HEALTH AND WELLNESS WORKING GROUP MEMBERS

Co-Chair Mike Rodriguez: Associate Secretary, Delaware DOE

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Dr. Laretha Odumosu: Executive Director, Charter School of New Castle Middle School

Dr. Susan Haberstroh: Director of School Support Services, Delaware DOE

Stacy Greenly: Counselor, Polytech High School

Dana Carr: Delaware Division of Public Health

Sue Smith: Nurse, Mispillion Elementary and member of the Professional Standards Board

(PSB)

Dafne Carnright: Former Chair, Governor's Advisory Council for Exceptional Citizens and

Family Services Program Manager, Autism Delaware

Dr. Marisel Santiago: Director of Pediatrics, La Red Health Center

Rev. Provey Powell: Mt. Joy United Methodist Church and Delaware State Board of

Education Member

Kristin Dwyer: Delaware State Education Association

Representative Valerie Longhurst: Delaware House Majority Leader

Representative Michael Smith: House Education Committee Member

Senator Laura Sturgeon: Chair, Senate Education Committee

Senator Anthony Delcollo: Senate Education Committee Member

Student Representative: Sussex Technical High School

SCENARIO ONE: MINIMAL COMMUNITY SPREAD

MENTAL AND SOCIAL EMOTIONAL HEALTH

☐ Identify a lead for the response at the district and school building level:
Ensure that each lead has the contact information for a DPH liaison or

Do Before School Buildings Open for In-Person Instruction

contact for questions and contact tracing, as necessary.

Review and augment, if necessary, the current composition of the crisis response team (name of team may vary) identified under the district's current School Comprehensive Safety Plan/Emergency Preparedness Plan in

the Emergency Reporting Information Portal (ERIP) for current membership and inclusion of, at a minimum, a school nurse, a school counselor, and a school psychologist who can focus on student and staff mental health and wellness.

☐ Where possible, confirm appropriate mental health staff ratios and

capabilities to address a wide range of issues that include but are not limited

to COVID-19 as well as equity issues impacting families.

Review mental and emotional staffing for capacity considerations, including family crisis therapists, behavioral health consultants, school counselors, school psychologists, school-based wellness staff, school social workers, etc.

☐ Assess available resources (personnel, existing partners) to determine if there is a need for external support, and reach out to the existing vendor community to assess the potential for expanded work.

☐ Where possible, evaluate mental health readiness of staff utilizing questionnaires, surveys, and direct outreach. School and district mental health staff should be involved and integrated into developing the assessment tools that will be used.

□ DDOE to identify potential questionnaires and/or surveys.

☐ Assess and consider options for providing adequate time for staff to prepare for resumption of school operations.

☐ Designate a school-based mental health liaison, such as a school counselor, school wellness staff member, school psychologist, social worker, or others as determined by the school, who will work with the district, local public health agencies, DDOE, and community partners.

	Liaise with the DDOE to understand and access newly available resources for student and staff mental health and wellness support.
	☐ Participate in currently established processes, such as Communication and Collaboration Network, chief/charter lead meetings, chief/charter lead and principal memos, lead school nurse meetings, lead school counselor meetings, etc. where relevant information is being shared.
	Where possible, develop and staff a direct communication channel for district and school stakeholders to address mental health concerns resulting from COVID-19 (this may be a telephone hotline, designated email, etc.).
	Resources from DDOE and DPH/DSAMH needed.
U	Communicate early and often with families and students, via a variety of channels, about return to school transition information, including: De-stigmatization of COVID-19.1
	<u> </u>
	Positive health behaviors, including hand washing, social distancing, and symptom monitoring.
	Understanding behavioral response to crises.
For]	General best practices of talking through trauma with children. DDOE and DPH and community-based partners to
	provide sample templates and resources.
	Where possible, develop site-specific communication resources, such as robo-
	calls, family letters, school/district websites, family communication apps, to
	help students and staff understand changes to operating procedures.
Do W	hen School Buildings Are Open for In-Person Instruction
	Encourage and support schools in the implementation of a mental health screening for all students.
	☐ Discuss and determine the relevant mental and emotional health assessment tools and processes with the crisis team/problem solving teams for implementation.
	Establish ongoing reporting protocols for school staff to evaluate mental
	health status.
	□ DDOE, DPH, and DSAMH to provide sample reporting protocols.
	Maintain mental health supports via on-going wellness assessments of staff
_	and students.

