

WNCS Building Safety Protocols Plan

Table of Contents

Introduction	P. 2
Strategy One: Keep Contagion Out.....	P. 3
Strategy Two: Reduce Contact Between Cohorts of People	P. 4
Strategy Three: Reduce Contact Between Individuals.....	P. 5
Strategy Four: Clean Space: Cleaning, Disinfecting, Ventilation	P. 6
Strategy Five: Communication	P. 7
Appendix A: Sources Consulted	P. 9
Appendix B: Assumption of Risk Waiver	P. 10
Appendix C: Use of masks.....	P. 12
Appendix D: Important Definitions.....	P. 12
Appendix E: How to Screen Your Child	P. 13
Appendix F: Quarantining Details	P. 14
Quarantine Decision Aid.....	P. 15

Introduction

This is WNC's *Building Safety Protocols Plan* designed to minimize COVID-19 risks while using our facility for in-person school. There is no such thing as 0 risk, but by following the guidance of the Maryland Health Department and the CDC and taking advantage of our small size, we can responsibly reduce risk on campus to a very low level.

Compared to the public schools we can provide a fuller in-person program with lower contact risk. Four basic strategies are used, and these are outlined below. 1) Reduce opportunities for the virus to come on campus. 2) Reduce number of individuals in contact using "cohorts". 3) Reduce opportunity for the virus to be transmitted between individuals. 4) Reduce opportunities for the virus to transmit from surfaces or the air. All together, these strategies greatly reduce the risk of virus transmission on school grounds.

Each adult (teacher and parent) is asked to sign a waiver which acknowledges, 1) that risk cannot be reduced to zero, and 2) that each person is responsible for understanding and following the precautions laid out here.

We have tried to keep the main text brief, with fuller definitions and graphic summaries appearing at the end in appendices. The primary responsibilities for **school parents** are summarized as follows:

- Provide your student with individual supplies: masks, hand sanitizer, water bottle, mechanical pencils and other individual items recommended by your teacher.
- Read communications from the school carefully.
- Communicate promptly with the school whenever you are unsure about how to follow the safety protocols.
- Screen your child at home consistently.
- Be prepared with a plan for prompt pick up if your child develops symptoms while at school.
- Follow quarantine protocols, as guided by MD Health Department and outlined below, if your child shows COVID-19 like symptoms, tests positive for COVID-19 or has close contact with someone who may be infected.
- Update school if your child is prone to allergies (which might produce COVID-like symptoms) and if your child has known increased risk-factors for COVID-19.

Any future changes to these protocols will be communicated to the school families before they take effect.

Strategy One: Keep Contagion Out

1. Shared Responsibility:

- a. All members of the school community stay vigilant and communicative about positive tests, possible contact, and symptoms of COVID-19-like illness. **(definitions in Appendix D below).**
- b. School to provide regular reminders of this responsibility.
- c. Support for “abundance of caution” by staff and students who choose to work from home due to potential symptoms, waiting on tests, quarantining, or possible contact. (Leniency on absentee considerations and flexibility with homework and classwork)
- d. Adults (parents and staff) sign *Assumption of Risk Waiver*; and actively support precaution strategies. (see Appendix B below)

2. Reduce Outside Contact:

- a. No off-campus field trips.
- b. No large events involving people outside of the student body.
- c. Reduced volunteers, guests, and visitors in the building during school hours.

3. Screening at Home:

- a. Parents to monitor daily for 1) symptoms 2) close contact/potential exposures. **(see Appendix E below)**

4. Screening at School:

- a. Temperature checks for guests and staff before entering the building.
- b. Students temperature will be checked each morning by a staff person before leaving car.
- c. If symptoms/elevated risk is discovered at the school, the individual(s) will be isolated and sent home immediately.
 - i. Parents must be prepared with a plan for prompt pick up if their child develops symptoms.

5. Quarantining: Quarantine per MD Health Department guidelines must be followed when any of the following apply to a student or staff member: 1) laboratory confirmed COVID-19 2) “COVID-19-like Illness” 3) recent “close contact.” **(definitions and further detail in Appendices D and F below)**

- a. When potential close contact is a household member, the usual quarantining requirement is extended by 14 days *after* that household member is released from isolation.
- b. When potential close contact occurs on campus those persons potentially impacted will be informed and asked to follow Health Department’s guidance for quarantine. Per Health Department guidance, the school will temporarily close classroom and/or school.

