



**Department
of Health**



New York State
EDUCATION DEPARTMENT
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HOWARD ZUCKER, MD, JD, COMMISSIONER

SHANNON L. TAHOE, INTERIM COMMISSIONER

Date: March 8, 2020

To: District Superintendents of Schools, Superintendents of Public and Nonpublic Schools, Administrators of Charter Schools, School Principals, Directors of School Based Health Clinics, Local Health Department Officials

From: New York State Department of Health and the New York State Education Department

**School (PreK-12) Guidance:
COVID-19**
Please distribute to all appropriate staff.

Introduction

This document is an important update to the [New York State Department of Health \(NYSDOH\) and New York State Education Department \(NYSED\) joint memo to schools regarding 2019 Novel \(new\) Coronavirus \(COVID-19\)](#) distributed February 5, 2020 regarding the Novel Coronavirus - which has been renamed COVID-19. As a reminder, the situation is rapidly evolving and for the latest numbers and/or guidance, please reference the links within this guidance.

NYSDOH and NYSED are providing this guidance to update schools on next steps needed to respond to the COVID-19 outbreak as well as recommend non-pharmaceutical interventions and community containment measures that reduce disease transmission in the community, including schools. If COVID-19 exhibits greater severity, NYSDOH and NYSED may issue revised guidance, which may recommend additional steps.

NYSDOH will continue to assess the severity of illness caused by COVID-19 and disseminate the results of these ongoing assessments. If global or national risk assessments by the World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) indicate an increased level of severity, NYSDOH and NYSED, in collaboration with CDC, local health departments and school districts, will consider the need to recommend additional strategies.

The CDC issued updated [Interim Guidance for Administrators of Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 \(COVID-19\)](#) on February 28, 2020. Recommendations contained herein are consistent with the recommendations provided by the CDC and the NYSDOH.

Travel-Related Considerations for Schools

NYS DOH currently recommends:

- Suspending school sponsored travel programs for all students and staff in currently impacted countries (China, Iran, Italy, Japan, and South Korea).
- Develop plans to suspend programs in all other countries, regardless of whether they are currently impacted by CDC travel alerts in case it becomes impacted pursuant to CDC guidelines.
- Students and faculty returning from currently impacted countries or regions of impacted countries will be required to be under precautionary quarantine for 14 days upon return. This includes school sponsored travel or individual travel (spring break)

If there is a COVID-19 case related to a school, the school will be contacted by the State Health Department. If a school has general questions about possible contacts and preparation related to COVID-19, they should contact the State Health Department at 1-888-364-3065 or the local health department https://www.health.ny.gov/contact/contact_information/. Quarantine, restricted movement, and monitoring should only be directed by local departments of health at the direction of the State Health Department.

For guidance related to educational institutions in New York City, see the [New York City Department of Health and Mental Hygiene Coronavirus Webpage](#)

Guidance for Schools to Prepare for COVID-19

The NYSDOH and the NYSED believe that early, broad and sustained community containment strategies are effective in reducing the spread of the virus. These community containment interventions are scalable and flexible so that local public health and education authorities can use these tools based on the local situation. A comprehensive, layered approach reduces disease transmission and associated illness during an outbreak.

It is important to continuously promote and facilitate fundamental infection control measures in school settings, not only during an outbreak. Schools should be proactive and develop plans for monitoring illness among students and staff, send sick students and staff home, and develop contingency plans to cover key staff positions when employees are home ill. Schools should communicate with parents and staff on the importance of the exclusion recommendations. A checklist has been developed to assist schools in planning. See APPENDIX A.

Review, Update, and Implement Emergency Plans

The first step in preparing for widespread community transmission in schools should be the review of the district's all-hazard emergency plans. More information on this is in the [NYSED Guidelines for Managing Emergency Health Care and Communicable Disease in Schools](#).