 $^{^{1}\} https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.htm \underline{l}$

	Encourage schools to normalize feelings through forums and spaces for compassionate listening, where students and staff can share, discuss, and process their common experiences relative to COVID-19.
SAFE	TY AND PROTOCOLS
Spaci	ng and Movement
	Changes to class sizes and spacing are unnecessary.
	No changes in movement between classes is required.
Scree	ning Students and Staff
	Support schools in the development of a process to gather and report on public health indicators, including students who present with COVID-19 symptoms, students whose immediate family members have tested positive for COVID-19, and student absenteeism. □ DDOE and DPH to identify potential processes for use. Current processes in place include the addition of coding to eSchoolPlus to track
cor.	students presenting with COVID-19 symptoms and the ability to track attendance in EdInsight/ LOCAL BOOK No restrictions are in place on student and staff entry/exit.
	Families are encouraged to check the students' temperature at home every morning using oral, tympanic (ear), or temporal scanners; students with a temperature of 100.4 or greater without the use of fever reducing medications (i.e., Tylenol or ibuprofen) should stay home and consider coronavirus testing if no other explanation is available.
	☐ Staff are encouraged to perform the same temperature screening procedures on themselves at home prior to each school day. Parents or guardians should monitor for symptoms of COVID-19, including cough, congestion, shortness of breath, or gastrointestinal symptoms every morning. Any positives should prompt the family to keep the student home from school.
0	☐ Staff are encouraged to perform the same symptom screening procedures on themselves at home prior to each school day and stay home if necessary. Students who are sent home from school should be kept home until they have tested negative or have completely recovered according to CDC guidelines.

Ensure schools and school nurses have printed copies of the COVID-19 Symptoms and screening tools available for distribution to school staff, parents or guardians, and students. DDOE and DPH to provide information sheets, sample parent/guardian letters.
ng for Students and Responding to Positive Cases
Students who develop fever or become ill at school should be transported by their families, or ambulance if clinically unstable, for off-site testing. These students should be kept in a designated area of quarantine with a surgical mask in place until they can be transported off campus. □ Students who develop fever or become ill at school should not ride home on school buses.
In the event that a student tests positive for COVID-19, immediate efforts should be made to contact any close contacts (those who spent more than 10 minutes in close proximity to the student) in collaboration with DPH so that they can be quarantined at home.
Classmates should be closely monitored for any symptoms. Families should be notified of the presence of any positive COVID-19 cases in the classroom and/or school to encourage closer observation for any symptoms at home.
Students sent home from school should be kept home until they have tested negative or have completely recovered according to CDC guidelines. □ DDOE and DPH to provide family letters.
onding to Positive Tests Among Students and Staff
In the event of a positive test among staff or a student, the classroom or areas exposed should be immediately closed until cleaning and disinfection can be performed. □ If the person was in the school building without a facial covering, or large areas of the school were exposed to the person, short-term dismissals (2-5 days) may be required to clean and disinfect the larger areas. This decision should be made in concert with the local public health department. □ DDOE and DPH to provide guidance.

