

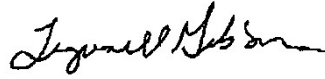


# Health Mitigation Plan

**2021 - 2022**



Health Mitigation Plan  
Norfolk Public Schools  
800 East City Hall Avenue  
Norfolk, VA 23510



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Dr. Lynnell Gibson, Chief Schools Officer



Dr. Dennis Moore, Senior Director, Student Wellness

Plan developed in consultation with the Norfolk Department of Public Health

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## **Local Public Health Conditions**

Virginia Senate Bill 1303 (Appendix A) requires each school board to offer in-person instruction to each student enrolled in the local school division in a public elementary and secondary school for at least the minimum number of required instructional hours. It also requires that each student enrolled in the local school division in a public school-based early childhood care and education program be enrolled for the entirety of the instructional time provided pursuant to such program.

The bill requires each school board to provide such in-person instruction in a manner in which it adheres, to the maximum extent practicable, to any currently applicable mitigation strategies for early childhood care and education programs and elementary and secondary schools to reduce the transmission of COVID-19 that have been provided by the federal Centers for Disease Control and Prevention.

The bill also requires all teachers and school staff to be offered access to receive an approved COVID-19 vaccination through their relevant local health district. The legislation was signed by the Governor April 1, 2021. The legislation took effect July 1, 2021.

Various sources of information are reviewed when looking at how Covid-19 transmission is impacting local public health conditions. Layered mitigation strategies are in place to reduce the transmission of COVID-19. To measure the effectiveness of the layered mitigations strategies, CDC Metrics are monitored on an ongoing basis and the information provides insight on current conditions.

Two primary indicators that are reviewed are the total new cases per 100,000 persons in the past 7 days and percentage of NAATs that are positive during the past 7 days. The indicators provide a quantitative measure of the community transmission levels. The levels can be blue (low), yellow (moderate), orange (substantial), and red (high). The ranges per each level are shown in the table below.

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs <sup>1</sup> that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

As indicated by the graphs below, the data has trended up and down over time, but is currently trending upward. The final data points on the graphs below represent data collected on August 23, 2021 (cases) and August 21, 2021 (percent positivity).

The CDC metrics (over time) associated with the City of Norfolk can be found on the NPS website at the following link:

[iDashboards \(npsk12.com\)](https://npsk12.com/iDashboards)

**Community transmission is a significant concern, and the City of Norfolk is presently in a level of high community transmission.**

Cases  
551  
(226.99 per 100k)  
↓ -0.36 % change  
Data through Mon Aug 23 2021



Percent Positivity  
14.54  
↑ 1.02 % change  
Data through Sat Aug 21 2021



In recent weeks, the case count and transmission rates are trending upwards due to transmission by the Covid-19 Delta variant.

### **Masks in Virginia PreK-12 Schools**

- As of August 12, 2021, a [Public Health Order](#) requires all individuals aged two and older to wear masks when indoors at public and private K-12 schools, regardless of vaccination status. The Order also applies to PreK if the program is at a K-12 school. Early Childhood Centers (Berkley, Easton, Willoughby) are included in this group.
- The Order does not apply to outdoor school settings. VDH recommends those who are not fully vaccinated wear masks in crowded outdoor settings or during outdoor activities that involve close contact with other people, but it is not a requirement.
- This Order reinforces the current state law (Senate Bill 1303 - See Appendix A) that requires Virginia schools, to the maximum extent possible, to use prevention strategies outlined by CDC. CDC's [recommended strategies](#) currently include masking of all teachers, staff, students, and visitors while indoors.
- Masks must be worn on school buses, per a [federal order](#) (Appendix B).
- Certain people should not wear a mask. Masks should not be put on children under the age of 2 or used by people who have trouble breathing, are incapacitated, or who are otherwise unable to remove the mask without help.

### **Mask Exemptions Protocol**

Norfolk Public Schools (NPS) uses layered prevention measures to create the healthiest possible environment for school activities. One of the most effective strategies is the use of face masks to reduce exposure to germs and potential illness. Therefore, all students (PreK-12) must wear a mask on school buses and while inside schools regardless of their vaccination status. Student masks may be removed temporarily when the child is eating, drinking, or outdoors.

Exemptions from mask use will be made for medical necessity and will require the signature of a licensed physician. The form must be completed by the student's health care provider and emailed to [studentwellnessMAR@nps.k12.va.us](mailto:studentwellnessMAR@nps.k12.va.us).

The Order also allows for any person with a "sincerely held religious objection to wearing masks in school" to request a reasonable accommodation to the Order. The Order also creates an exception to its mask requirement "[w]hen necessary to participate in a religious ritual." Individuals requesting such an accommodation or exception may use this form to officially request an accommodation or exception on their behalf or on behalf of a minor (where the requester is the parent or legal guardian of the minor). The form must be completed and emailed to [studentwellnessMAR@nps.k12.va.us](mailto:studentwellnessMAR@nps.k12.va.us).

Please note: If you opt your child out of wearing a mask, and your child is determined to be in close contact with another person who tests positive for COVID-19, your child will be required to follow quarantine protocols. However, students wearing masks may be exempt from quarantine if all students in the classroom are masked and meet other case-specific conditions based on CDC guidelines.

**Guidance from the CDC and Virginia Department of Education on the topic of reopening schools includes:**

- **Students benefit from in-person learning.** Safely returning to and maintaining in-person instruction during the 2021-22 school year are a priority.
- **Put education first.** Prioritize educational opportunities over athletics, extracurricular activities, or other events in the school and surrounding community. Establish reasonably safe in-person educational environments and then consider including extracurriculars and athletics.
- **Focus on prevention.**
  - Promoting vaccination
  - Consistent and correct use of masks
  - Physical distancing
  - Ventilation
  - Handwashing and respiratory etiquette
  - Cleaning and maintaining healthy facilities
  - Staying home when sick and getting tested
  - Contact tracing in combination with isolation and quarantine.
  - NPS is currently partnering with the Virginia Department of Health in exploring the idea of using screening tests in a pilot program that could be expanded further.
- **Consider community needs.** School divisions have been asked to consider disease and vaccination trends and also understand the socioeconomic factors, literacy barriers, and other educational needs in the community when developing plans.
- **Be flexible and innovative.** Scientific knowledge evolves rapidly, and local context is incredibly important. Community transmission and the level of impact to a given school can change and the combination of prevention strategies may evolve with time.

