



School Health and Safety Plan for Return to In-Person Learning

August 2021

BREC's Health and Safety Plan for Return to in-Person Learning has been created to reflect [COVID-19 Guidance for Safe Schools](#) (AAP, July 2021) and [Interim Guidance for COVID-19 Prevention in Virginia PreK-12 Schools](#) (VDOE, August 2021). BREC has worked collaboratively with the Warren County Health Department (WCHD) during the pandemic and will continue to do so. The information contained in the School Health and Safety Plan is subject to any directive issued by the Governor's Office, the Virginia Department of Health, the Virginia Department of Education and any state agency which has authority over local school divisions.

I. Guiding Principles

Success in preventing COVID-19 transmission in school settings begins with and is connected to preventing transmission in communities (VDOE). At any level of community transmission, as long as impact to a school remains favorable, all schools must make in-person instruction available to all students pursuant to Senate Bill 1303, passed during Virginia's 2021 legislative session. Under this new law, schools are permitted to switch from in-person to partial or fully virtual instruction temporarily if COVID-19 transmission levels within the school are deemed to be at a high level. Schools and communities should continue to use a "classroom-first" approach and to promote the well-being of **all** school community members, with a focus on ensuring equitable access to education, minimizing risk of transmission in schools, and protecting in-person learning (AAP) (VDOE).

Continuous communication among Blue Ridge Educational Center (BREC), the Lord Fairfax Health District (LFHD), Warren County Emergency Services, local public school districts and others in the community have created an environment where mitigation strategies have been successful across settings. Current guidance from state and local partners, input from community stakeholders and successful local strategies are all being used to develop BREC's School Health and Safety Plan for the 2021-2022 school year.

II. Promoting Behaviors that Reduce the Spread of COVID-19

BREC's Health and Safety Plan includes multiple prevention strategies on each of the following safety recommendations established by the Centers for Disease Control and Prevention (CDC). Vaccination, masks, and physical distancing should be prioritized. Adherence to appropriate prevent strategies is necessary for the health and safety of BREC's school community. Signs and messaging will be posted throughout the school to promote behaviors that reduce the spread of illness.

Key Prevention Strategies outlined by the Virginia Department of Education:

- Promoting vaccination and immunizations
- Consistent and correct wearing of masks
- Modifying facilities to allow for physical distancing
- Screening testing
- Handwashing and respiratory etiquette
- Cleaning and maintaining healthy facilities, including improving ventilation
- Contact tracing in combination with isolation and quarantine
- Staying home when sick and getting tested
- Appropriate accommodations for children with disabilities with respect to health and safety policies
- Coordination with state and local health officials

III. Vaccination & Immunizations

BREC will work with the Lord Fairfax Health District to distribute adequate and timely COVID-19 vaccination resources for the whole school community. School entrance physicals and immunization requirements for admission to school remain unchanged for the 2021-22 school year. It is vital that all students receive required immunizations, including those which have been delayed as a result of the pandemic. Families are encouraged to make appointments with their pediatrician or primary care provider as soon as possible. To align with recommendations of the CDC's Advisory Committee on Immunization Practices, the 2020 General Assembly passed [House Bill 1090](#) amending Virginia's immunization requirements for attending public and private schools. BREC will make all efforts to provide families with information regarding the new immunization requirements and to work with the local health department to support student immunization needs. The VDOE has launched a new website which includes health return to school information and immunization information:

<https://www.vdh.virginia.gov/backtoschool/>

IV. Universal Face Coverings

To reduce the risk of transmission of COVID-19 and to ensure that BREC can remain open and safe for all members of the school community all students, school staff members and visitors older than 2 years must wear an appropriately fitted face mask while indoors at school (unless medical or developmental conditions prohibit use).

The AAP recommends universal masking in school at this time for the following reasons:

- a significant portion of the student population is not eligible for vaccination
- protection of unvaccinated individuals from COVID-19 and to reduce transmission
- lack of a system to monitor vaccine status among students, teachers and staff
- in the absence of schools being able to conduct this monitoring, universal masking is the best and most effective strategy to create consistent messages, expectations, enforcement, and compliance without the added burden of needing to monitor vaccination status
- possibility of low vaccination uptake within the surrounding school community
- continued concerns for variants that are more easily spread among children, adolescents, and adults

Due to the circulating and highly contagious Delta variant, the CDC recommends universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status (CDC, August 2021).

Note: Universal face covering practices are intended to be temporary and will be reviewed at least every quarter **with a goal of keeping students safe and physically present in school.** During times of substantial or high levels of community transmission or increasing trends in outbreaks, particularly if vaccination coverage is low, BREC will implement universal indoor masking until data indicates transmission has declined.

A this time, the CDC [federal order requiring masks be worn on public transportation](#) remains in effect, and applies to buses operated by Virginia schools.

V. Physical Distancing

Physical distancing should be maximized to the greatest extent possible but should not reduce in-person learning to keep a minimum distance requirement. Physical distancing at BREC shall be practiced in accordance with current guidance from the Centers for Disease Control and Prevention (CDC). Students should be at least 3 feet apart combined with indoor mask wearing. During high transmission, a minimum of 6 feet distance standard for middle and high school. All volunteers for the school must be approved by the administrator and will be subject to all guidelines for students and staff.

VI. Daily Health Screening

Universal screening upon entry to school for all school students, staff member and visitors will remain in effect when community transmission is at moderate, substantial, or high levels. Screening testing can help promptly identify and isolate cases. This can help reduce the risk to students, teachers and staff, and controlling outbreaks before they expand can help limit any disruption to in-person education. Screening testing can also be used to help evaluate and adjust prevention strategies and provide added protection for schools that are not able to provide optimal physical distance between students.