	Where possible, custodial staff should wear an N95 respirator when performing cleaning of these areas along with gloves and face shield. □ DDOE, DPH and DEMA to provide guidance.
Dinin	g, Gathering and Extracurricular Activities
	Students, teachers, and cafeteria staff should wash hands or use hand sanitizer before and after every meal.
	☐ DDOE and DPH to provide sample letters to families related to the use of hand sanitizer.
	Meal activities may continue without social distancing procedures.
	 Schools may consider using disposable cutlery or bagged lunch at their discretion.
	Students and teachers should wash hands or use hand sanitizer before and after every event.
	Large scale gatherings are permitted without restriction.
	Extracurricular activities and gatherings are permitted without restriction.
Ford	After school programs are permitted with restriction. After school programs are permitted with restriction.
Athle	tics
	Schools should refine allowances for athletic activities in line with scientific data and in coordination with the Delaware Interscholastic Athletic Association (DIAA), DPH, and DDOE.
Perso	nal Protective Equipment and Hygiene
	No personal protective equipment is required.
Clean	ing
	School campuses should undergo normal cleaning on a daily basis.
	Frequently touched surfaces including lights, doors, benches, bathrooms, etc. should undergo cleaning with either an <u>EPA-approved disinfectant</u> or dilute
	bleach solution (1/3 cup bleach in 1 gallon of water) at least twice daily.2
	Libraries, computer labs, arts, and other hands-on classrooms should undergo standard cleaning procedures.

 $^{^2\} https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-SARS-coV-2$

	Student desks should be should wiped down with either an <u>EPA-approved</u> <u>disinfectant</u> or diluted bleach solution at the beginning and end of every day.
	Playground equipment and athletic equipment can be cleaned with either an
	EPA-approved disinfectant or dilute bleach solution twice daily.
	Staff should wear gloves, surgical mask, and face shield when performing all
	cleaning activities.
Busin	g and Student Transportation
	School busing operations proceed without restriction.
	Bus drivers may choose to wear a facial covering at their discretion.
	cally Vulnerable Students and Staff (including medically vulnerable nts with disabilities)
	Systematically review all current plans (i.e., Individual Healthcare Plans, Individualized Education Plans, or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk for exposure to COVID-19.
inr	Create a process for students/families and staff to self identify as high-risk for severe illness due to COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments.
	Enable staff that self identify as high-risk for severe illness to minimize face-to-face contact and to allow them to maintain a distance of six feet from others, modify job responsibilities that limit exposure risk, or to telework, if possible.
	Families and staff are encouraged to have individualized discussions with their health care providers to assess their own health risks and determine whether it is safe to attend school in person.
	☐ If they choose to do so, staff and students may self identify as having a high-risk medical condition to school staff for planning purposes in the event of an outbreak. Relevant privacy protections and HIPAA must be considered.

SCENARIO TWO: MINIMAL TO MODERATE COMMUNITY SPREAD

Note: Actions in this scenario are meant to be additive with those taken in Scenario One: Minimal Community Spread.

MENTAL AND SOCIAL EMOTIONAL HEALTH

Do Before School Buildings Open for In-Person Instruction

Ţ		Identify	a lead for the response at the district and school building level:
			Ensure that each lead has the contact information for a DPH liaison or contact
		1	for questions and contact tracing, as necessary.
Į		Prepare	e crisis response team for action should pandemic conditions worsen.
Ę		to mak	dated information provided by DPH/DDOE/DEMA for the current crisis team e informed decisions related to changes in COVID-19 spread and assess the al need to make modifications to the structures currently in place.
Ţ			e resources (personnel, existing partners) to support administrator, teacher, dent wellness.
			ually monitor school community mental health and offer expanded access. DDOE/DPH/DSAMH and others to communicate any additional resources.
Γ. (1 1	teview by the secretary
If Sc	cho	ool Buil	dings are Instructed to Close
Ţ		Leverag	ge DDOE for resources for student and staff mental health and wellness
		suppor	t.
			DDOE and DPH to update resources as available.
Į.		health designa	e direct communication channel for district stakeholders to address mental concerns resulting from COVID-19 (this may be a telephone hotline, ated email, etc.). Refer to Scenario One for charter/district established unication channels.
SAF	ЕТ	TY PROT	TOCOLS
Spa	cir	ng and N	Movement
			Spacing should be six feet between desks.
			All desks should be arranged facing the same direction toward the front of the classroom.
			Teachers should try to maintain six feet of spacing between themselves and students as much as possible.
			Classroom windows should be open as much as possible, as conditions allow.