Schools should review and update their current all-hazard emergency or pandemic plans and procedures. This should include updating contact information and communicating with vendors who supply critical products or services to plan for continuation of those services throughout this situation. Critical services may include food service and hygiene supplies. This planning is especially important since suppliers could also be affected by COVID-19.

The CDC recommends that schools proactively do the following before there is a case of COVID-19 identified in the local community:

- **Review, update, and implement emergency operations plans (EOPs).** This should be done in collaboration with local health departments and other relevant partners. Focus on the components, or annexes, of the plans that address infectious disease outbreaks.
 - Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). Effective strategies build on everyday school policies and practices.
 - Reference key resources while reviewing, updating, and implementing the EOP:
 - ❖ Multiple federal agencies have developed resources on school planning principles and a 6-step process for creating plans to build and continually foster safe and healthy school communities *before, during, and after* possible emergencies. Key resources include [Guide for Developing High Quality School Emergency Operations Plans](#) and the companion guide [The Role of Districts in Developing High Quality School Emergency Operations Plans](#).

Non-pharmaceutical Interventions

The following are non-pharmaceutical interventions schools should take during the outbreak of any communicable disease in the school setting. As always, schools should consult with the state health department and their local health department for guidance specific to COVID-19.

1. Stay home when sick

Students or staff with illness should stay home in accordance with Education Law § 906(1):

[w]henever...a student in the public schools shows symptoms of any communicable or infectious disease reportable under the public health law that imposes a significant risk of infection of others in the school, he or she shall be excluded from the school and sent home immediately, in a safe and proper conveyance. The director of school health services shall immediately notify a local public health agency of any disease reportable under the public health law.

In addition, effective February 1, 2020, the 2019-Novel Coronavirus was added to Public Health Law as a significant threat to the public health, and NYS Commissioner of Health designated 2019-Novel Coronavirus as a communicable disease under 10 NYCRR Section 2.1.

Schools with questions regarding student or staff exposure to COVID-19 should be directed to their local health department. Decisions about the need for exclusion and the length of the exclusion period for students and staff exposed to or with confirmed cases of COVID-19 will be made by local health departments according to guidance from New York State Department of Health. **As a reminder, while schools have the authority to exclude a student in the public schools who shows symptoms of any communicable or infectious disease reportable under the public health law that imposes a significant risk of infection of others in the school, schools DO NOT have the authority to exclude well or asymptomatic students and staff based on race, country of origin, religious affiliation or any of these perceived statuses.**

The CDC has resources available to assist schools in communicating to the school community the need for ill students and staff to stay home.

- The CDC has workplace resources such as posters with messages for staff about [staying home when you are sick](#) and how to [stop the spread of germs in the workplace](#) .
- Other health and education professional organizations may also have helpful resources your school can use or share. For example, the American Academy of Pediatrics provides information on [germ prevention strategies](#) and [reducing the spread of illness in child care settings](#).

2. Separate ill students and staff

Sick students and staff should be excluded from school and all school-related activities. Students and staff who develop respiratory illness symptoms during the school day should be isolated promptly in a room separate from others. If a separate room is not available, maintain at least a 6-foot distance between ill persons. Immediately report any illness to the school nurse or other designated school official. Dismiss ill individuals in accordance with district procedures.

COVID-19 is spread by droplet transmission and so, if a student or staff person reports to the school nurse with respiratory illness symptoms and cannot be isolated from others, it is recommended that a simple facemask (i.e. surgical mask), if available, is provided to her/him to prevent possible transmission of the virus to others while waiting for transportation home.

Remember that schools are not expected to screen students or staff to identify cases of COVID-19. If a patient who tests positive for COVID-19 is currently attending or working in a school, state and local health officials will help identify those individuals and will follow up with the school on next steps for those who may have had close or proximate contact with that person while they were able to spread COVID-19.

It is important to continually share resources with the school community to help families understand when to keep children home. This guidance, not specific to COVID-19, from the American Academy of Pediatrics can be helpful for families, [When to Keep Your Child Home From School](#).

