



PreK-12 Health and Safety Guidance for the 2021-2022 School Year

In an effort to align Rhode Island's guidance for schools with the CDC's guidance for operational strategies for schools ([CDC Transmission of COVID in schools](#); [Operational Strategy for K-12 Schools](#)), as well as the Governor's Executive Orders, this document shall serve as the health and safety guidance for all Rhode Island schools. This guidance is based upon our belief that all students deserve the same access to in-person learning and our increased understanding of COVID-19 and its limited spread in our highly mitigated school settings, national and local data and research, and increased vaccination rates. PreK programs that operate in DHS-licensed facilities are required to adhere to DHS regulations, while PreK programs in LEAs should use this guidance. This guidance may be revised at a later date when/if revisions are made to the CDC guidance for schools.

Note: PreK-12 schools may adopt policies that are stricter than State guidelines.

Ongoing Communication and Support

- To support LEAs throughout the school year, RIDE, DHS and RIDOH will provide general parameters and support around quarantine and isolation activities, as well as testing and other health and safety related issues. Our primary goal is to ensure safe and responsible return to full in-person learning, while providing LEAs with the tools they need to navigate and appropriately prepare for the fall. In addition, we will work to ensure alignment across our educational settings.
- Schools and school districts are encouraged to engage the school community in the decision-making process and should continue to communicate the health and safety policies and practices with their school communities early and often. RIDE, DHS and RIDOH will keep an open line of communication with LEAs regarding changes in federal guidance, vaccine updates and other critical information required to make informed decisions for the fall.

Distance Learning

- Our goal is to have all students back in-person, five days a week. Families of [students who are at increased risk of severe illness](#) (including those with special healthcare needs) or who live with people at high risk should meet with their district and review their Health Plan, 504 Plan, and/or



IEP. [One way to protect the health of children is to ensure that all eligible age populations in a household are fully vaccinated against COVID-19.](#)

- **LEAs are no longer required to provide a distance learning option for students/families.** They should plan on how services and educational programming will be provided if a student must remain home for short periods of time due to illness, isolation, or quarantine.
- In Rhode Island, schools remain one of the safest places for students, teachers, and school staff with regard to COVID-19 exposure. Only **5.2% of PreK-12 cases in Rhode Island have been reported as due to possible school-based exposures.**
- Schools may wish to send the [Checklist: Planning for In-Person Classes](#) to families preparing to send their child in-person for the first time since the pandemic began.

Spacing and Grouping

- Schools are encouraged to continue to use a stable group model as feasible, especially in grade levels not yet eligible for vaccination. This means students from the same classroom should remain together as much as possible.
- School staff are allowed to travel between different classrooms.
- For stable groups:
 - Physical distancing is not required.
 - At least 3 feet of physical distance between stable groups is recommended for indoor activities in shared spaces. Please note: If schools choose to distance stable groups less than 6 feet, there may be an increase in the number of close contacts between the stable pods if there was a positive COVID-19 case.
- For non-stable elementary school groups or age groups that are not eligible for full vaccination:
 - Physical distancing of at least 3 feet is recommended as much as possible.
 - It is recommended that at least 3 feet of physical distancing be maintained between students while dining without a mask indoors.
- For non-stable middle and high school groups where students are eligible for full vaccination:
 - Physical distancing is not required.
- RIDOH maintains the right to implement requirements or direction if deemed necessary to protect immediate public health and safety.
- Teachers should continue to have seating charts with assigned student seats as much as possible to assist with case investigation and contact tracing if needed.
- Outdoor learning experiences and dining are encouraged whenever possible.



- As of March 2021, the use of physical barriers is no longer recommended by the CDC.

Cleaning, Disinfection, and Hand Hygiene

- Schools should utilize the [CDC Guidance](#) for cleaning, disinfection, and hand hygiene.

Face Coverings

- Fully vaccinated staff members do not need to wear a mask, but may choose to wear one if they wish.
- Outdoors:
 - Mask use is not required.
- Indoors:
 - It is strongly recommended that LEAs create masking policies requiring all unvaccinated individuals wear a mask while indoors. There are several implementation options to ensure a safe and healthy environment, especially for students that are not yet eligible for vaccination. For example, an LEA may decide to require masks for students across certain grade levels. Alternatively, an LEA may choose to require proof of vaccination or ask that students self-attest to the fact that they are vaccinated and do not need to wear a mask.
 - Mask use is optional for individuals who are fully vaccinated.
- Schools with universal mask policies, regardless of vaccination status, must make exceptions for the following categories of people:
 - Children under the age of 2 years
 - A person with a disability who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the [Americans with Disabilities Act](#) (42 U.S.C. 12101 et seq.).
 - A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.
- Schools should refer to [CDC guidance](#) for the use and care of masks.

Screening Students and Staff

- Staff and parents/guardians are strongly encouraged to monitor their children for symptoms of infectious illness every day through home-based symptom screening. For example, LEAs or schools can review existing sick student policies and consider enhancing them by asking families



to participate in home-based screening. This approach relies on students and their caregivers to identify when the student might have symptoms of infectious illness and to take action (such as staying home and potentially consulting with their health provider).

- Schools must post [Symptom Signage](#) at the entrance(s) of their building. Schools with more comprehensive screening methods, such as virtual screening signage are not required to post screening signage.
- Students who are sick should not attend school in-person.

School Visitors

- Visitors may enter the school building, but limits should still be considered.
- A 30-day log of all visitors is strongly recommended. Logs should document the date, contact phone number, and arrival/departure times.
- All visitors must comply with the LEA's or school's COVID-19 policies and protocols.