6. Non COVID-19 Illness:

- a. If staff or student shows symptoms but then receives a negative test result or specific alternative diagnosis, he or she may return 24 hours after fever is gone (without using fever reducing drugs) and when his/her symptoms have improved and the criteria in the communicable disease summary have been met as applicable.

Strategy Two: Reduce Contact Between Cohorts of People

1. ***Cohorts:*** Student interactions with students outside of their own classroom will be restricted (Activities which would normally bring larger groups together, such as recess, chapel, lunch, PE, music, festivals, are restricted until further notice.)
 - a. Teachers will be available to receive students directly to their classroom after 7:45am to avoid students lingering in the lobby or hallways. (High School arrival at 8:45am)
 - b. Lunch and chapel will be held in homerooms, not as a whole school.
 - c. Each classroom will remain separated during recess.
 - d. Each classroom is assigned its own restroom(s).
 - e. Classroom groups will use different exit/entrances *during* the day.
 - f. At the end of the day, students will be dismissed from their classrooms when their ride arrives.
 - g. Students will stay in their homerooms with specialists coming to them rather than moving through the building.
2. ***Aftercare:*** Aftercare services will be restricted to no more than 8 students.

Strategy Three: Reduce Potential Germ Contact Between Individuals

1. ***No choral singing.***
2. ***Limit Touching of Shared Surfaces:***
 - a. Increased frequency of handwashing, especially before eating, after using a facial tissue/coughing/sneezing and using restroom; supplemented by hand sanitizer in classrooms.
 - b. Reduce/prevent student contact with high contact areas (copier, light switch, door handles, sharpener, etc.)
 - c. Common use exit doors will be propped/held when students are using them, to avoid contact with handles, etc.
3. ***No Direct Contact:***
 - a. No handshakes, hugs, etc. as greetings. No direct physical interaction.
 - b. Classrooms will employ intentional layout to reduce student physical contact.
4. ***Individual Supplies:***
 - a. Each student will have his or her own tissues and hand sanitizer bottle.
 - b. Students bring water bottles from home (no use of water fountain permitted).
5. ***Regular Instruction and Reminders*** related to:
 - a. Interpersonal contact, touching of face, use of mask, handwashing, movement in building and in the classroom.
6. ***Social Distancing*** of 6 feet or more most of the time.
 - a. At least 6 feet distance *must* be observed when masks are not worn when eating. (see below)
 - b. Students will be instructed and reminded to leave 6 feet between them while moving in the building. Signage will be used to support this instruction.
 - c. Students' usual workspaces will be distanced from each other by 6 feet (or more.)
7. ***Use of Masks:*** (See additional guidance **under appendix C**)
 - a. Masks should be used by everyone, whenever they are on campus.
 - b. Students may only remove masks for eating and drinking *when* given permission by teacher and seated 6 feet apart, facing forward.
 - c. Adult staff can remove their mask when in an isolated office or workspace.
8. ***Mask Types:***
 - a. Masks should have two or more layers.
 - b. CDC does not recommend using face shields only for normal activities.
 - c. CDC does not recommend use of gaiters or face shields because effectiveness is unknown.
9. ***Proper Mask Use:***
 - a. Mask should fit and be kept securely over the nose and mouth.
 - b. Hands should be washed or sanitized after touching your own mask or helping a student with theirs.
 - c. Masks should be washed after every day of use
 - d. Masks should be labelled.
 - e. Spares should be provided for each student.

Strategy Four: Clean Space: Cleaning, Disinfecting, Ventilation

1. *Air Quality:*

- a. Outdoor spaces will be used more often, to take advantage of the fresh air.
- b. Upgraded filters in HVAC system with increased percentage of fresh air intake.
- c. Each classroom is equipped with an air purifier.
- d. Automatic bathroom exhaust fans.

2. *Signage:*

- a. WNCS will maintain signage related to movement in the building and personal hygiene to help remind people of protocols.