3. Hand hygiene and respiratory etiquette

Schools can help educate and promote ways to reduce the spread of illness in schools and communities, including hand hygiene and respiratory etiquette.

Hand Hygiene:

Students and staff should practice good hand hygiene to help reduce the spread of COVID-19. Hand hygiene includes traditional hand washing (with soap and warm water, lathering for a minimum of 20 seconds) or the use of alcohol-based hand sanitizers (60% alcohol or greater) when soap and water are not available, and hands are not visibly dirty. If alcohol-based hand sanitizers are not allowed in the school, hand sanitizers that do not contain alcohol may also be useful for killing germs on hands.

CDC offers several free handwashing resources that include [health promotion materials](#), information on [proper handwashing technique](#), and [tips for families to help children develop good handwashing habits](#).

Schools should provide adequate facilities for hand washing and promote proper hand washing before meals, after recess or physical education, and other times, as appropriate. See, NYSED information on hand soaps, hand cleaners and hand sanitizers which is available at [NYSED Memo: Handwashing Recommendations and Alcohol-based Hand Sanitizer Use in Schools](#) and APPENDIX B.

Respiratory hygiene/cough etiquette:

The COVID-19 virus spreads from person to person in droplets produced by coughs and sneezes. Therefore, it is important that students and staff cover their mouths or noses with a tissue when coughing or sneezing

and dispose of the tissue appropriately. If no tissue is available, using the inside of the elbow (or shirtsleeve) to cover the mouth or nose is preferable to using the hands. Always perform hand hygiene after sneezing, coughing and handling dirty tissues or other soiled material.

4. Routine cleaning

The CDC recommends schools perform routine environmental cleaning or regular cleaning for most surfaces. NYS DOH has recently distributed Cleaning Guidance for Schools in APPENDIX C.

Please note the following definitions:

Cleaning - Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting - Refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Generally, schools should routinely clean high-touch surfaces (e.g., doorknobs, light switches, countertops.) Appropriately trained custodial staff should be the personnel using the cleaning and disinfecting products. Use all cleaning products according to the directions on the label. Target the use of disinfectants for surfaces that are touched frequently by hands. The routine application of disinfectants to surfaces that are not high-touch (e.g., floors, bookcases, tops of filing cabinets) is unnecessary. Use sanitizer wipes or cloths moistened with disinfectant to wipe electronic items (e.g., phones, computers, remote controls) that are touched often. Provide disposable wipes so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down by students and staff before each use. Employees and students are encouraged to wash hands with soap and water after cleaning surfaces. If soap and water are unavailable use a hand sanitizer with at least 60% alcohol.

Schools should clean bathroom surfaces on a regular basis. Air sanitizer products have not been shown to disinfect airborne virus or reduce disease transmission and are not recommended. Additionally, air sanitizers may negatively impact persons with chronic respiratory conditions such as asthma.

Good cleaning with soap or detergent in water will remove most microorganisms, as well as soil and organic matter that would otherwise reduce the effectiveness of subsequent disinfection. Where disinfectants are used, products should be registered with the [U.S. Environmental Protection Agency \(US EPA\)](#) and the [New York State Department of Environmental Conservation \(NYS DEC\)](#). The CDC has provided information on cleaners that are effective in combating COVID-19 [Novel Coronavirus \(COVID-19\) Fighting Products](#).

If registered disinfectants are not available, a chlorine bleach solution may be used - add about one tablespoon of bleach to a quart (4 cups) of water (smaller batches can be made from 1.5 teaspoons of bleach in a pint (2 cups) of water). Dispose of the used bleach solution when it becomes dirty or at least daily. Mix a fresh solution when repeating the cleaning process. Only mix bleach solutions in small batches. Never combine bleach solutions with other cleaning products.