**Steps to guide decision-making about prevention strategies and school operations:**

1. Evaluate the level of community disease transmission
2. Understand community level vaccination coverage
3. Consider the level of impact to a school
4. Understand community and school capacity and needs
5. Determine and implement a layered approach with multiple prevention strategies

**Criteria that should be considered when looking at local health conditions**

Criteria to consider	Level of School Impact*		
	Low	Medium	High
Transmission within school	Zero or sporadic cases with no evidence of transmission in school	Two outbreaks within a short time period or sporadic outbreaks in school. Size of outbreaks remains small.	Several outbreaks in school within short time period; size of outbreaks is large or scope of outbreaks is significant (e.g. multiple classrooms or grade levels are impacted).
Student absenteeism	At baseline/Low	Slightly above baseline	High
Staff Capacity**	Normal	Strained	Critical

**Will the health mitigation strategies vary from the Phase Guidance in any major ways? If so, how? (e.g., no physical distancing on buses; athletic competitions; etc.)**

No – Norfolk Public Schools will operate consistently with current CDC guidance to the degree possible. Guidance from CDC includes the following strategies.

- Due to the circulating and highly contagious Delta variant, CDC recommends universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.
- In addition to universal indoor masking, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms to reduce transmission risk.
- When it is not possible to maintain a physical distance of at least 3 feet, it is especially important to layer multiple other prevention strategies.
- Ventilation, handwashing, and respiratory etiquette, staying home when sick and getting tested, contact tracing, in combination with quarantine and isolation, and cleaning and disinfection are also important layers of prevention to keep schools safe.
- Students, teachers, and staff should stay home when they have signs of any infectious illness and be referred to their healthcare provider for testing and care.
- Schools serve children under the age of 12 who are not eligible for vaccination currently. Therefore, this guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together consistently) to protect students, teachers, staff, visitors, and other members of their households and support in-person learning.
- Localities should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies (e.g., physical distancing, screening testing).

- NPS is currently collaborating with VDH to develop a screening testing program that will be piloted with the athletics department.

## **Planning to Re-open for the 2021-2022 Academic Year**

**Establish a COVID-19 team within the school division and a point person at each school facility. Provide names of staff and contact information.**

### **Division-Wide COVID-19 Team**

- Superintendent - Dr. Sharon I. Byrdsong (757-628-3830)
- Chief Schools Officer - Dr. Lynnell Gibson (757-628-3989)
- Chief Academic Officer - Dr. James Pohl (757-628-3462)
- Chief Operations Officer - Mr. Richard Fraley (757-628-3385)
- Chief Instruction and Instructional Technology Officer - Dr. Michael Cataldo (757-406-8042)
- Chief Human Resources Officer - Mr. Dandridge Billups (757-628-3905)
- Executive Director, Secondary Schools and Programs - Dr. Barbara Kimzey (757-628-3989)
- Executive Director, Elementary Schools (Cluster 1) - Dr. D. Jean Jones (757-628-3989)
- Executive Director, Elementary Schools (Cluster 2) - Dr. Dorethea White (757-628-3989)
- Senior Director, Student Support Services – Mrs. Carol Hamlin (757-638-3931)
- Director, Transportation – Mr. Robert Clinebell (757-892-3320)
- Senior Director, Facilities Management and Custodial Services - Mr. Daniel Johnson (628-3385)
- Senior Director, Student Wellness - Dr. Dennis Moore (757-628-3931)
- Senior Director, School Nutrition – Mrs. Lisa Winter (757-628-2760)
- Senior Coordinator, School Guidance and Counseling – Mrs. April Harmon (757-628-3818)
- Senior Director, Risk Management - Alisha Boring (757) 628-3856
- Community Engagement Coordinator, Communications and Media Relations - LaEunice Brown (757-708-8535)
- Nursing Supervisor - Mrs. Shelley Lewis (757-837-8226)
- Senior Coordinator, Athletics – Mr. Stephen Suttmiller (757-628-3477)
- Physician, Ghent Family Practice - Dr. Rock Varner
- Athletic Trainer, Lake Taylor High School - Ms. Allison Gardiner



### **School Covid-19 On-Site Teams**

- Principal - will act as point person at each school facility for the Principal/Site Coordinator List and Contact Information.

**Know the contact information and procedures for reaching the local health department.**

### **Norfolk Public Health Department – (NPHD)**

- Phone number: (757) 683-2800
- Address: 830 Southampton Avenue, Norfolk, VA 23510

### **NPHD Contacts**

- Ms. Delores Paulding - Nurse Manager (757) 683-2788
- Ms. Michelle Burnette - Epidemiologist (757) 683-8384
- Mr. Nelson Delacruz - Epidemiologist (757) 683-2789

**As concerns related to COVID-19 arise, the following NPS employees will be the primary contacts for sending and receiving communication to and from the Norfolk Public Department of Health.**

- Mrs. Shelley Lewis, NPS Nursing Supervisor (757-837-8226)
- Dr. Dennis Moore, Senior Director, Student Wellness (757-617-9045)

**Plan for health and absenteeism monitoring/approaches. Provide the mechanism/program/process for tracking attendance and interventions, when necessary.**

- Norfolk Public Schools staff will follow existing policies and practices in place to address student attendance and truancy. Parents will be contacted to inquire about absences, and documentation to support absences will be logged in.
- Absences related to COVID-19 infection will be shared with representatives from Norfolk Public Health Department when appropriate.
- Student illness rates and types of symptoms will be monitored as COVID-19 infection can look different in children than it does with adults.

## **A Communications Strategy**

**Orientation and training for staff and students specific to new COVID-19 mitigation strategies have been developed in alignment with CDC guidelines.**

### **Plans for communication with staff, parents, and students of new policies**

- The Norfolk Public School Division has developed a Coronavirus Update Page that provides consistent messaging related to COVID-19 topics. The update page

contains newsletters and other materials related to resources available, mitigation strategies, and communication from the Superintendent's Office. A hyperlink to the page is provided here: <https://www.npsk12.com/Page/15803>

- Orientation and training for students and staff specific to new COVID-19 mitigation strategies will occur as school re-opens to students and staff as part of the school re-opening plan.
- Norfolk Public Schools COVID-19 policies and mitigation strategies will be reviewed with all staff during mandatory training and professional development sessions which will occur prior to students returning to the school buildings.

**Plans for how to communicate an outbreak or positive cases detected at the school**

- The Media and Communications Department will lead district efforts when responding to media inquiries and public dissemination of district messages.
- All parties involved in the communication of outbreak information will follow laws and policies associated with privacy concerns.

**Describe the division or school's participation in community response efforts.**

- Community response efforts will be determined by the Norfolk Public Schools COVID-19 team in alignment with local and state guidelines.
- Community response efforts will be communicated to school staff, students/families, and the community by the Communications and Community Engagement Department. The need for community messaging will be determined by the Communications and Community Engagement Department in consultation with the City of Norfolk Communications Director and the Norfolk Health Department. The Communications and Community Engagement Department will be responsible for subsequent message development and distribution to school staff, students, families, the community, and the media.