3. *Cleaning and Disinfecting Plan:*

- a. **With every use:** Copier, entry doors, bathrooms (handles of door, sink, toilet and towel dispenser wiped down by user). *Do not throw wipes in the toilet.*
- b. **Several times a day:** classroom and bathroom door handles.
- c. **Daily:** Classrooms: desks, chairs, door handles, light switches. Common area door handles. Classroom tables or desks after lunch or snack.
- d. **Several times a week/as needed:** Bathrooms: clean and disinfect all surfaces. **Weekly:** Entire building to be cleaned per cleaning Contract. (includes disinfection of all high-touch surfaces).
- e. **Mid-week:** Per Contract.
- f. **Monthly:** Per Contract
- g. **Irregular/As necessary:** In the event that we close a classroom and/or whole school due to infection concern, all possibly exposed spaces will be left for at least 48 hours, and then thoroughly disinfected.
- h. **Note:** School will provide alcohol-based wipes, in bathrooms, classrooms and common areas.

Strategy Five: Communication

1. ***Designated Points of Contact for COVID related communications:***
 - a. Brian Smith (301-850-3029) brian.smith@washnewchurch.org
 - b. Bonnie Cowley (301-518-3628) bonnie.cowley@washnewchurch.org
 - c. Sharon Kunkle (Cleaning and Disinfecting) (301-706-4873) sharon.kunkle@washnewchurch.org
2. ***Parental Communication:*** *Parents are asked to provide updated health information if their child:*
 - a. ...is prone to allergies, which might produce COVID-like symptoms.
 - b. ...has known increased risk-factors for COVID-19.
3. ***WNCS will Regularly Communicate:***
 - a. Updates regarding COVID-19 status, including cases and outbreaks.
 - b. Safety protocols and expectations, including any changes or updates.
 - c. Maintain updated copy of *Building Safety Protocols Plan* measures on our website and available from the office.
 - d. Teachers will support students with fears and stresses related to the pandemic.
4. ***WNCS will:***
 - a. Communicate to known close contacts of a person with laboratory confirmed COVID-19 case or COVID-19-like illness, while respecting privacy laws. (US Dept. Ed)
 - b. Maintain a plan for coordination with Health Department in the case of a COVID-19 infection in the school.
 - c. Notify local health department of Laboratory confirmed COVID-19 or “COVID-19-like Illness” in our school community.
5. ***MD and County Departments of Health:***
 - a. may issue instructions to schools in performance of their duties preventing spread of contagious disease. These instructions may include closing a classroom or school. Local health department will work with a school to determine if a school must close and the length of closure.
 - b. will begin contact tracing process for known cases of COVID-19, including recommending isolation for close-contacts.
6. ***Confidentiality:***
 - a. [FERPA](#) (*Family Education Rights and Privacy Act*) does not strictly govern WNCS because we don't receive public funds. Still, it is our intention to follow the guidance set by FERPA.
 - b. FERPA allows WNCS to disclose PII (*Personally Identifiable Information*) student information to the local Prince George's County Health department if the student has a) confirmed case of COVID-19 b) a suspected case of COVID-19 or c) been exposed to someone with a known or suspected case of COVID-19.
 - c. The Health department may contact those students who have potentially had “close contact” with a known or suspected case of COVID-19.
 - d. WNCS will let families know if their son/daughter has potentially had close contact with a known or suspected case of COVID-19, but WNCS will not give specific names of who has the known or suspected case.

- e. WNCS will not disclose any PII to the media or other groups outside of the school community.
- f. WNCS will keep a record of disclosure of PII to the Health Department.

Appendix A: Sources Consulted

1. Center for Disease Control (www.CDC.gov)
 - a. [*Operating Schools During COVID-19*](#)
2. Maryland Department of Health (health.maryland.gov)
 - a. [*Maryland's Recovery Plan for Education*](#)
 - b. [*Guidance for Temperature and Symptom Screening in Schools*](#)
 - c. [*Response to Laboratory Confirmed Case of COVID-19 and Person with COVID-19-like illness in Schools*](#)
3. Maryland Department of Education (<http://www.marylandpublicschools.org>)
 - a. [*Maryland School Reopening Guidance*](#)
4. Prince George's County Public Schools (pgcps.org)
5. General Church Guidelines
6. Prince George's County Health Department
 - a. 1701 McCormick Dr. Suite 2, Largo, MD 20774-5329, Phone: (301) 883-7814
 - b. COVID hotline (for any questions or to make a testing appointment)
 - i. (301) 883 6627
 - c. CDC (Communicable Disease Health dept. Not national CDC) for reporting known positive cases) (301) 583-3750, for English #1, prompt #6 *all other matters*
7. US Dept. Education
 - a. [*FERPA and Coronavirus Disease*](#)
8. ADA

Appendix B: Assumption of Risk Waiver

Acknowledgment and Assumption of Risk Relating to Coronavirus/COVID-19 and Agreement to Full Participation in Health Safety Protocols

I am the parent/guardian of _____ (print full name of child) (“Child”) who I have enrolled at Washington New Church School (WNCS).