Many surface disinfectants require the treated surface to remain wet for several minutes to be effective. Take note of any hazard advisories and indications for using personal protective items (such as household gloves).

Guidance for Schools with Identified Cases of COVID-19 in Their Community

The local health department will notify schools if and when a school must close due to COVID-19 and when a school can reopen. **School administrators should work in close collaboration and coordination with the state and local health officials to close school and/or cancel large events.** Schools are not expected to make decisions about closing or canceling events due to COVID-19 on their own. Schools can seek specific guidance from the State or local health officials to determine if, when, and for how long to take these steps. This does not limit the statutory or regulatory authority of a school board to close a building for other circumstances. The nature of these actions (e.g., geographic scope, duration) may change as the local outbreak situation evolves.

When a student or staff member attended school prior to being confirmed as a COVID-19 case, New York State Department of Health requires an initial 24-hour closure, in order to begin an investigation to determine the contacts that the individual may have had within the school environment. That investigation will inform the plan determined by the local department of health as to any further required closure, or other necessary precautions to take for specific classrooms, or for specific individuals. Such plan must recommend actions for future positive COVID-19 cases as well.

During that initial 24-hour closure the school shall immediately take steps to clean and disinfect the school building(s) where the student or staff had contact prior to testing positive for COVID-19. That disinfection must be in accordance with NYS DOH guidelines and must be complete before accepting returning students.

- **Schools should work with the state and local health departments to communicate the possible COVID-19 exposure.** This communication to the school community should align with the communication plan in the school's emergency operations plan. In such a circumstance, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act (ADA) and the Family Education Rights and Privacy Act (FERPA).
- **If a student or staff member has been identified as testing positive for COVID-19, school and program administrators should notify state health officials to determine what additional steps are needed for the school community.** In addition, students and staff who are well but are taking care of, or share a home with, someone with a case of COVID-19 must not attend school and must follow precautionary quarantine instructions from State health officials, who will determine when it is safe for them to return to school.

Schools can prepare now for possible school closures:

- Review the usual absenteeism patterns at your school among both students and staff.
- Alert State and local health officials about large increases in student and staff absenteeism, particularly if absences appear due to respiratory illnesses (like the common cold or the "flu," which have symptoms similar to symptoms of COVID-19).
- Review attendance and sick leave policies. Encourage students and staff to stay home when sick.
- Discourage the use of perfect attendance awards and incentives.
- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
- Determine what level of absenteeism will disrupt continuity of teaching and learning.

- Prepare for continuity of critical support services including meals and special education services and other supports.

• **Communication**

It is crucial that schools communicate with the state and local health departments. Schools are also encouraged to communicate with families and the school community about what they can do to decrease the spread of illness; and help families and communities understand the important roles they can play in reducing the spread of COVID-19 and keeping schools open.

School administrators can also support their school community by sharing resources with students (if resources are age-appropriate), their families, and staff. Schools should coordinate with state and local health officials to determine what type of information might be best to share with the school community and could consider sharing the following fact sheets and information sources:

- General CDC fact sheets to help staff and students families understand COVID-19 and the steps they can take to protect themselves:
 - [What you need to know about coronavirus disease 2019 \(COVID-19\)](#)
 - [What to do if you are sick with coronavirus disease 2019 \(COVID-19\)](#)
 - [Stop the spread of germs – help prevent the spread of respiratory viruses like COVID-19](#)
- CDC Information on [COVID-19 and children](#)

Stigma Related to COVID-19

At this time, most people in the United States [have little immediate risk of exposure](#) to the virus that causes COVID-19. However, some people are worried about the disease. Fear and anxiety can lead to social stigma towards certain ethnic or religious groups or persons based on recent travel. Stigma and discrimination can occur when people associate an infectious disease, such as COVID-19, with a population or nationality, even though not everyone in that population or from that region is specifically at risk for the disease.