		Assemblies of less than 50 students at a time should be discouraged but allowed as long as social distancing is maintained and facial coverings remain in use.
		Large scale assemblies of more than 50 students should be discontinued.
		Flow of foot traffic should be directed in only one direction, if possible.
	٥	
		Floor tape or other markers should be used at six foot intervals where line formation is anticipated, as able.
Scre	ening S	tudents and Staff
		ents are allowed to enter the building at designated entry points and should s from other exits to keep traffic moving in a single direction.
	circui	lies are not allowed in the school building except under extenuating mstances based on district or school guidance; adults entering the building d wash or sanitize hands prior to entering.
	Only	one family member per child should be allowed to enter to minimize the number
	of en	tering persons, unless under guidance from district or schools for extenuating
7	circu	nstances.
1 (enter	records, including/day and time, should be kept of non-school employees ing and exiting the building.
		ies are encouraged to check student's temperature at home every morning
	_	oral, tympanic (ear), or temporal scanners; students with a temperature of
		or greater or without the use of fever reducing medications (i.e., Tylenol or
	_	ofen) should stay home and consider coronavirus testing if no other explanation
	_	ilable.
		on themselves at home prior to each school day.
Ļ		its or guardians are encouraged to monitor for symptoms of COVID-19 including
	_	n, congestion, shortness of breath, or gastrointestinal symptoms every morning.
		oositives should prompt the parent to keep the student home from school.
		Staff are encouraged to perform the same symptom screening procedures on
		themselves at home prior to each school day and stay home if necessary.
		ources allow, staff can perform temperature checks on students once per day;
		e students should be sent to a designated area of quarantine for transport home.
		ren who become ill at school should be placed in a designated area of quarantine a surgical mask in place. Where feasible, nurses should wear N95 masks when
	caring	g for these students.
		ents sent home from school should be kept home until they have tested negative ve completely recovered according to CDC guidelines.
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m	Protocols	<i>c c</i> .	1 . 1	D	1	D '	^
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	Students who develop fever or become ill at school should be transported by their parents or guardians, or ambulance if clinically unstable, for off-site testing. These students should be kept in a designated area of quarantine with a surgical mask in place until they can be transported off campus. □ Students who develop fever or become ill should not ride home on school
	buses. In the event that a student tests positive, immediate efforts should be made to contact
J	any close contacts (those who spent more than 10 minutes in close proximity to the student) in collaboration with DPH so that they can be quarantined at home. Classmates should be closely monitored for any symptoms. At this time, empiric testing of all students in the class is not recommended, only those that develop symptoms require testing.
Respo	onding to Positive Tests Among Students and Staff
	In the event of a positive test among staff or a student, the classroom or areas exposed should be immediately closed until cleaning and disinfection can be performed. ☐ If the person was in the school building without a facial covering, or large areas of the school were exposed to the person, short term dismissals (2-5 days) may be required to clean and disinfect the larger areas. This decision should be made in concert with DPH.
60	Cleaning staff should wear an N95 respirator when performing cleaning of these areas along with gloves and face shield.
Dinin	g, Gathering, and Extracurricular Activities
	Students, teachers, and cafeteria staff wash hands before and after every meal.
	If possible, classrooms should be utilized for eating in place.
	If necessary, students should bring food from home.
	School supplied meals should be delivered to classrooms with disposable utensils. If cafeterias need to be used, meal times should be staggered to create seating arrangements with six feet of distance between students, as able.
	Disposable utensils should be employed.
	 Serving and cafeteria staff should use barrier protection including gloves, face shields, and surgical masks; N95 respirators are not required.
	Schools should develop plans for extra custodial staff needs for cleaning in non-traditional dining areas.
	Use of microwaves and other shared materials should be discontinued.
	Assembly sizes should be limited to the sizes consistent with State of Delaware guidelines on crowd sizes.
	Seating capacity in dining areas may exceed 50 persons as long as six feet of spacing between persons can be afforded.
	Outside visitors should not be permitted to attend extracurricular activities.
	Staff and students wash hands before and after every event.

