverings for each BIE employee and student with an additional supply available in each school for contingency requirements.

The CDC ascertains that when used consistently and correctly, cloth face coverings are important to help slow the spread of COVID-19. Per CDC guidance, cloth face coverings should not be worn by anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the covering without assistance. Appropriate use of cloth face coverings may be challenging for some students, teachers, and staff, including:

• Younger students, such as those in early elementary school.

• Students, teachers, and staff with severe asthma or other breathing difficulties.

• Students, teachers, and staff with special educational or healthcare needs, including intellectual and developmental disabilities, mental health conditions, and sensory concerns or tactile sensitivity.

In such situations, a modified face covering may be procured to meet the specific needs of students with disabilities and specified health conditions. Schools should consider the need for modified face coverings for teachers, school psychologists, and related service providers serving students with disabilities and facilitating evaluations.

Consider use of clear face coverings that cover the nose and wrap securely around the face. Clear face coverings should be determined not to cause any breathing difficulties or over heating for the wearer.

Teachers and staff who may consider using clear face coverings include:

• Those who interact with students or staff who are deaf or hard of hearing, per Individuals with Disabilities Education Act (IDEA).

• Teachers of young students learning to read.

• Teachers of students qualifying for English Language Proficiency (ELP) services.

• Teachers of students with Individualized Education Programs (IEP) and Individualized Accommodation Plans (IAP).
CDC does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings. Some students and staff may choose to use a face shield when sustained close contact with others is required. If face shields are used without a mask, they should wrap around the sides of the wearer’s face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use.

Parents and guardians are asked to bring individual concerns regarding face coverings to school leaders. It is recommended that schools develop a response team, which may include families, educators, and healthcare providers to create individual plans to accommodate the use of modified face coverings by students and staff in order to safely protect students and school staff.

School leadership and staff should be prepared to address potential negative consequences of the potential use of face coverings. The CDC notes that stigma or bullying may arise among students due to wearing or not wearing cloth face covering. For more information and strategies for schools on cloth face coverings, please refer to the CDC’s guidance on cloth face coverings.

**HANDWASHING & HAND SANITIZER**

The CDC recommends washing hands with soap and water whenever possible because handwashing reduces the amounts of all types of germs on hands. If soap and water are not available, using hand sanitizer with at least 60% alcohol can help individuals avoid getting sick and spreading germs to others. Children with sensitive skin conditions may be adversely affected from the use of hand sanitizers, so alternatives should be considered including more frequent handwashing.

Hand sanitizer use by young children requires close adult supervision. Alcohol-based hand sanitizers can cause alcohol poisoning if ingested. Hand sanitizer should be fully evaporated prior to eating or working near an open flame.