Before and After School Programming

- If the program is licensed by the Department of Human Services (DHS), then the program needs to follow the DHS regulations and guidelines. If the program is not run by DHS, but is located at the school and sponsored by the school, the program must follow the same health and safety guidelines the school is following.

Field Trips

- Field trips can resume as long as the necessary COVID-19 health and safety policies are met.
- Stable groups should remain consistent during field trips. This means the same classroom groups participate as a stable group in field trip activities as much as possible.

Busing and Student Transportation

- There are no capacity restrictions for school transportation for the fall. It is recommended that household members sit together in the same seat when possible. Schools should continue to create distance between children on school buses when possible.
- Students using the bus are scheduled as a stable group, and the bus group is considered its own stable group.



- [Masks are required](#) by federal order on school buses and other forms of public transportation in the United States.
- Bus personnel should continue to have seating charts with assigned student seats as much as possible to assist with case investigation and contact tracing if needed.
- When feasible, the same group of students should be assigned to the same bus every day. Students are encouraged to ride the same bus to and from school whenever possible. It is recommended that bus companies maintain seating assignments.
- Open windows to improve ventilation when it does not create a safety hazard.
- When a passenger is confirmed to have COVID-19 (tests positive), there may be up to 29 close contacts of the person who may need to quarantine. On a bus, close contacts of a confirmed case are those who were seated two rows in front, two rows behind, and the same five rows on opposite side of the aisle as the positive case (see the [Outbreak Response Playbook: PK-12](#) for reference). Anyone within 6 feet of the individual for greater than 15 minutes is a close contact.

Personal Protective Equipment (PPE)

- For vaccinated staff working with students who are unable to wear face coverings (other than a face shield): In alignment with [CDC guidance](#), this staffing group can wear N95, KN95, or a well fitted medical procedure mask as long as they are not involved in a task that could expose them to bodily fluids. It is advisable for staff performing any supportive tasks that may involve exposure to bodily fluids to wear gloves and an apron/ gown, mask (non-cloth) and eye protection for splash protection (as outlined by the [CDC](#)).
- If any staff have underlying immunocompromised conditions, they may wish to consult their doctor about any additional PPE.
- When in close contact with, or treating, a patient suspected or confirmed to have COVID-19, recommended PPE includes N-95 respirator (or face mask if N-95 is unavailable), eye protection (goggles or face shield), gloves, and gown.
- Schools are recommended to keep a supply of PPE on site to utilize as needed.

Responding to Staff or Students who are Sick

- Schools should continue to follow [The Outbreak Response Protocols: PreK-12](#).
- As soon as possible, all items touched by the staff member or student who is ill at school must be removed, cleaned, and disinfected. Any common surfaces must be cleaned and disinfected as



well. If possible, items should be moved, windows should be opened, or other measures should be instituted to increase ventilation while cleaning. Additional guidance can be found at [CDC: Cleaning and Disinfecting Your Facility](#).

- Quarantine Decisions:
 - Schools should continue to follow the [RI quarantine requirements](#). Based upon the current case rates, the limited spread within K-12 settings, the high vaccination rates in Rhode Island, and the importance of in-person learning, schools are recommended to implement the “7 day with testing” quarantine option. This option is the least disruptive to students' education and to families' lives. With this option, close contact individuals can return to school on Day 8 with a negative test from Day 5 or later, and should also watch for symptoms until 14 days after exposure.
 - RIDOH may recommend longer quarantine lengths in certain situations.
 - Schools will continue to provide seating charts and contact information to the R.I. Department of Health if positive COVID-19 cases arise amongst their staff or students.
 - If there is a positive case within a stable pod, it is likely that the entire stable pod will need to quarantine if no physical distancing was done.
 - If students share an outdoor space (such as recess), case investigation will be done at the individual level to try to determine any close contacts.
 - If students maintain consistent physical distancing while inside, only close contacts who are not vaccinated will be quarantined.

School-based Testing

- LEAs and schools will have opt-in choices for how to design and resource their testing plans. These options include:
 - **Symptomatic Testing:** Individual on-site testing for symptomatic children conducted by school personnel.
 - **Outbreak Testing:** In the event of a spike in positive cases, RIDOH will provide staffing and support to conduct on-site PCR testing for the impacted school/community.
 - **Asymptomatic Testing:** With RIDOH support, LEAs utilize the matrix below to determine the level of asymptomatic testing that is required for non-vaccinated populations:



	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Case Threshold* <i>Cases / 100K in the past 7 days</i>	0 – 9	10 – 49	50 – 99	100+
CDC Recommendations: <i>All Students</i>	No testing required	Expanded screening testing of students once per week	Expanded screening testing of students once per week	Expanded screening testing of students once per week
RI Proposed Recommendations: <i>All Students</i>	No testing required	No testing required	25% of non-vaccinated individuals surveillance program per week	50% of non-vaccinated individuals surveillance program per week
CDC Recommendations: <i>Sports (High-risk vs. Low/Intermediate)</i>	Test once per week	Test once per week	High-risk: twice per week Low/intermediate-risk: once per week	High-risk: twice per week Low/intermediate-risk: once per week

*Case rates tracked at the municipal level

- RIDOH will support the options above through a number of resources such as Health Support Teams, LEA testing mini-grants, on-site testing events, and the utilization of existing testing resources in the community (e.g. testing sites, pharmacy sites, physicians’ offices, etc.). More information to come regarding how LEAs or schools can opt-in to these testing options.