	Large scale assemblies of more than 50 students should be discontinued unless six feet of spacing between persons can be afforded.
	☐ Band, choir, and theatre programs may continue in line with forthcoming guidance from DPH.
	DPH to provide guidance.
	Off-site field trips should be discontinued. Inter-school activities may continue if bus transportation is provided and students
_	wear facial coverings throughout the transport period.
	After school programs may continue with the use of facial coverings.
Athle	tics
	Students, teachers, and staff wash hands before and after every practice, event, or other gathering. Every participant should confirm that they are healthy and without any symptoms prior to any event.
	All equipment should be disinfected before and after use.
	Schools should continue to refine allowances for athletic activities in line with
	scientific data and in coordination with the Delaware Interscholastic Athletic Association (DIAA), DPH, and DOE.
	Spectators are allowed provided that facial coverings and six feet of social distancing
	are used by observers at all times.
9	Weight room and physical conditioning activities should be discontinued commensurate with the Reopening Delaware Plan.
	Handshakes, fist bumps, and other unnecessary contact should be minimized.
	Locker rooms and group changing areas should be closed.
	Any uniforms or other clothing that need to be washed/laundered at school can be washed in warm water with regular detergent. These should be single use without
	sharing of ice towels or other materials.
	Each participant should use a clearly marked water bottle for individual use. There should be no sharing of this equipment.
	Large scale spectator or stadium events are not allowed.
Perso	nal Protective Equipment and Hygiene
	Staff and students should wear facial coverings at all times except for meals unless medically infeasible.
	☐ Considerations should be made based on student age;
	☐ DPH to provide guidance.
	☐ Facial coverings may be homemade or disposable level one (basic) grade
	surgical masks; N95 respirators are not necessary. Facial coverings should be washed daily or replaced with a new mask.
	☐ DPH to provide guidance.

	I Students should wash their hands or use hand sanitizer after changing any classroom; teachers in the classroom should wash their hands or use sanitizer every time a new group of students enters their room.
	Students and teachers should have scheduled hand washing with soap and water
	every 2-3 hours.
<u>_</u>	Where possible, barrier screens should be placed on all desks in classrooms; alternatively, clear face shields may be substituted.
Г	☐ DPH to provide guidance.
L <u>-</u>	I Gloves are not required except for custodial staff or teachers cleaning their classrooms.
	Gowns, hair coverings, and shoe covers are not required.
	
Clea	ning
	School campuses should undergo cleaning on an increased tempo.
	Frequently touched surfaces including lights, doors, benches, bathrooms, etc. should undergo cleaning with either an <u>EPA-approved disinfectant</u> or dilute bleach solution should now be cleaned every two hours.
	Libraries, computer labs, arts, and other hands on classrooms should undergo cleaning with either an <u>EPA-approved disinfectant</u> or dilute bleach solution should now be cleaned after every class period. Efforts should be made to minimize sharing
7 (of materials between students, as able. Student desks should be wiped down with either an Parprove alignment of dilute bleach solution after every class period.
	Playground equipment and athletic equipment can be cleaned with either an EPA-
	approved disinfectant or dilute bleach solution twice daily.
	Staff should wear gloves, surgical mask, and face shield when performing all cleaning activities.
Busi	ng and Student Transportation
	<u>Clean and disinfect</u> transportation vehicles regularly. Children must not be present when a vehicle is being cleaned.
	Consult with bus contractors on cleaning products.
	Ensure <u>safe and correct use</u> and storage of cleaning and disinfection products, including storing products securely away from children and adequate ventilation
	when staf use such products.
	Bus drivers and bus aides should wear a facial covering.
	I Students should wear facial coverings unless medically infeasible.
	Considerations should be made based on student age;
	☐ DPH to provide guidance.
	Build and implement a communications plan to inform parents of best social distancing practices at bus stops.