Staff and students are to monitor for COVID-19 symptoms daily and are required to stay home if exhibiting any symptoms. If an individual can answer YES to ANY of the screening questions before arriving, they should stay home and not enter the building.

The daily symptom checklist includes the following questions:

- A fever (100.0°F or higher) or a sense of having a fever?
- Gastrointestinal issues -- diarrhea, indigestion that cannot be attributed to another health condition?
- A cough that cannot be attributed to another health condition?
- Shortness of breath that cannot be attributed to another health condition?
- Chills that cannot be attributed to another health condition?
- A sore throat that cannot be attributed to another health condition?
- Muscle aches (myalgia) that cannot be attributed to another health condition or specific activity (such as physical exercise)?

VII. Personal Hygiene Protocols

Hand washing is a proven strategy to prevent the spread of viruses. Students, staff, and volunteers will be encouraged, and at times required, to wash hands with soap and water. Hand sanitizing dispensers will be located throughout the building where sinks and other hand washing facilities are not readily available.

Students, staff and visitors are asked to:

- Encourage individuals to cover their mouth and nose with a tissue when they cough or sneeze, place the used tissue in the opened-top wastebasket, and then wash their hands;

- If tissues are unavailable, encourage individuals to cough or sneeze into the upper sleeve or elbow, not onto their hands; then they should wash their hands;
- Wash hands often with soap and water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub with at least 60% ethanol or 70% isopropanol alcohol content and rub until the contents are dry; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>
- Encourage individuals to avoid close contact with people who are sick;
- Staff, students, and volunteers are instructed not to come to work or school if they are feeling ill.

VIII. Clean and Maintain Healthy Facilities

Cleaning and Disinfecting of frequently touched surfaces (e.g. door handles, sinks, desk tops, classroom equipment) will be conducted at least daily or between each use as much as possible. The use of shared objects will be limited. Additionally, a schedule for increased cleaning and disinfecting will be followed. Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes. If there has been someone who tested positive for COVID-19 in the school within the last 24 hours, the space shall be cleaned AND disinfected.

BREC follows the [guidelines issued by the CDC](#) and uses the Environmental Protection Agency (EPA) approved disinfectants. Special attention has been given to ensure that updated guidelines are followed, and the CDC website is closely monitored for changing information. The school administrator and custodial staff will work together in determining any additional needs for the building.

1. In accordance with CDC guidance, hand sanitizer, containing a minimum of 60 percent ethanol alcohol, will be strategically placed throughout the school.
2. Sharing supplies will be kept to a minimum.
3. Commonly touched areas of any classroom or other location throughout the school building will be cleaned and sanitized by school staff throughout the school day.

Ventilation: BREC has taken measure to assure that the ventilation system is operating properly and the circulation of outside air is done at the maximum extent possible. This will be continuously monitored. BREC will increase the amount of outside air into buildings prior to occupancy, and post occupancy for the building and for each classroom. In addition, all classrooms and common areas will be equipped with an air purifier that uses HEPA filtration.

VI. Contact Tracing, Quarantine and Staying Home When Sick

Students and staff who test positive for COVID-19 or have been in [close contact](#) with someone with a COVID-19 positive case should get tested within 3-5 days of exposure and quarantine or isolate in accordance with [current guidance](#) from the Centers for Disease Control and Prevention (CDC). Parents, students and staff members are to consult with a school administrator regarding isolation/quarantine requirements. The school administrators should be prepared to work with local health departments on contact tracing, review risk communication plans with the local health department, and be prepared to explain to families and staff what prevention measures are in place and what the plan is if there is a case or outbreak in the school.

Any student or staff member who has symptoms of infectious illness, such as influenza (flu) or COVID-19 should stay home from school and see a healthcare provider for testing and care. At all levels of community transmission, schools should continue to offer referrals to diagnostic testing to any student, teacher, or staff member who exhibits symptoms of COVID-19 at school or who has had a known exposure to someone with suspected or confirmed COVID-19, regardless of vaccination status or whether they have symptoms. At any time during the school year, BREC may require masking by students and staff if they experience any upper respiratory infection symptoms at school while waiting to be picked up or leave the school if universal masking practices are not being implemented.

X. Coordination with Stakeholders and Officials

BREC has established a tiered system of plans to mitigate the circumstances created by COVID-19. BREC is prepared to reduce in-person classes and/or determine if a school closure is needed and will do this in consultation with the LFHD and local placing school divisions. There is no hard and fast threshold for the employment of these strategies as there are a variety of factors used to interpret the data. Factors such as: What is the ongoing risk? What tools do we have to further mitigate risk? Is closure the best option? These factors will be explored by the LFHD, BREC and local placing school divisions before reduction/closure practices are employed. BREC's closure will not be contingent on Warren County Public Schools (or other school districts) closing. Additionally, it is impossible to eliminate all risk of infection. If the IEP team or parent(s) deem it is unsafe for a student to attend in-person, a decision can be made by the IEP team.

Blue Ridge Educational Center COVID-19 Response Team

April Strosnider, Director (EOP Team Member)

Megan Steele, Office Manager (EOP Team Member)

Paula Conrow, Activities Coordinator (EOP Team Member)

Allyson Gillispie, Chair, BREC Board of Directors

Christine Hartman, Vice-Chair, BREC Board of Directors

Paula Mills, Warren County Health Department