The novel coronavirus, COVID-19, has been declared a worldwide pandemic. COVID-19 is an extremely infectious virus—believed to spread mainly from person-to-person contact—that could result in severe illness and/or death. As a result, federal, state, and local governments/health agencies recommend strict social distancing (i.e., staying at least 6 feet apart from others) and have, in many locations, prohibited the congregation of groups of people. Further, the CDC has stated that some individuals may have a higher risk of contracting or falling seriously ill as a result of the virus. Those factors are updated regularly by the CDC. Parents/guardians should consult with the CDC’s website to determine if your child may be in a higher-risk category.

Washington New Church School has put in place preventive measures (*Building Safety Protocols Plan*) designed to reduce the spread of COVID-19, available from the front office and school website. For example, students will be required to wear mask throughout the day. Further, measures will apply to reduce the close in-person interaction at the school. As another example, faculty and staff will be required to self-monitor for symptoms of COVID-19 and to stay home if they experience symptoms. Despite these precautions, Washington New Church School cannot guarantee that my child will not become infected with COVID-19. Further, attending classes in-person on the Washington New Church School campus could increase my child’s risk of contracting COVID-19.

We all play a role in preventing the spread of COVID-19. We fully expect that our families will take seriously this shared responsibility by monitoring their child for possible symptoms of COVID-19 every day and keeping their child home if they have any symptoms of COVID-19 or otherwise feel ill. I have carefully reviewed the health protocols outlined by Washington New Church School (*Building Safety Protocols Plan*) including the expectations of actions and communications from each family to minimize the risk of infection entering the school community. I will fully comply with those expectations of my family. I will be supportive of the school taking daily temperature checks of my child and possibly sending my child home in the event of symptoms. I also support Washington New Church School in the event of making the decision to temporarily close a classroom or the whole school.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and, on behalf of myself and my Child and our heirs, assigns, personal representatives and respective estates, I/we voluntarily and expressly assume the risk that my child may be exposed to or infected by COVID-19 by attending Washington New Church School and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I also understand that due to the contagious nature of the virus that if my child contracts the virus, he/she may expose others, including me, family, and friends. I understand that the risk of becoming exposed to or infected by COVID-19 at Washington New Church School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Washington New Church School employees, students, and guests.

On behalf of myself and my Child and our heirs, assigns, personal representatives and respective estates, I/we voluntarily and expressly agree to assume all of the foregoing risks and accept sole responsibility for any injury to my Child **including, but not limited to, personal injury, illness, permanent disability, and death**, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my Child’s attendance at Washington New Church School. In addition, on behalf of myself and on my Child’s behalf, I/we hereby release, covenant not to sue, discharge, indemnify and hold harmless Washington New Church School, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Washington New Church School, its employees, agents, and

representatives, whether a COVID-19 infection occurs before, during, or after my Child's participation in Washington New Church School.

I have read the above authorization, release, and agreement, and I fully understand the content. I hereby certify that I am the parent or guardian of the above-named child and do hereby give consent without reservation to the foregoing on behalf of myself and my Child.

Parent/Guardian Name

Parent/Guardian Signature

Date

Appendix C: Use of Masks

1. From CDC: [Use of Masks](#). [How to select, wear and clean your mask](#). [K-12 use of masks](#)
2. From MDH/MSDE: [Guidance for Use of Cloth Face Coverings in Schools](#), [Guidance for use of cloth face covering in child care programs](#)

Appendix D: Important Definitions

- “Laboratory confirmed COVID-19” means that you have received a positive COVID test result.
- “COVID-19-like Illness” is defined by “new onset cough or shortness of breath” OR at least two of the following, “fever of 100.4 or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, or gastrointestinal symptoms (nausea, vomiting or diarrhea).”
- “Close Contact”
 - Contact within the last 14 days, (within 6 feet for at least 15 minutes cumulatively over a 24-hour period) with a person known or suspected to have COVID-19. (Starting from 2 days before illness onset (or, for asymptomatic clients, 2 days prior to positive specimen collection) until the time the patient is isolated.)
 - Live in the same household as a person known or suspected to have COVID-19.