**Prepare Your Division's Student Health Services. Are You Doing the Following?**

**Assure provision of medical-grade PPE for health services staff**

The following supplies will be provided for COVID-19 mitigation:

- Soap, water, trash cans, paper towels, hand sanitizer, gloves, table paper, masks, gowns, safety goggles, face shields, germ shields, and non-touch thermometers.
- Ensure staff are properly trained on the use of PPE (donning and doffing).

### **Assure and maintain typical (non-COVID-19) health services**

- The NPS School Nursing Model includes providing the services of a registered nurse in each school building. That model will be maintained in the current budget cycle as we address concerns associated with pandemic concerns.
- Student health services will be provided in a manner consistent with best practices from local and state guidelines.
- All school nurses, athletic training staff, and other medical personnel will be trained in COVID-19 recognition and management strategies, including contact tracing.
- The division will participate in the establishment of a community resource guide.
- The school health leadership team will participate in VDOE and Virginia Association of School Nursing webinars to keep up to date on best practices associated with COVID-19 response.
- Buildings will have access to the following on-campus medical supports and potential referral opportunities for providing appropriate health care for staff members and students.
  - School nurse
  - Multiple designees in each building should be trained in medication administration (pills and inhalers) to provide support in the absence of a school nurse.
  - Athletic trainer (high school and select middle schools only)
  - Private duty nurses are available in some schools to serve individuals with complex medical needs.
- Health benefits are available to all full-time, contracted staff members to include health, dental, and vision offerings.
- Referrals to medical services can be made on an as needed basis. Referrals can be made, but are not limited to, the following groups, with which Norfolk Public Schools has created community partnerships:
  - Atlantic Orthopedic Specialists
  - Children’s Hospital of the King’s Daughters
  - Eastern Virginia Medical School
  - Ghent Family Medicine
  - Sentara Healthcare
  - Velocity Urgent Care Centers
  - Norfolk Community Services Board

**Describe how you will assure the maintenance of routine mental health services.**

- For the provision of mental health services, the Departments of Student Support Services, Student Wellness, and School Counseling will be available to provide mental health support.
- When mental health service needs rise above what can be provided by the schools, an employee may seek services provided through the employee assistance referral process (e.g., EAP, COMP PSYCH) to access services through appropriate community agencies.

## **Promoting Behaviors That Reduce Spread of COVID-19**

**NPS is actively promoting the following mitigation strategies:**

1. Promoting vaccination
2. Consistent and correct use of masks
3. Physical distancing
4. Ventilation
5. Handwashing and respiratory etiquette
6. Cleaning and maintaining healthy facilities
7. Staying home when sick and getting tested
8. Contact tracing in combination with isolation and quarantine.
9. NPS is currently partnering with the Virginia Department of Health in exploring the idea of using screening tests in a pilot program that could be expanded further.

Posters that promote hand hygiene, respiratory etiquette, athletics, use of cloth face coverings, staying home when sick, quarantine vs. isolation, and encouraging physical distancing have been sent to all schools for display.

**NPS will maintain adequate supplies to promote healthy hygiene.**

1. Each school facility will acquire appropriate supplies to suit the student/staff population at that facility prior to opening.
2. Hand sanitizer stations that contain at least 60% alcohol will be located in multiple targeted areas within each school facility, particularly in high traffic areas, to promote healthy hygiene.
3. PPE that provides greater levels of protection will be offered to those at increased risk, such as those that are advanced in age or those with comorbid conditions.
4. Face shields will be provided to those whose job tasks require close contact with students and cannot maintain social distance (school psychologists, speech language pathologists, teachers of students with multiple disabilities). The face shield supplements the face mask. It does not replace it.

5. Face shields will be provided in high volume office spaces that provide support to internal and external customers (main offices in school buildings, CAB department front desks).
6. Nurses and athletic trainers are professional healthcare workers that risk regular exposure to students and staff that could be positive for COVID-19 infection.
7. Depending on the job tasks and needs of staff members, employees will receive cotton masks, surgical masks, gowns, face shields, gloves, and safety shields.
8. Nurses and athletic trainers should be treated as health care workers and properly equipped with appropriate PPE.
9. NPS will follow layered mitigation strategies to contain and reduce infection and transmission.

**Provide signs and messaging to promote healthy hygiene.**

1. Floor tape, signs, and wall markers will be used to mark separation for appropriate social distancing in places where lines will form.
2. Posters have been printed by the NPS Print Shop on a variety of topics associated with Coronavirus and COVID-19 mitigations strategies.

**Promote physical distancing. Explain how you will promote physical distancing, including the following:**

- School staff will modify layouts of classrooms, communal areas, and buses to ensure social distancing is maintained (6 feet is preferred – 3 feet is required).

## **Maintaining Healthy Environments and Operations**

**Plan for health monitoring of staff and students. Your plan should address the following:**

**(1) Will health screenings of students or staff take place? (2) If so, when, where, and by whom?**

**Students and staff will monitor their own health prior to reporting to the school building or any Norfolk Public Schools sponsored event/activity.**

- All students and staff members must self-monitor for symptoms related to COVID-19 infection. If any signs or symptoms of infection are present, the individual must not report to school. If symptoms arise while at school, the individual will be sent home and referred to a healthcare provider. The questionnaire (see below) should guide staff decisions about the infection status.

**Daily COVID-19 Pre-Screening self-questionnaire questions will include:**

- Are you currently ill or caring for someone who is ill? (YES / NO)
- Do you have any of the following? (YES / NO)



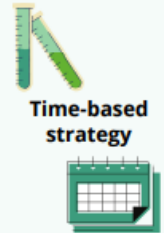
- Fever or feeling feverish
- Chills
- Sweating
- Shortness of breath
- Cough
- Fatigue
- New loss of taste or smell
- Diarrhea
- Sore throat
- Nausea or vomiting
- Muscle or body aches
- Headache
- Rash

**Who needs to quarantine?**

- An individual that has tested positive.
- Unvaccinated individuals that have been significantly exposed to a positive individual

**Protocol for Return**

The following protocol is adopted from the current CDC and VDH recommendations:

 <b>WHEN IT IS SAFE TO BE AROUND OTHERS: ENDING ISOLATION IN NON-HEALTHCARE SETTINGS</b>	
For persons with confirmed or suspected COVID-19 to know when they are likely no longer contagious:	
 <p><b>Symptom-based strategy</b></p>	<p><b>If you had COVID-19 symptoms</b> and were directed to care for yourself at home, you can leave your "sick room" and home after these 3 things have happened:</p> <ul style="list-style-type: none"> <li>✓ At least 10 days have passed since symptoms first appeared, <b>and</b></li> <li>✓ At least 24 hours with no fever without fever-reducing medication, <b>and</b></li> <li>✓ Other symptoms have improved.*</li> </ul> <p><small>*Note that loss of taste or smell might persist for weeks or months and this should not delay the end of isolation</small></p>
 <p><b>Time-based strategy</b></p>	<p><b>If you tested positive for COVID-19 and never had <u>any</u> symptoms</b> and were directed to care for yourself at home, you can leave your "sick room" and home if:</p> <ul style="list-style-type: none"> <li>✓ At least 10 days have passed since the date of your first positive COVID-19 diagnostic test, <b>and</b></li> <li>✓ You continue to have no symptoms since the test.</li> </ul>
<p>Persons with COVID-19 who have <a href="#">severe to critical illness</a> or who are <a href="#">severely immunocompromised</a> might need to stay home longer than 10 days. These persons can consider using a test-based strategy to discontinue isolation, in consultation with an infectious disease expert.</p>	

1.