	Where possible, identify at least one adult to accompany the driver to assist with to monitor children during transport and help with public health protocols.
	Clean and disinfect frequently touched surfaces in the vehicle (i.e., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) prior to morning routes and prior to afternoon routes.
	Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
	Clean, sanitize, and disinfect equipment including items such as car seats and seat belts, wheelchairs, walkers, and adaptive equipment being transported to schools.
	Create a plan for getting students home safely if they are not allowed to board the vehicle because of illness.
	Follow public health guidance if a student becomes sick during the day; they must not use group transportation to return home and must follow protocols outlined above.
	If a driver becomes sick during the day, they must follow protocols for sick staff above and must not return to drive students.
	Encourage the use of hand sanitizer before entering the bus. Where possible, hand sanitizer should be supplied on the bus.
70	Where possible allow for six feet of social distancing between students, and between students and the driver, while seated on vehicles if feasible.
	Consider keeping windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate and safe (with specific attention to inclement weather, IEP requirements, and the safety of K-3 children).
	Establish protocols for parent pick-up and drop-off to account for additional vehicles on school grounds.
	cally Vulnerable Students and Staff (including Medically Vulnerable Students Disabilities)
	Systematically review all current plans (i.e., Individual Healthcare Plans, Individualized Education Plans, or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk for exposure to COVID-19.
	Create a process for students/families and staff to self identify as high risk for severe illness due to COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments.
	Enable staff that self identify as high risk for severe illness to minimize face-to-face contact and to allow them to maintain a distance of six feet from others, modify job responsibilities that limit exposure risk, or to telework if possible.

care providers to assess their own health risks and determine whether it is safe to
attend school in person.
☐ If they choose to do so, staff and students may self identify as having a high-
risk medical condition to school staff for planning purposes in the event of an

outbreak.

☐ Families and staff are encouraged to have individualized discussions with their health

For Review by the Secretary

SCENARIO THREE: SIGNIFICANT COMMUNITY SPREAD

MENTAL AND SOCIAL EMOTIONAL HEALTH

If School Buildings are Closed for In-Person Instruction
Leverage DDOE Education resources for student and staff mental health and wellness support.
Activate direct communication channel for district stakeholders to address mental health concerns resulting from COVID-19 (this may be a telephone hotline, designated email, etc.).
☐ Communicate with parents or guardians, via a variety of channels, return to school transition information including:
 De-stigmatization of COVID-19. Positive health behaviors including hand washing, social distancing, and symptom monitoring.
Understanding normal behavioral response to crises.General best practices of talking through trauma with children.
SAFETY PROTOCOLS
Spacing and Movement County by the Secretary School buildings are closed for in person instruction.
Screening Students and Staff
☐ School buildings are closed for in-person instruction.
Dining, Gathering and Extracurricular Activities
☐ School buildings are closed for in-person instruction.
Athletics
☐ All athletics are suspended.
Personal Protective Equipment and Hygiene
\square School buildings are closed for in-person instruction
Cleaning
☐ Cleaning practices adjusted to maintain school buildings in well-functioning order.
Busing and Student Transportation
All busing operations are suspended.

Medically Vulnerable Students and Teachers

- ☐ All teaching should be moved to remote platforms.
- ☐ Systematically review all current plans (i.e., Individual Healthcare Plans, Individualized Education Plans, or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk for exposure to COVID-19.

For Review by the Secretary