Stigma hurts everyone by creating more fear or anger towards ordinary people instead of the disease that is causing the problem. We can fight stigma and help not hurt others by providing social support. We can [communicate the facts](#) about COVID-19.

New Yorkers still have a low risk of contracting COVID-19.

- Viruses cannot target people from specific populations, ethnicities, or racial backgrounds.
- People from affected countries that live in the U.S. may be worried or anxious about friends and relatives who are living in the region. Facing stigma can make fear and anxiety worsen. Social support during this outbreak can help them cope.

People who have returned from an area with ongoing spread of COVID-19 more than 14 days ago and do not have symptoms are not infected with the virus and contact with them will not give you the virus.

- The U.S. government is responding to the outbreak and updating [Travel Health Notices](#), as needed.

Communicators and public health officials are vitally important to help counter stigma during the COVID-19 response.

- Maintain privacy and confidentiality of those seeking health care and those who may be part of any contact investigation.

- Timely communication of the risk or lack of risk from associations with products, people, and places.
- Raise awareness about COVID-19 without increasing fear.
- Share accurate information about how the virus spreads along with information on what families and communities can do to limit the spread.
- Speak out against negative behaviors, including negative statements on social media about groups of people, or exclusion of people who pose no risk from regular activities.
- Be cautious about the images that are shared. Make sure they do not reinforce stereotypes.
- Engage with stigmatized groups in person and through media channels including news media and social media.
- Share the need for social support for people who have returned from areas of geographic spread or are worried about friends or relatives in the affected region.

Other Student Needs During School Closure

Ensure continuity of meal programs.

Many students rely on the two meals served at every school day. Schools should work with community feeding organizations (food banks, food pantries, Red Cross, etc.) to plan for distribution of food to students by instituting meal pick-up and delivery options. If the President declares a National Disaster or if United States Department of Agriculture or New York State declares a situation of distress, public schools administering Child Nutrition Programs can contact the NY Office of General Services and request to use USDA foods for feeding purposes and schools could also request to administer the Summer Food Service Program or the Seamless Summer Option during times of emergency closure by contacting the NYS Education Department, Child Nutrition Program Administration office. Please check the NYSED Child Nutrition website [NYSED Child Nutrition Website](#) for updates.

Mental Health Needs

Schools can assist school and community members who feel anxious regarding the COVID-19 outbreak. Additionally, they can be a source of valid information to assist in dispelling rumors and misunderstandings. Below are resources that address mental health needs of students and communities during an infectious disease outbreak. In addition to utilizing the mental health professionals in schools, available resources to assist schools include:

School Mental Health and Training Center <https://mhanys.org/programs/schools/>

NYS Office of Mental Health <https://omh.ny.gov/>

Coping with Stress During Infectious Disease Outbreaks,

<https://store.samhsa.gov/system/files/sma14-4885.pdf>

Following are resources that may be helpful in talking to students about the COVID-19:

- **Just for Kids: A Comic Exploring the New Coronavirus**
<https://www.npr.org/sections/goatsandsoda/2020/02/28/809580453/just-for-kids-a-comic-exploring-the-new-coronavirus>
- **Fear of Coronavirus- A Good Time to Talk to Kids About Keeping Fears Realistic and Manageable.**
[Lois M. Collins, Deseret News, Jan. 28, 2020](#)

<https://www.deseret.com/indepth/2020/1/28/21112457/fear-coronavirus-china-children-anxiety-health-medicine-virus>

- **How Do You Talk to Children About Coronavirus? Stay Honest and Simple to Avoid Anxiety.**
 - [Gene Myers NorthJersey.com, USA Today, Feb. 28, 2020](#)
 - <https://www.usatoday.com/story/news/health/2020/02/28/talking-children-coronavirus-keep-simple-avoid-stress/4906147002/>

- **How to Talk to Your Kids About the Coronavirus (and Ease Their Fears)**
 - [Vivian Manning-Schaffel, NBC News, Updated March 2, 2020](#)
 - <https://www.nbcnews.com/better/lifestyle/how-talk-your-kids-about-coronavirus-ease-their-fears-ncna1129851>

Frequently Asked School and COVID-19 Questions and Answers

Are schools required to close if any students or staff are diagnosed with COVID-19?