## How may individuals return to work?

### Vaccinated Individuals


- That that are fully vaccinated may return to work if they have not tested positive and have no symptoms of Covid-19 infection.
- While vaccinated individuals typically have no symptoms or slight symptoms associated with COVID-19 infection, they are still fully capable of spreading the COVID-19 virus to others.
- Vaccinated people with so-called breakthrough infections of the Delta variant carry just as much virus in the nose and throat as unvaccinated people and may spread it just as readily.
- Fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 should be tested 3-5 days after exposure, regardless of whether they have symptoms.

### Symptomatic individuals (vaccinated or unvaccinated)

- Tested individuals – Return 10 days from positive test as long as they have no fever/symptoms for the last 24 hours of their quarantine

- Not tested individuals – Return 14 days from significant exposure as long as they have no fever/symptoms for the last 24 hours of their quarantine

### Who does not have to quarantine?



**WHO IS NOT REQUIRED TO QUARANTINE AFTER EXPOSURE**

People who:

- Have had COVID-19 within the past 3 months as long as they do not have new symptoms.
- Have been fully vaccinated for COVID-19 as long as they have no symptoms and are not inpatients or residents of a healthcare setting. Healthcare settings include hospitals and long-term care facilities (e.g., nursing homes, assisted living facilities). They should still get tested 3-5 days after exposure and wear a mask in indoor public settings for 14 days or until their test is negative.
  - Fully vaccinated means 7 weeks or more have passed since receipt of the second dose in a 2-dose series, or 2 weeks or more have passed since receipt of 1 dose of a single-dose vaccine.
  - If you have a condition or are taking medications that weaken your immune system, you may **not** be fully protected even if you are fully vaccinated. Continue to take all [precautions](#) for unvaccinated people until advised otherwise by your healthcare provider.

**People who are not required to quarantine after exposure must still watch for COVID-19 symptoms for 14 days. People who are not fully vaccinated should follow all other recommendations until fully vaccinated (mask, distance, avoid crowds and poorly ventilated areas, wash hands often).**

### What counts as fully vaccinated?

- 2 weeks after all the required shots in a vaccine series have been completed
  - Moderna – 2 shot vaccination series with 28 days in between first and second dose
  - Pfizer – 2 shot vaccination series with 21 days in between first and second dose
  - Johnson and Johnson - 1 shot vaccine

### Hygiene Practices: Are you Promoting the Following Hygiene Practices? (Y/N)

#### Create cleaning and disinfection protocols.

Yes. The protocol for cleaning and disinfecting school and administrative buildings includes identifying and cleaning frequently touched surfaces, procedures for the required cleaning of transport vehicles prior to picking up students and in between runs if the bus or vehicle will be used to make multiple runs, circumstances that would require emergency cleaning (positive cases), weekly inventories to ensure that adequate quantities of cleaning supplies are available, and the correct use and storage of cleaning materials. The inventory of cleaning supplies will be monitored by the building manager at each facility. The ordering of needed supplies will also be coordinated by the building manager at each facility. The following supplies will be provided for COVID-19 mitigation: cleaning sprays, sprayers, soap, water, paper towels, hand sanitizer, trash cans, gloves, and masks.



**Provided additional hand sanitizer/handwashing stations.**

Yes. The district has purchased a sizable amount of hand sanitizer stations so that each building will have additional units in the building. The units will be placed in high traffic areas such as the front office, locker rooms, and building entrances.

**Ensure adequate supplies to minimize sharing to the extent possible (e.g., dedicated student supplies, lab equipment, computers, etc.).**

Yes. Sharing of all supplies will be discouraged. Students, including student athletes, whenever possible considering the circumstances, will be required to utilize designated supplies and equipment and are not to share supplies or equipment with other individuals. Care should be taken to ensure that shared items have been cleaned appropriately.

**Have you ensured ventilation systems operate properly and increase circulation of outdoor air as much as possible?**

Yes. Ventilation systems have been inspected by the Facilities Management Team at each school building. Proper operation and functioning of ventilation systems will need to be monitored continuously as the school year progresses.

Circulation of outdoor air will be increased to the extent possible. When possible, outdoor activities and events will be encouraged in place of indoor activities.

Air purifiers have been purchased for each school nursing office and isolation room.

Humidifying sanitizers have been purchased for areas that have limited ventilation capacity.

**Have you ensured that water systems are safe to use after a prolonged facility shutdown? Please include water fountains as part of your considerations.**

Yes. Water systems and features have been inspected and reviewed for proper functioning by the Facilities Management team. Any malfunctions will be repaired and/or replaced prior to return. Water features that cannot be repaired appropriately will be taken off-line and proper signage. Proper operation and functioning will be continually monitored thereafter. The use of water fountains for drinking by students and staff is not permitted.

**Do your plans for gatherings, field trips, and volunteer restrictions align with the State Health Commissioner's Public Health Order currently in effect?**

Yes. Gatherings and field trips, including athletics events and travel, will take place only when appropriate physical distancing and other COVID-19 mitigation strategies can be reasonably enforced. NPS practices are consistent with best practices provided by the VDOE, VDH, CDC, and the State Health Commissioner's Public Health Order that is currently in effect.

When schools are initially implementing their return to school plans, the use of volunteers will be extremely limited.

When it is appropriate to use volunteers, they will be required to undergo the same screening protocols and assessment strategies that all staff and students participate in.

Volunteers that have tested positive for COVID-19, exhibit signs/symptoms of COVID-19 infection, or have had significant contact with a sick individual, should not be interacting with NPS students or staff.

Building volunteers, to the degree possible, should limit their interactions to only those that are NPS students or staff members. Volunteers should be limited to working only with the groups that they are assigned to.

Schools should review their rules for visitors and family engagement activities.

Schools should limit nonessential visitors, volunteers, and activities involving external groups or organizations, particularly in areas where there is moderate-to-high COVID-19 community transmission.