Appendix E: How to Screen Your Child

Maryland Department of Health provides a helpful tool, [*Guidance for Temperature and Symptom Screening in Schools*](#), this should guide parents in daily screening protocols.

This symptom screening should accompany a daily temperature check.

1. Since last in school, have you (if student)/your child (if parent) had any of the following symptoms?
 - cough
 - shortness of breath
 - difficulty breathing
 - new loss of taste or smell
 - fever of 100.4o or higher
 - chills or shaking chills
 - muscle aches
 - headache
 - sore throat
 - nausea or vomiting
 - diarrhea
 - Fatigue
 - congestion or runny nose
2. Since last in school, are you (if student)/your child (if parent) waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine?
3. In the last 14 days, have you (if student)/your child (if parent) had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or suspected of having COVID-19 (i.e., tested due to symptoms)? If the answer to ALL of the questions above is NO, the student may be admitted into school that day.

Appendix F: Quarantining Details

1. If staff/student received a positive test result but never had symptoms, he or she may return after 10 days since the date of the person's positive diagnostic test.
2. When someone who has laboratory confirmed COVID-19 case or *COVID-19-like* illness, close contacts of that person should...
 - a. be identified by the school and local health department for the purpose of making quarantine recommendations.
 - b. not attend school or visit campus for 14 days after the date of their last exposure, according to CDC and MDH.
 - c. may return after they have completed quarantine for 14 days from the date of last exposure to the person with COVID-19 or suspected of having COVID-19 unless instructed by a health care provider/health department to quarantine longer.
3. *If potential close contact occurs due to a household member* having laboratory confirmed COVID-19 case or *COVID-19-like* illness the usual quarantining requirement is extended by 14 days *after* that household member is released from isolation. (Because the person could have been infected on the last day of the household member's period of isolation)
 - a. If person with a household contact develops symptoms him/herself, then he/she should seek COVID-19 testing and proceed accordingly.
4. When to end Quarantine
 - a. After 10 days have passed since symptom onset.
 - b. *And* at least 24 hours since resolution of fever (without fever reducing drugs)
 - c. Other symptoms have improved.
 - d. (Above is a symptom-based strategy, testing based strategy is no longer recommended)

Maryland Department of Health provides a helpful tool, [*Response to Laboratory Confirmed Case of COVID-19 and Person with COVID-19-like illness in Schools*](#) which should guide parents about how and when do quarantine. If you are unsure, please call the school.

Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in Schools, Child Care Programs, and Youth Camps

For the purposes of this decision aid, COVID-19-like illness is defined as: New onset cough or shortness of breath **OR** At least 2 of the following: fever of 100.4° or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, and gastrointestinal symptoms (nausea, vomiting or diarrhea). **NOTE: This definition was adapted from the clinical criteria in the [CDC case definition of a probable case of COVID-19](#).**

Person (child, care provider, educator, other staff) with **ONE NEW** symptom not meeting the definition of COVID-19-like illness.

Exclude person and allow return when symptoms have improved and criteria in the [Communicable Diseases Summary](#) have been met as applicable. If person develops symptoms of COVID-19-like illness, follow processes below for person with COVID-19-like illness.

An **asymptomatic person** (child, care provider, educator, other staff) tests positive for COVID-19.

The asymptomatic person should stay home for 10 days from positive test.

Close contacts should stay home for 14 days from the date of last exposure even if they have no symptoms or they have a negative COVID-19 test done during quarantine.

Person has positive test for COVID-19.

The ill person should stay home at least 10 days since symptoms first appeared **AND** until no fever for at least **24 hours** without medication **AND** improvement of other symptoms.

Close contacts DO NOT need to stay home as long as they remain asymptomatic.

Person does not receive a laboratory test or another specific alternative diagnosis by their health care provider.

Person has negative test for COVID-19.

The ill person should stay home until symptoms have improved and criteria in the [Communicable Diseases Summary](#) have been met as applicable. The person should consider being tested/retested for COVID-19 if symptoms do not improve.

- Exclude person and recommend that they talk to their health care provider about testing for COVID-19 or whether there is another specific diagnosis.
- The person should isolate pending test results or evaluation by their health care provider.
- Close contacts of the ill person should quarantine per [CDC guidelines](#).

Health care provider documents that the person has another specific diagnosis (e.g. influenza, strep throat, otitis) or health care provider documents that symptoms are related to a pre-existing condition.