



Pre K-12 Health and Safety Guidance for the 2021-2022 School Year

In an effort to align Rhode Island's guidance for schools with the CDC's guidance for operational strategies for schools ([CDC Transmission of COVID-19 in schools](#); [Operational Strategy for K-12 Schools](#)), as well as the Governor's [Executive Orders](#), this document shall serve as the health and safety guidance for all Rhode Island schools. This guidance aims to ensure access to in-person learning and limit the spread of COVID-19 in school settings. Pre K programs that operate in Department of Human Services (DHS)-licensed facilities are required to adhere to DHS regulations, while Pre K programs in Local Education Agencies (LEA)s should use this guidance. This guidance may be revised as understanding of the science of COVID-19 and its spread may change over time.

Note: Pre K-12 schools may adopt policies that are stricter than State recommendations.

Ongoing Communication and Support

- To support LEAs throughout the school year, Rhode Island Department of Education (RIDE), DHS, and Rhode Island Department of Health (RIDOH) will provide general parameters and support around quarantine and isolation activities, as well as testing and other health and safety-related issues. Our primary goal is to ensure safe and responsible return to full in-person learning, while providing LEAs with the tools they need to navigate and appropriately prepare for the fall.
- Schools and school districts are encouraged to engage the school community in the decision-making process and should continue to communicate the health and safety policies and practices with their school communities early and often. RIDE, DHS, and RIDOH will keep an open line of communication with LEAs regarding changes in federal guidance, vaccine updates and other critical information required to make informed decisions for the fall.

Distance Learning

- Our goal is to have all students back in-person, five days a week. Families of [students who are at increased risk of severe illness](#) (including those with special healthcare needs) or who live with people at high risk should meet with their district and review their Health Plan, 504 Plan, and/or Individualized Education Program (IEP). [One way to protect the health of children is to ensure that all people in a household that are eligible \(age 12 or older\) are fully vaccinated against COVID-19.](#)



- **LEAs are no longer required to provide a distance learning option for students/families.** They should plan on how services and educational programming will be provided if a student must remain home for due to illness, isolation, or quarantine.
- In Rhode Island, schools remain one of the safest places for students, teachers, and school staff with regard to COVID-19 exposure. Throughout the 2020-21 school year, **only 5.4% of positive cases among Rhode Island's Pre K-12 students and staff were due to documented school-based-only exposures** when stringent mitigation strategies were in place.
- Schools may wish to share the CDC's [checklist for in-person classes](#) to families preparing to send their child in-person for the first time since the pandemic began.

COVID-19 Prevention Strategies for Schools

- It is recommended that LEAs follow the CDC *Guidance for COVID-19 Prevention in K-12 Schools* in establishing health and safety policies to prevent the spread of COVID-19. Below is a summary of this guidance document.
- Schools will have a mixed population of people who are both fully vaccinated and not fully vaccinated. These variations require Pre K-12 administrators to make decisions about the use of COVID-19 prevention strategies in their schools to protect people who are not fully vaccinated. Together with local public health officials, school administrators should consider multiple factors when they make decisions about implementing layered prevention strategies against COVID-19. Since schools typically serve their surrounding communities, decisions should be based on the school population, families and students served, as well as their communities. According to the CDC, primary factors to consider include:
 - Level of community transmission of COVID-19.
 - COVID-19 vaccination coverage in the community and among students, teachers, and staff.
 - Use of a frequent SARS-CoV-2 screening testing program for students, teachers, and staff who are not fully vaccinated. Testing provides an important layer of prevention, particularly in areas with substantial to high community transmission levels.
 - A robust testing program for students or staff who develop symptoms while in school can help to identify cases early and avoid unnecessary quarantining and learning loss.
 - COVID-19 outbreaks or increasing trends in the school or surrounding community.
 - Ages of children served by Pre K-12 schools and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.

Below are some key prevention strategies you should consider as part of your planning process for the fall:

- Promoting vaccination;
- Physical distancing;
- Face coverings;



- At-home symptom screening students and staff, and staying home if any symptoms;
- School-based testing;
- Ventilation;
- Cleaning, disinfection, and hand hygiene;
- Staying home when sick and getting tested; and
- Quarantine decisions.