Schools should not limit access for direct service providers, but should ensure their compliance with school visitor policies.

Schools should continue to emphasize the importance of staying home when sick. Anyone, including visitors, who have symptoms of infectious illness, such as flu or COVID-19, should stay home and seek testing and care, regardless of vaccination status.

**Have you trained back-up staff to ensure continuity of operations? Please consider both instructional and support positions.**

Yes. All current staff members will be trained in COVID-19 mitigation efforts. If a staff member falls ill or is unable to complete their duties due to suspected or confirmed illness with COVID-19, the designated individual (principal) at each school facility will assign roles to staff members who have undergone the necessary

training and requirements to fill that role temporarily or permanently as needed. Any person hired to fill an open position will be required to complete NPS provided training/education on the topic of COVID-19 information and mitigation efforts.

Multiple medication administration designees will be mandated to be trained at each school facility. Administrators (principal and assistant principals) are required to receive medication administration training. They will also designate three to four others to receive the training. The VDOE provides guidance on who may and who may not refuse training.

Isolation room protocols and procedures are currently in effect and require the use of a team of trained and vaccinated individuals to limit the amount of exposure that one person may experience when working with potentially COVID-19 positive students and staff members.

## **Protecting Vulnerable Individuals (e.g., 65+, Underlying Health Conditions)**

**What policy options have you created to support those students and staff at higher risk for severe illness to limit their exposure risk (e.g., telework, modified job duties, virtual learning opportunities)?**

The telework option will continue only for those that qualify under Human Resources guidelines. Employees have been asked to return to their work locations to either provide in person instruction or support in person instruction. Employees are currently expected to report to their work locations. All requests for alternative work schedules or locations must be reviewed and processed by the Human Resources Department. Building and department administrators do not have the authority to provide alternative work schedules/locations. Contact tracers, may, however, direct individuals to stay home as a result of their level of risk associated with COVID-19. That information would be shared with the Department of Human Resources for leave purposes.

Vulnerable students will be provided virtual learning opportunities in place of in-person learning as needed. Students with learning support needs will receive additional interventions and supports as determined by their individual learning plans.

**Describe flexible sick leave policies and practices that enable faculty, staff, and students to stay home or self-isolate when they are sick or have been exposed.**

Employees who must be absent from work due to personal illness or family illness will have benefits applied in accordance with the school division's sick leave policies for COVID-19 in place at the time of the absence.

**Describe your Policies for Return to Class/Work After COVID-19 Illness.**

**For Anyone Who Has Been Around a Person with COVID-19**

Unvaccinated individuals who have had close contact with someone with COVID-19 should stay home for 14 days after their last exposure to that person.

*However, those who have had close contact with someone with COVID-19 and meet the following criteria does NOT need to stay home:*

Someone who has been fully vaccinated and shows no symptoms of COVID-19. However, fully vaccinated people should get tested 3-5 days after their exposure, even they don't have symptoms and wear a mask indoors in public for 14 days following exposure or until their test result is negative.

Or

Someone who has COVID-19 illness within the previous 3 months and Has recovered and remains without COVID-19 symptoms (for example, cough, shortness of breath)

**For those that were positive for COVID-19 but had no symptoms**

You can be around others after:

10 days since their positive test and 24 hours with no fever without the use of fever-reducing medications and other symptoms of COVID-19 are improving\*

\*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

**For those severely ill with COVID-19 or have a weakened immune system (immunocompromised) caused by a health condition or medication.**

People who are severely ill with COVID-19 might need to stay home longer than 10 days and up to 20 days after symptoms first appeared. People with weakened immune systems may require testing and advice from their physician to determine when they can be around others.

**Fully vaccinated people with COVID-19 symptoms**

Although the risk that fully vaccinated people could become infected with COVID-19 is low, any fully vaccinated person who experiences symptoms consistent with COVID-19 should isolate themselves from others, be clinically evaluated for COVID-19, and tested. The symptomatic fully vaccinated person should inform their healthcare provider of their vaccination status at the time of presentation to care.

**Fully vaccinated people with no COVID-like symptoms following an exposure to someone with suspected or confirmed COVID-19**

Fully vaccinated people who have come into close contact with someone with COVID-19 should be tested 3-5 days following the date of their exposure and wear a mask in public indoor settings for 14 days or until they receive a negative test result. They should isolate if they test positive. Fully vaccinated people who live in a household with someone who is immunosuppressed, at increased risk of severe disease, or unvaccinated (including children <12 years of age) could also consider masking at home for 14 days following a known exposure or until they receive a negative test result. Most fully vaccinated people with no COVID-like symptoms do not need to quarantine or be restricted from work following an exposure to someone with suspected or confirmed COVID-19, if they follow the testing and masking recommendation above.

Fully vaccinated people should monitor for symptoms of COVID-19 for 14 days following an exposure.

**Who needs to quarantine?**

An individual that has tested positive.

Unvaccinated individuals that have been significantly exposed to a positive individual

**Symptomatic individuals (vaccinated or unvaccinated)**

Tested individuals – May return 10 days from positive test with no fever/symptoms for final 24 hours

Not tested individuals – May return 14 days from exposure with no fever/symptoms for final 24 hours

### What counts as a close contact?

**If you had close contact with a person who has COVID-19 while they were contagious\*, get tested, watch for symptoms, and follow all recommendations (e.g., wear a mask, watch your distance, and wash your hands often) for 14 days after last exposure.**

**Close contact includes:**

- Being within 6 feet of a person who has COVID-19 for a total of 15 minutes or more over a 24-hour period, or
- Having exposure to respiratory secretions (e.g., being coughed or sneezed on; sharing a drinking glass or utensils; kissing) from a person who has COVID-19, or
- Living with or providing care for a person who has COVID-19

**Exception:** In K-12 settings, a student who is within 3 to 6 feet of an infected student is not considered a close contact as long as both the infected student and the exposed student correctly and consistently wore well-fitting masks the entire time.

*\* A person with COVID-19 is considered to be contagious starting from 2 days before they became sick (or 2 days before test specimen collection if they never had symptoms) until they meet the criteria to discontinue isolation.*

### What does it mean to be fully vaccinated?

- Fully vaccinated 2 weeks after all the required shots in a vaccine series have been completed
- Moderna – 2 shot vaccination series with 28 days in between first and second dose
- Pfizer – 2 shot vaccination series with 21 days in between first and second dose
- Johnson and Johnson - 1 shot vaccine

## Preparing for When Someone Gets Sick

Please describe how your plan addresses the following:

**Separate and isolate those who present with symptoms.**

### Isolation Room Guidance

Collaborative efforts have been undertaken to develop a guidance document that addresses concerns regarding the use and staffing of the isolation room in instances where students or employees present with symptoms that could be associated with COVID-19. Collaborators included nurses, nursing team leaders, principals, and central administrators, who were charged with working out a plan that was agreeable to all parties. An overview of the plan is below.