When a school initially has a student or staff that tests positive, the entire school will close for 24 hours while the local department of health investigates and sets forth a plan for any further precautionary measures that the school must take to contain exposure, which may result in additional closure. During this time, the entire school building shall be disinfected in accordance with guidelines from NYS DOH with approved cleaners. Additional closure beyond the 24 hours is a decision that will be made on a case-by-case basis by the local department of health.

How long may a school be closed if a staff member or student is diagnosed with COVID-19?

If a student or staff member attended school prior to being confirmed as COVID-19 case, local health officials will require an immediate 24 hour closure to disinfect the entire school building, while local health officials begin an investigation to determine contacts the positive case had, and set forth a plan for the containment strategy, including appropriate length of closure for the school.

What if someone comes to school and then begins to show flu-like symptoms? Students and staff who appear to have an flu-like illness when they come to school—or who become ill during the school day—should be isolated in a room separate from other people if possible, or kept a minimum of 6 feet away from others while wearing a surgical mask until they can be sent home in accordance with district procedures.

When school administrators learn of a student or a staff member who has been diagnosed with COVID-19, who should those administrators contact? School administrators should communicate regularly with local public health officials to obtain up-to-date guidance about students or staff members with confirmed cases of COVID-19. You can always call the New York State Department of Health COVID-19 hotline, **1-888-364-3065**.

What can school administrators do to control the spread of COVID-19 in their schools? Schools can help reduce the spread of any virus - whether it is the flu virus or COVID-19 - by promoting good hand hygiene and respiratory etiquette, enforcing ill students and staff stay home, and separating ill students and staff from well persons until able to go home.

Acronyms

CDC	Centers for Disease Control and Prevention
LHD	Local Health Department
NPI	Non-pharmaceutical Intervention
NYCDOHMH	New York City Department of Health and Mental Hygiene
NYSDOH	New York State Department of Health
NYSED	New York State Education Department

Glossary

Chronic Medical Condition - a health related state that lasts for a long period of time (e.g. cancer, asthma)

Community Mitigation Intervention or Measure - a strategy for the implementation at the community level of interventions designed to slow or limit the transmission of a pandemic virus.

Environmental Infection Control - routine cleaning and disinfection strategies applied for the environmental management of illness.

Fever - the temporary increase in the body's temperature in response to some disease or illness.

Fever-Like Symptoms/Signs of a Fever - a child has a fever when their temperature is at or above one of these levels:

- 100.4 °F (38 °C) measured in the bottom (rectally)
- 99.5 °F(37.5 °C) measured in their mouth (orally)
- 99 °F (37.2 °C) measured under their arm (axillary)

An adult probably has a fever when their temperature is above 99 - 99.5 °F (37.2 - 37.5 °C), depending on what time of the day it is.

Non-Pharmaceutical Intervention - a strategy to prevent the spread of disease without the use of drugs or vaccines.

Respiratory or Cough Etiquette - use of the following measures to contain respiratory secretions

- Covering the mouth/nose when coughing or sneezing;
- Using tissues to contain respiratory secretions and disposing them in the nearest waste receptacle after use.

School Closure - for purposes of this document only, means closing the school and sending all students and staff home.

School Closing - for purposes of this document only, means students stay home and the school may stay open for staff.

Three Types of School Closings

- **Selective closing** is used when all or most students in the school are at higher risk for complications. For example, a school for medically fragile children or for pregnant students may decide to close based on the local situation while other schools in the community may remain open.
- **Reactive closing** is used when many students and staff are sick and are not attending school, or many students and staff are arriving at school sick and are being sent home.
- **Preemptive closing** is used early during a an outbreak response in a community to decrease the spread of the illness before many students and staff get sick. This is based on information about the spread of the illness in the region. This closing is most effective at decreasing spread and burden on the healthcare system when done early in relation to the amount of activity in the area.