1. Promoting Vaccination

- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. With the Delta variant in Rhode Island, it is more important now than ever to use all available tools to stop this pandemic. Data suggest that the COVID-19 vaccines that we have for use in the United States offer protection against most COVID-19 variants, including the Delta variant. Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full operations.
- As of July 16, 61% of Rhode Islanders age 16 to 18, 49% of those age 12 to 15, and almost 90% of teachers are vaccinated. This was achieved through strong partnership with school districts and municipalities. To view current Rhode Island vaccination data, please see the [COVID-19 Data Hub Vaccine Page](#) (for more Pre K-12 data, please see [the Pre K-12 page](#)).
- People age 12 or older are now eligible for COVID-19 vaccine. Schools can [promote vaccinations](#) among teachers, staff, families, and eligible students by [providing information about COVID-19 vaccination](#), encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible. RIDOH provides COVID-19 Vaccine Resources in the [COVID-19 Community Partner Toolkit](#).
- To find vaccines, make an appointment for COVID-19 vaccination, and get answers to frequently asked questions about the COVID-19 vaccines, visit [C19VaccineRI.org](#).

2. Physical distancing

- Schools are encouraged to continue to use a stable group model (or cohorting) as feasible, especially in grade levels not yet eligible for vaccination. This means students from the same classroom should remain together as much as possible.
- School staff are allowed to travel between different classrooms.
- When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to consider layering multiple prevention strategies, such as indoor masking, screening testing, stable grouping, improved ventilation, handwashing, and regular cleaning. Students should be reminded to cover coughs and sneezes, and to stay home when sick with symptoms of infectious illness, including COVID-19, to help reduce transmission risk.



- For stable groups:
 - Physical distancing is not required.
 - At least 3 feet of physical distance between different stable groups is recommended for indoor activities in shared spaces. Please note: If schools choose to distance stable groups less than 6 feet, there may be an increase in the number of close contacts between the stable pods if there was a positive COVID-19 case.
- For non-stable elementary school groups or age groups that are not eligible for full vaccination:
- Physical distancing of at least 3 feet is recommended as much as possible, especially while students are dining without a mask indoors.
- For non-stable middle and high school groups where students are eligible for full vaccination:
 - Physical distancing is not required.
- Separating cohorts by vaccination status is not recommended by the CDC. For more best practices on stable groups or “cohorting,” see [CDC guidance for COVID-19 Prevention in K-12 Schools](#).
- RIDOH maintains the authority to implement requirements or direction if deemed necessary to protect immediate public health and safety.
- Teachers should maintain seating charts with assigned student seats as much as possible to assist with case investigation and contact tracing if needed.
- Outdoor learning experiences and dining are encouraged whenever possible.
- As of March 2021, the use of physical barriers is no longer recommended by the CDC.

3. Face Coverings

- Mask use is required for all people when inside Pre K-12 schools regardless of vaccination status. This requirement is particularly important in communities with substantial to high transmission levels.
- Outdoors:
 - In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.
- Indoors:
 - LEAs must create masking policies requiring all individuals (staff, students, visitors to schools, etc.) to wear a mask while indoors, regardless of vaccination status.
- Schools must make exceptions for the following categories of people:
 - Children under the age of 2 years.



- A person with a disability who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the [Americans with Disabilities Act](#) (42 U.S.C. 12101 et seq.).
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.
- Schools should refer to [CDC guidance](#) for the use and care of masks.

4. At-home Screening of Students and Staff

- Staff and parents/guardians are strongly encouraged to monitor their children for symptoms of infectious illness every day through home-based symptom screening. For example, LEAs or schools can review existing sick student policies and consider enhancing them by asking families to participate in home-based screening. This approach relies on students and their caregivers to identify when the student might have symptoms of infectious illness and to act (such as staying home and potentially consulting with their health provider).
- Schools should post [Symptom Signage](#) at the entrance(s) of their building. Schools with more comprehensive screening methods, such as virtual screening, are not required to post screening signage.
- Students who are sick should not attend school in-person.