- Each school is unique; therefore, principals/administrative designee(s) will ensure collaboration among all staff affected, including the nurse, other staff who are designees, and administrators to create a workable plan for the

school. The principal will establish a COVID-19 Response Team (CRT) that includes the principal, assistant principals, school nurse(s), and at least 4/5 designees (possibly school data specialist, office manager, office secretary, support staff, athletic director, paraprofessional, ISS monitor). The school nurse will provide training for the COVID-19 Response Team (CRT) and submit a list of the CRT to the Senior Director of Student Wellness.

- This training will include
  - administration of medication;
  - understanding and implementing layered mitigation strategies;
  - appropriate donning and doffing of PPE;
  - how to use an air purifier; and
- Designees assigned to work in the isolation room must have been fully vaccinated (having completed required doses with a post two-week period having passed).
- Initial assessment of whether a student should be isolated will be made by the nurse/or staff member who is serving as the designee in the absence of the nurse. The nurse will then communicate with the principal the need to activate the isolation room protocol, when applicable.
- If the school nurse cannot stay with the student in the isolation room due to skilled nurse specific duties required of other students, the school nurse will inform the principal so that the designee can stay with the student in the isolation room.
- When the isolation room needs to be staffed for longer than 30 minutes, switching staff members is recommended. Whenever the isolation room is activated, the nurse should notify the alternate staff members who will serve in the isolation room that they may be called upon to cover the isolation room. The duration of each staff member's rotation in the isolation room will not exceed 60 minutes. As each new staff member rotates into the isolation room, the next staff member on the CRT will be notified that he/she will be next to staff the room.
- The principal/administrative designee will be kept informed of when students in the isolation room are picked up or have not been picked up. The principal will implement appropriate measures regarding the individual situation in cases where immediate student pick-up does not occur.
- If applicable, isolation rooms may be equipped with partitions (clear shower curtains are a suggestion) to provide additional separation between students in the room. Six feet social distancing must be maintained for any/all students and staff in this room.
- Staff who serve as 1:1 attendant for students with disabilities must accompany their assigned student into the isolation room if that student needs to be

isolated. The paraprofessional will put on the appropriate PPE to be in the isolation room. The paraprofessional must remain with the student until the student is picked up.

- The principal/administrative designee will identify an appropriate method of communication for use between the isolation room and other staff. This may be by phone or radio, as appropriate for the school.

Isolation Cart – located right outside the isolation room or in an area where the designees can easily access isolation room instructions and PPE

Isolation PPE located on the isolation cart should include:

Gloves, gown, KN95 mask, surgical mask, face shield or goggles

**Facilitate safe transportation of those of who are sick to home or healthcare facility.**

- If an individual is unable to drive home, or they do not have a vehicle on site, the infected individual must be isolated while they wait for their ride home or to the doctor.
- Students will not be able to self-transport. A parent/guardian or someone authorized to pick up the student must pick up the student.
- Any individual presenting with emergency signs/symptoms of COVID-19 (e.g., acute respiratory distress) will receive emergency treatment and care.
- In case of a medical emergency, 911 will be called to address the needs of the sick individual.
- The sick individual's emergency contact will be notified immediately to notify them of the COVID-19 infection concerns.
- The designated crisis plan at each school facility will be utilized, and the individual will be transported to the nearest emergency department via ambulance.

**Implement cleaning and disinfection procedures of areas used by sick individuals.**

- Specific areas of the school building will be closed for deep cleaning. Daily deep cleaning and sanitizing of school buildings will take place to increase the safety of students and staff.
- When a positive case is identified, school buildings may be closed for additional deep cleaning and disinfection to ensure any areas used by sick/exposed individuals are sanitized. The Chief Schools Officer may notify the building principal to close the building and notify all staff of the reason for closing.
- Notices issued will protect the confidentiality of any staff and/or students.
- Once the building has been sanitized, the principal will receive notice so that the principal will be able to announce the building's re-opening.



- The Central Administration Building and other administrative locations will have areas closed for deep cleaning and disinfection to ensure any areas used by sick/exposed individuals are sanitized.
- The Chief Schools Officer will notify the area administrator to close the designated area and notify all staff of the reason for closing.
- Notices issued will protect the confidentiality of any staff and/or students.
- Once the area has been sanitized, the administrator will receive notice to announce the area's re-opening.
- When a building or area must be sanitized and disinfected (above and beyond the normal schedule), the Chief Operations Officer will coordinate the process and notify the Chief Schools Officer when the process has been completed.

**Develop a communications plan with local health department to initiate public health investigation, contact tracing, and consultation on next steps.**

- Once home, the infected person will be called by phone to determine who they have been in contact with for the few days prior to infection symptoms.
- Information gathered will be used to do appropriate contact tracing if it is deemed to be necessary.
- The administrator managing the incident will fill out the *Communication Overview – Potential COVID-19 Exposure Checklist Form* with basic information related to the concern and email the form to Health\_Incident\_Report@nps.k12.va.us.
- A Department of School Wellness administrator (Dennis Moore 757-617-9045) or (Shelley Lewis 757-837-8226) should be contacted for further guidance if needed.
- The nurse at each individual school will be notified and asked to initiate the contact tracing protocol.
- *The NPS Covid-19 Risk Assessment Form* will be completed by the contact tracer. This document will be maintained for future reference after completion. *The NPS Covid-19 Risk Assessment Form* will be completed in all potential cases as it helps to determine levels of risk and aids in informing the decision-making process. The form will be located on the District Share Drive for easy access.
- Staff members impacted by COVID-19 should follow the advice of their physician.
- Parents will be informed to follow the advice of their child's physician in caring for those that have been impacted.
- Staff members and students that test positive or are strongly suspected of being infected with COVID-19 will be quarantined away from school.

**Planning to Close Down, if Necessary, Due to Severe Conditions. Please Describe Which if any Conditions Will Trigger:**

**A reduction in in-person classes; A complete school closure; A complete division closure**

Input gathered from various involved parties (potential positive student/staff members, school administrators, contact tracer, representatives from the Superintendent’s Office, the Department of Student Support Services, the Department of Student Wellness, Risk Management, and others as needed), will coordinate with the Norfolk Public Health Department (as needed) to determine which conditions will trigger a reduction of in-person classes, a cancellation of athletics or other student activities, or a complete school closure.