Social Distancing - steps to reduce contact among people to decrease the risk of spreading communicable diseases. These measures include staying home when sick and school closures.

APPENDIX A

School Pandemic Planning Checklist

Schools are important partners in protecting the public's health and safety when a pandemic occurs. Educators should understand actions that may be taken by public health authorities in their jurisdiction for people exposed to COVID-19. However, **educators should not take on the role and responsibilities of local public health authorities.**

This checklist is developed to assist schools in making certain their pandemic plans are up to date and align with New York State Department of Health (NYSDOH) and The Centers for Disease Control and Prevention (CDC) recommendations for *nonpharmaceutical interventions* (NPI). NPIs are the best way to slow the spread of disease and can be implemented by schools.

- Proactively establish communication with the local public health department for timely exchange of information. This includes establishing points of contact and communication plans. Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
- Review and revise your comprehensive district-wide school safety plan and building-level emergency response plans regarding crisis intervention and emergency response and management.
- Test the linkages between the district's Incident Command System and the local/state health departments and state education department's Incident Command System.
- Develop and/or test platforms (e.g., hotlines, telephone trees, email list serves, dedicated websites and local radio or TV stations) for communicating pandemic status and actions to school district staff, students and families.
- Develop a dissemination plan for communication with staff, students and families including lead spokespersons and links to other communication networks.
- Identify and address potential language, cultural and disability barriers associated with communicating pandemic information to staff, students and the community. Learn more about reaching people of diverse languages and cultures by visiting: <https://www.cdc.gov/healthcommunication/audience/index.html>
- Address key prevention strategies in school protocols and policies:
 - Provide infection prevention supplies in school such as soap, hand sanitizer with at least 60% alcohol, tissues, paper towels, and trash bins. See [NYSED Memo: Handwashing Recommendations and Alcohol-based Hand Sanitizer Use in Schools](#)
 - In collaboration with your district medical director and school nurses, educate and promote daily prevention strategies in your school community including handwashing, respiratory hygiene, environmental cleaning, and staying home when sick.
 - Review emergency transportation policies and notifications.
 - Disseminate information from NYSDOH, CDC, or local health department regarding routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic
 - fundamentals (e.g., signs and symptoms of COVID -19, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members.
- Review protocols to ensure schools comply with OSHA and PESH on appropriate work practices and precautions to protect employees from occupational exposure. This is particularly important for school health personnel who will be in close proximity to persons who may be infectious. Follow NYSDOH guidance on meeting this requirement.

APPENDIX A

- Identify a space that can be used to separate sick students from others. Plan to immediately send sick school personnel home.
- Plan for staff and student absences by developing flexible attendance and sick leave policies. Follow NYSDOH guidance for when staff and students may return to school following illness.
- Identify critical job functions and plan for coverage with cross-training.
- Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.
- Identify strategies to continue essential student services (e.g., low income students who rely on the school food service for daily and weekend meals), those in special facilities (e.g., juvenile justice facilities).
- Plan ways to continue to educate students, including students with IEPs, if schools are temporarily closed. Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, email, teleconferencing, mailed lessons and assignments, and instruction via local radio or television or other media.)
- Consider cancelling extracurricular activities, such as field trips and travel abroad, based on having various levels of illness among students and staff and NYSDOH and CDC recommendations
- Actively prevent discrimination and counter stigma, harassment and bullying related to perception of COVID-19 risk.
- Anticipate the potential fear and anxiety of staff, students and families as a result of rumors and misinformation and plan communications accordingly. Collaborate with school mental health professionals and community-based providers on effective strategies.

APPENDIX B

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APPENDIX C

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