5. School-based Testing

- LEAs and schools will have opt-in choices for how to design and resource their testing plans. These options include:
 - **Symptomatic Testing:** Individual on-site testing for symptomatic children conducted by school personnel.
 - **Outbreak Testing:** RIDOH will provide staffing and support to conduct on-site PCR testing for the impacted school/community.
 - **Asymptomatic Testing:** With RIDOH support, LEAs utilize the matrix below, to determine the level of asymptomatic testing that is recommended for students who are not fully vaccinated.

	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Case Threshold* <i>Cases / 100K in the past 7 days</i>	0 – 9	10 – 49	50 – 99	100+
CDC Recommendations: <i>All Students</i>	No testing required	Expanded screening testing of students once per week	Expanded screening testing of students once per week	Expanded screening testing of students once per week
RI Proposed Recommendations: <i>All Students</i>	No testing required	No testing required	25% of non-vaccinated individuals surveillance program per week	50% of non-vaccinated individuals surveillance program per week

- RIDOH will support the options above through a number of resources such as Health Support Teams, LEA testing mini-grants, on-site testing events, and the utilization of existing testing resources in the community (e.g. testing sites, pharmacy sites, physicians’ offices, etc.). The



State is working to gauge interest in these testing options and is reaching out directly to school districts to obtain information about their plans for fall in-person learning.

6. Ventilation

- **Know Your Facilities:** We know that each building and situation is unique. A full audit of the mechanical systems, air filtration and ventilation, plumbing systems, and space availability will provide the information needed to identify gaps, solutions, and opportunities to make spaces safer for students, teachers, and staff. ESSER funds are available for HVAC upgrades. ELC grant funds are available to purchase filters.
- **Improving air circulation:** Schools should work to increase outdoor air ventilation instead of using recirculated air, and increase air filtration as much as possible for the ventilation and filtration system⁴. When possible, consider using outdoor spaces for classes, breaks, meals, and other activities. Some districts have used tents, platforms, and other temporary structures in spaces next to buildings, such as courtyards, play areas and parking lots. When considering this approach, please ensure that you consult with the appropriate municipal or state authorities in planning.
- **Ventilation and HVAC Systems:** LEAs may need to consider contracting with experts to assess and assist with buildings that have facility-wide HVAC systems on how best to maximize those units. HVAC systems with a minimum of 4-6 Air Changes per Hour (ACH) based on square footage/volume of space, no less than 15 cubic feet of ventilation air per minute (cfm) per person, Minimum Efficiency Reporting Value 13 (MERV13) or better filters, and outside air would require no changes for use at standard classroom densities. HVAC systems with lower filtration ability should increase the use of outside air or add supplemental air filtration.
- Key strategies to consider include:
 - *Increase outdoor air ventilation* by bringing more fresh outdoor air inside the facility. For example, open windows as a short-term solution, with or without added mechanical ventilation using exhaust/box fans. When possible, place window fans so they create a flow of fresh air through the classroom, by bringing fresh air in on one side and sending it out on the other.
 - *Ensure ventilation systems are properly maintained.* When possible, *filter indoor air* by increasing the level of the air filter to MERV13 or higher for recirculated air. Retests are recommended after filter upgrade due to potential impact on air exchange efficiency.
 - *Inspect filters* to ensure that they are properly installed, fit correctly, and are changed as recommended by the manufacturer.
 - *Maintain indoor relative humidity between 40-60%* by *running HVAC systems for at least one hour before occupancy* and for *two hours after a space is no longer occupied*.
 - *Run HVAC systems for a minimum of one week prior to reopening school* with the outside air dampers opened as much as possible while maintaining comfortable air temperatures.
- Supplement with air cleaning devices, including *portable air cleaners with HEPA filters*. Devices should be sized appropriately for the space. This is especially helpful when there are no operable

windows and during times when it is not possible to bring in outside air, e.g., during the winter or inclement weather.