Steps to guide decision-making about prevention strategies and school operations:

1. Evaluate the level of community disease transmission
2. Understand community level vaccination coverage
3. Consider the level of impact to a school
4. Understand community and school capacity and needs
5. Determine and implement a layered approach with multiple prevention strategies

Criteria to consider	Level of School Impact*		
	Low	Medium	High
Transmission within school	Zero or sporadic cases with no evidence of transmission in school	Two outbreaks within a short time period or sporadic outbreaks in school. Size of outbreaks remains small.	Several outbreaks in school within short time period; size of outbreaks is large or scope of outbreaks is significant (e.g multiple classrooms or grade levels are impacted).
Student absenteeism	At baseline/Low	Slightly above baseline	High
Staff Capacity**	Normal	Strained	Critical

**Levels of Community Transmission**

Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	0-9	10-49	50-99	>+100
Percentage of NAATs* that are positive in the past 7 days	<5.0%	5.0%-7.9%	8.0%-9.9%	>-10.0%

A complete school closure may be implemented if it is determined that a potentially infected person has been in the building and significantly exposed other students and staff across a wide cross-section of the school community.

How well mitigation strategies have been followed will also be considered when school closure is being considered.

If the spread of infection can be isolated to a specific area, it may be that only that area will need to be closed.

### **Concluding Themes**

- Students benefit from in-person learning, and safely returning to in-person instruction in the fall 2021 is a priority.
- Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.
- Due to the circulating and highly contagious Delta variant, CDC recommends universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.
- In addition to universal indoor masking, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, it is especially important to layer multiple other prevention strategies, such as screening testing.
- Screening testing, ventilation, handwashing, and respiratory etiquette, staying home when sick and getting tested, contact tracing in combination with quarantine and isolation, and cleaning and disinfection are also important layers of prevention to keep schools safe. NPS is currently collaborating with VDH in exploring the idea of developing a screening testing program that will be piloted with the athletics department.
- Students, teachers, and staff should stay home when they have signs of any infectious illness and be referred to their healthcare provider for testing and care.
- Many schools serve children under the age of 12 who are not eligible for vaccination currently. Therefore, this guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together consistently) to protect students, teachers, staff, visitors, and other members of their households and support in-person learning.
- Localities should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies (e.g., physical distancing, screening testing).

## Appendix A

### Senate Bill 1303

#### CHAPTER 456

*An Act to require each school board to offer in-person instruction to students enrolled in the local school division; exceptions permitted.*

[S 1303]

Approved March 30, 2021

Be it enacted by the General Assembly of Virginia:

**1. § 1. As used in this act:**

*"In-person instruction" means any form of instructional interaction between teachers and students that occurs in person and in real time.*

*"In-person instruction" does not include the act of proctoring remote online learning in a classroom.*

*§ 2. Each school board shall offer in-person instruction to each student enrolled in the local school division in a public elementary and secondary school for at least the minimum number of required instructional hours and to each student enrolled in the local school division in a public school-based early childhood care and education program for the entirety of the instructional time provided pursuant to such program. For the purposes of this act, each school board shall (i) adopt, implement, and, when appropriate, update specific parameters for the provision of in-person instruction and (ii) provide such in-person instruction in a manner in which it adheres, to the maximum extent practicable, to any currently applicable mitigation strategies for early childhood care and education programs and elementary and secondary schools to reduce the transmission of COVID-19 that have been provided by the federal Centers for Disease Control and Prevention.*

**§ 3. Notwithstanding the provisions of § 2 of this act:**

*1. If a local school board determines, in collaboration with the local health department and in strict adherence to "Step 2: Determine the Level of School Impact" in the Department of Health's Interim Guidance to K-12 School Reopening or any similar provision in any successor guidance document published by the Department of Health, that the transmission of COVID-19 within a school building is at a high level, the local school board may provide fully remote virtual instruction or a combination of in-person instruction and remote virtual instruction to the at-risk groups of students indicated as the result of such collaboration or, if needed, the whole student*

*population in the school building, but in each instance only for as long as it is necessary to address and ameliorate the level of transmission of COVID-19 in the school building.*

*2. Any local school board may, for any period during which the Governor's declaration of a state of emergency due to the COVID-19 pandemic is in effect, provide fully remote virtual instruction to any enrolled student upon the request of such student's parent, guardian, or legal custodian.*

*3. Any local school board may permit any teacher who is required to isolate as the result of a COVID-19 infection and any teacher who is required to quarantine as the result of exposure to another individual with a COVID-19 infection to teach from a remote location and in a fully virtual manner for the duration of such period of isolation or quarantine, consistent with the mitigation strategies as set forth in § 2 of this act.*

*4. Any teacher or other school staff member who is permitted to perform any job function from a remote location or in a fully virtual manner as a reasonable accommodation pursuant to Title I of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12111 et seq.) shall be permitted to continue to perform any such job function in such a manner.*

*§ 4. The Department of Education shall establish benchmarks for successful virtual learning and guidelines for providing interventions to students who fail to meet such benchmarks and for transitioning such students back to in-person instruction.*

*§ 5. All teachers and school staff shall be offered access to receive an approved COVID-19 vaccination through their relevant local health district.*

2. That in order to facilitate the implementation of § 3 of the first enactment of this act, the Department of Health shall maintain a guidance document for K-12 school reopening that contains metrics for determining whether transmission of COVID-19 within public school buildings is at a low, medium, or high level.

3. That the provisions of this act shall expire on August 1, 2022.

## Appendix B

### **II. Order: Wearing of face masks while on Conveyances and at transportation hubs**

The Centers for Disease Control and Prevention (CDC) issued an Order on January 29, 2021 requiring the wearing of masks by people on public transportation conveyances or on the premises of transportation hubs to prevent spread of the virus that causes COVID-19. This Order was effective as of 11:59 p.m. February 1, 2021 and was published in the Federal Register on February 3, 2021. CDC will be amending this Order as soon as practicable, to not require that people wear masks while outdoors on conveyances or while outdoors on the premises of transportation hubs.

On June 10, 2021, CDC announced that, until it can amend the January 29, 2021, Order, it will exercise its enforcement discretion regarding certain aspects of the Order to not require that people wear masks while outdoors on conveyances or while outdoors on the premises of transportation hubs. CDC requests that Federal partners and any cooperating state and local entities exercise similar enforcement discretion. This announcement does not affect any existing exemptions or exclusions of the Order. Subject to how other federal partners and state and local entities define “outdoors,” CDC understands “outdoors” to refer to any open-air area.

Conveyance operators must continue to require all people onboard to wear masks when boarding and disembarking, and for the duration of travel, unless they are located in outdoor areas of the conveyance (if such outdoor areas exist on the conveyance). Operators of transportation hubs must require all persons to wear a mask when entering or while located in the indoor premises of a transportation hub.