- When combined with the outdoor or MERV-13-filtered air, if available, portable air cleaners with HEPA filters should provide four to six ACH for a classroom, based on square footage and volume of the space. Classrooms of reasonable size may require more than one unit in order to achieve four to six ACH.
- For facilities without HVAC capability, *evaluate the options to open windows and doors safely* as well as the feasibility of increasing outdoor air intake with box fans in windows.
 - Note that devices that simply recirculate the same indoor air without filtering it or replacing it with fresh air are not effective at reducing airborne viruses present in the room (including most window air conditioning units, fans used in rooms with closed windows, and fan coils and radiators).

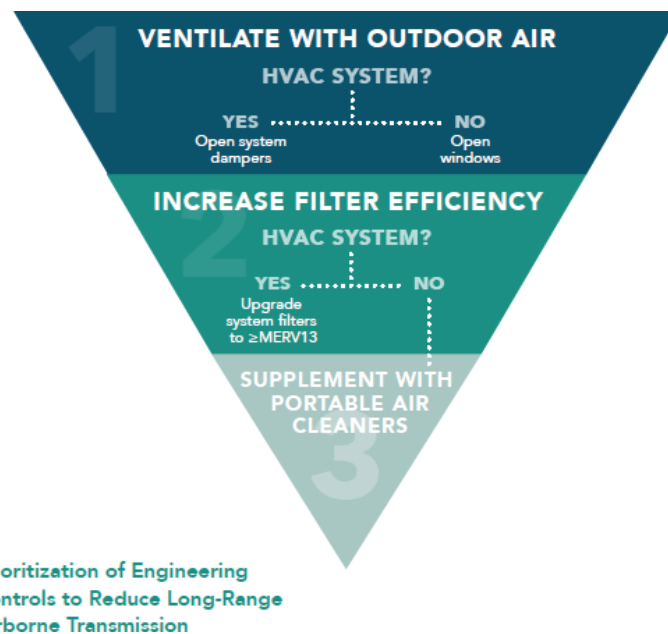


Figure 2. Source: [Harvard Healthy Buildings Program](#)

- **Compliance with State Codes.** It is important to remember that all improvements and changes must meet the requirements of the State Building Code and the State Fire Safety Code. For questions regarding these codes, you can contact the [Office of the State Fire Marshal](#) at 401-889-5555, or contact your local building official or fire marshal.
- It is common for some of the recommended changes to represent *Building Systems Modifications* under the code. In particular, increases in electrical loads can cause challenges for older buildings. The increase in demand on these existing systems may lead to circuit overloads.

7. Cleaning, Disinfection, and Hand Hygiene



- Schools should utilize the [CDC guidance](#) for cleaning, disinfection, and hand hygiene.

8. Responding to Staff or Students who are Sick

- Schools should continue to follow [Pre K-12 Outbreak Response Protocols](#).
- If a student becomes sick at school, see the CDC's [What to do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School](#) flowchart.
- As soon as possible, all items touched by the staff member or student who is ill at school must be removed, cleaned, and disinfected. Any common surfaces must be cleaned and disinfected as well. If possible, items should be moved, windows should be opened, or other measures should be instituted to increase ventilation while cleaning. Additional guidance can be found at [CDC: Cleaning and Disinfecting Your Facility](#).
- **Contact Tracing, Isolation, and Quarantine**
 - Schools should continue to follow the [Rhode Island quarantine requirements](#). Based upon the current case rates, the limited spread within Pre K-12 settings, the high vaccination rates in Rhode Island, and the importance of in-person learning, schools are recommended to implement the “7 day with testing” quarantine option. This option is the least disruptive to students' education and to families' lives. With this option, close contact individuals can return to school on Day 8 with a negative test from Day 5 or later, and should also watch for symptoms until 14 days after exposure. Schools should educate teachers, staff, and families about when they and their children should stay home and when they can return to school.
 - RIDOH may recommend longer quarantine lengths in certain situations.
 - Schools should continue to provide seating charts and contact information to the R.I. Department of Health if positive COVID-19 cases arise amongst their staff or students.
 - If there is a positive case within a stable pod, it is likely that the entire stable pod will need to quarantine if no physical distancing took place.
 - If students share an outdoor space (such as recess), case investigation will be done at the individual level to try to determine any close contacts.
- ***After close contact with a person infected with COVID-19 in a Pre K-12 setting, who needs to quarantine?***
 - An exposed person (close contact) who was within 6 feet of the infected person for at least 15 minutes over 24 hours needs to quarantine.
- ***What are the exceptions to quarantine after close contact with a person infected with COVID-19 in a K-12 setting—who does not need to quarantine?***
 - Fully vaccinated close contacts do not need to quarantine. A person is fully vaccinated after 14 days from receiving all doses of an FDA-approved or WHO-approved COVID-19 vaccine.
 - Close contacts who have been diagnosed with COVID-19 during the past 90 days do not need to quarantine.
 - A K-12 student exposed to a K-12 student infected with COVID-19 does not need to quarantine if all of the following apply:



- **K-12 students:** both the infected person and exposed close contact are K-12 students;
 - **Indoor classroom:** the close contact exposure occurred in an indoor K-12 classroom;
 - **Physical distance:** at least 3 feet of physical distance was maintained at all times during the close contact exposure;
 - **Face masks:** both the exposed (close contact) student and the infected student wore a face mask at all times during the close contact exposure; and
- **This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.**

Additional Considerations for PK-12 Schools

1. School Visitors

- Visitors may enter the school building, but limits should still be considered.
- A 30-day log of all visitors is strongly recommended. Logs should document the date, contact phone number, and arrival/departure times.
- All visitors must comply with the LEA's or school's COVID-19 policies and protocols.

2. Before and After School Programming

- If the program is licensed by the Department of Human Services (DHS), then the program needs to follow the DHS regulations and guidelines. If the program is not run by DHS, but is located at the school and sponsored by the school, the program must follow the same health and safety guidelines the school is following.

3. Field Trips

- Field trips can resume as long as the necessary COVID-19 health and safety policies are met. Stable groups should remain consistent during field trips. This means the same classroom groups participate as a stable group in field trip activities as much as possible.

4. Busing and Student Transportation

- There are no capacity restrictions for school transportation for the fall. It is recommended that household members sit together in the same seat when possible. Schools should continue to create distance between children on school buses when possible.
- Students using the bus are scheduled as a stable group, and the bus group is considered its own stable group.



- [Masks are required](#) by federal order on school buses and other forms of public transportation in the United States.
- Bus personnel should continue to have seating charts with assigned student seats as much as possible to assist with case investigation and contact tracing if needed.
- When feasible, the same group of students should be assigned to the same bus every day. Students are encouraged to ride the same bus to and from school whenever possible. It is recommended that bus companies maintain seating assignments.
- Open windows to improve ventilation when it does not create a safety hazard.
- When a passenger is confirmed to have COVID-19 (tests positive), there may be up to 29 close contacts of the person who may need to quarantine. On a bus, close contacts of a confirmed case are those who were seated two rows in front, two rows behind, and the same five rows on opposite side of the aisle as the positive case (see [Pre K-12: Outbreak Response Protocols](#) for reference). Anyone within 6 feet of the individual for greater than 15 minutes is a close contact.

5. Personal Protective Equipment (PPE)

- For vaccinated staff working with students who are unable to wear face coverings (other than a face shield): In alignment with [CDC guidance](#), this staffing group can wear N95, KN95, or a well fitted medical procedure mask as long as they are not involved in a task that could expose them to bodily fluids. It is advisable for staff performing any supportive tasks that may involve exposure to bodily fluids to wear gloves and an apron/ gown, mask (non-cloth) and eye protection for splash protection (as outlined by the [CDC](#)).
- If any staff have underlying immunocompromised conditions, they may wish to consult their doctor about any additional PPE.
- When in close contact with, or treating, a patient suspected or confirmed to have COVID-19, recommended PPE includes N-95 respirator (or face mask if N-95 is unavailable), eye protection (goggles or face shield), gloves, and gown.
- Schools are recommended to keep a supply of PPE on site to utilize as needed.