All passengers on public conveyances (e.g., airplanes, ships\*, ferries, trains, subways, buses, taxis, ride-shares) traveling into, within, or out of the United States (including U.S. territories) as well as conveyance operators (e.g., crew, drivers, conductors, and other workers involved in the operation of conveyances), regardless of their vaccination status, are required to wear a mask over their nose and mouth. Unless otherwise required by the operator, or federal, State, tribal, territorial, or local government, people are not required to wear a mask when located in outdoor areas of a conveyance (if such outdoor areas exist on the conveyance).

All people, including workers and members of the public, regardless of their vaccination status, are required to wear a mask while entering or when located in the indoor areas of transportation hubs (e.g., airports, bus or ferry terminals, train or subway stations, seaports, ports of entry) in the United States and U.S. territories. Unless otherwise required by the operator, or federal, State, tribal, territorial, or local government, people are not required to wear a mask when located in outdoor areas of a transportation hub.

While people are no longer required to wear a mask outdoors on conveyances or outdoors at transportation hubs, CDC continues to recommend people who are not fully vaccinated wear a mask in these areas to protect themselves and others. In areas with high numbers of COVID-19 cases, fully vaccinated people should consider wearing a mask in crowded outdoor settings and for activities with close contact with others who are not fully vaccinated.

\*CDC also plans to amend the January 29, 2021, Order, as soon as practicable, to grant cruise ship operators subject to the Conditional Sailing Order with greater flexibility regarding how mask requirements are implemented on board cruise ships. Until it can amend the Order, CDC will exercise enforcement discretion regarding mask requirements applicable to operators of, and crew and passengers on board, such cruise ships and will view cruise ship operators as in compliance with the January 29, 2021, Order provided the operators continue to follow the requirements of any technical instructions and the operations manual available on the Cruise Ship Guidance webpage.

This Order is effective as of February 2, 2021 and was published in the Federal Register on February 3, 2021.

For frequently asked questions, visit the [FAQs](#).

**The following are attributes of masks needed to fulfill the requirements of the Order. CDC will update this guidance as needed.**

- A properly worn mask completely covers the nose and mouth.
- Cloth masks should be made with two or more layers of a breathable fabric that is tightly woven (i.e., fabrics that do not let light pass through when held up to a light source).
- Mask should be secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they should have two layers of fabric or be folded to make two layers.
- Mask should fit snugly but comfortably against the side of the face.
- Mask should be a solid piece of material without slits, exhalation valves, or punctures.

**The following attributes are additionally acceptable as long as masks meet the requirements above.**

- Masks can be either manufactured or homemade.
- Masks can be reusable or disposable.
- Masks can have inner filter pockets.
- Clear masks or cloth masks with a clear plastic panel may be used to facilitate communication with people who are hearing impaired or others who need to see a speaker's mouth to understand speech.
- Medical masks and N-95 respirators fulfill the requirements of the Order.

**The following do not fulfill the requirements of the Order.**

- Masks worn in a way that does not cover both the mouth and nose
- Face shields or goggles (face shields or goggles may be worn to supplement a mask that meets above required attributes)
- Scarves, ski masks, balaclavas, or bandannas
- Shirt or sweater collars (e.g., turtleneck collars) pulled up over the mouth and nose.
- Masks made from loosely woven fabric or that are knitted, i.e., fabrics that let light pass through

- Masks made from materials that are hard to breathe through (such as vinyl, plastic, or leather)
- Masks containing slits, exhalation valves, or punctures
- Masks that do not fit properly (large gaps, too loose or too tight)

Additional guidance on the use of masks to slow the spread of COVID-19 is available on CDC’s website.

#### **A. Disability Exemptions of the Order**

**Who is covered by the exemption for “a person with a disability who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the Americans with Disabilities Act (ADA, 42 U.S.C. 12101 *et seq.*)”?**

Most people, including those with disabilities, can tolerate and safely wear a mask and are required to wear one as per CDC’s Order. However, certain people with disabilities who, because of their disability, cannot wear a mask, or cannot safely wear a mask, are exempted from CDC’s mask-wearing requirement.

The exemption is not meant to cover people with disabilities for whom wearing a mask might only be difficult or whose disability does not prevent them from wearing a mask or wearing a mask safely.

The following narrow subset of persons with disabilities are exempt from CDC’s requirement to wear a mask:

- A person with a disability who, for reasons related to the disability, would be physically unable to remove a mask without assistance if breathing becomes obstructed. Examples might include a person with impaired motor skills, quadriplegia, or limb restrictions
- A person with an intellectual, developmental, cognitive, or psychiatric disability that affects the person’s ability to understand the need to remove a mask if breathing becomes obstructed

The following persons with disabilities might be exempt from CDC’s requirement to wear a mask based on factors specific to the person:

- A person with a disability who cannot wear a mask because it would cause the person to be unable to breathe or have respiratory distress if a mask were worn over the mouth and nose. A person with a condition that causes intermittent respiratory distress, such as asthma, likely does not qualify for this exemption because people with asthma, or other similar conditions, can generally wear a mask safely.
- A person with a disability requiring the use of an assistive device, such as for mobility or communication, that prevents the person from wearing a mask and wearing or using the assistive device at the same time. If use of the device is intermittent and the person can remove the mask independently to use the device, then a mask must be worn during periods when the person is not using the device.



- A person with a severe sensory disability or a severe mental health disability who would pose an imminent threat of harm to themselves or others if required to wear a mask. Persons who experience discomfort or anxiety while wearing a mask without imminent threat of harm would not qualify for this exemption.

### **How can operators facilitate safer transportation where a passenger is a person with a disability who is exempt from the requirement to wear a mask?**

Operators of conveyances or transportation hubs should consider providing options for additional protective measures that improve the ability of the people who are subject to the exemption to maintain social distance (separation from others by at least 6 feet/2 meters [about 2 arm lengths]). Examples include—

- If travel is pre-scheduled, schedule travel for people who are exempt at less crowded times or on less crowded conveyances.
- Seat or otherwise situate the person in a less crowded section of the conveyance or transportation hub.
- Inform people with disabilities who cannot wear a mask safely that these additional measures might be taken to facilitate safer transportation.

All people should consider the necessity of using public transportation, especially those with disabilities or underlying conditions that may place them at [increased risk for severe illness](#) from COVID-19. Disability alone may not be related to higher risk for getting COVID-19 or having severe illness. Most people with disabilities are not inherently at higher risk for becoming infected with or having severe illness from COVID-19. However, [some people with disabilities](#) might be at a higher risk of infection or severe illness, at least in part because of their underlying medical conditions.

People with disabilities should talk with their healthcare providers if they have questions about their health or how their health conditions are being managed.

While this guidance uses the ADA's definition of disability, it does not address other ADA provisions that may be pertinent to issues involving the use of masks.

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