



# 2020 Return to School Plan



The Maryland School for the Blind

# 2020-21 COVID-19 Return to School Plan

August 14, 2020 - original draft

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## Collaboration and Consultation

We are thankful for the consultation and advisement of Dr. Anamaria Bulatovic, MSB's Medical Director, the MSB medical team and other medical experts as well as collaboration and consultation with other stakeholders including the MSB senior management team, supervisors, our parents and staff, the MSB board members, PK Law, the Baltimore City Health Department, Maryland State Health Department, Baltimore City Public Schools Superintendent, the Superintendent of the Maryland School for the Deaf, and the other schools for the blind Superintendents through the Council of Schools and Services for the Blind (COSB).

## Communication and Community Feedback

MSB hosts town hall meetings for staff most weeks since March 13. The purpose of the meetings is to keep staff informed of important information regarding COVID-19 and implementation of the return to school plan. MSB wanted a broad range of feedback and to provide opportunities for input and to ask questions. The meetings were held on 4/8, 4/22, 4/29, 5/6, 5/13, 5/20, 5/27, 6/4, 6/10, 6/12 (end of school). The most recent staff meeting was held on August 4. Parent town hall meetings were held on July 8, August 4. Staff and parent surveys were conducted throughout this time period and the results have been used to help formulate this plan and were taken into consideration in the decision making process. Future town halls and surveys will assist the MSB leadership team as we gradually reopen school in the months ahead.

## Factors in Decision Making

Determining when it is safe to reopen school is complex. The health and safety of staff and students depend on a well-reasoned approach for when it is safe to return to on-campus instruction, particularly for those who are vulnerable to severe COVID-19 illness.

Generally, the virus poses the greatest risk to adults over the age of 65 (1) and to those with underlying health conditions. However, there are risks to people of all ages--including children, especially those with other health conditions. (2)

In the case of the Maryland School for the Blind, there are many students with underlying health conditions that put them at increased risk. In fact,  $\frac{1}{3}$  of the 200+ students enrolled at MSB, have underlying conditions that qualify them as at risk for severe COVID-19 disease. Because we also operate a residential program, there is more time for disease to spread. (revised September 14, 2020)

Some children, regardless of whether they have other risk factors, have developed multisystem inflammatory syndrome in children (MIS-C) after having been exposed to COVID-19. MIS-C is a condition where different parts of the body can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. We do not yet know what causes MIS-C. MIS-C can be serious, even life threatening, but most children who were diagnosed with this condition have gotten better with medical care. We don't know why some children have gotten sick

with MIS-C and others have not. We also do not know if children with certain health conditions are more likely to get MIS-C.(3)

## Prevalence

A primary consideration for safe in-person instruction is the prevalence of COVID-19 and the level of transmission in the local community. The lower the prevalence and transmission in the community, the less likely someone will bring the virus on campus.

CDC (February 2021) establishes indicators of community transmission as “total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate, 10-49; substantial, 50-99; high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%).

While risk of exposure to SARS-CoV-2 in a school may be lower when indicators of community spread are lower, this risk is also dependent upon the implementation of school and community mitigation strategies, including requiring universal and correct use of masks, physical distancing handwashing and respiratory etiquette, cleaning and maintaining healthy facilities, and contact tracing in combination with isolation and quarantine. (rev. February 2021)

Regardless of the level of community transmission, it is critical that schools use and layer [mitigation strategies](#). Five key mitigation strategies are essential to safe delivery of in-person instruction and help to mitigate COVID-19 transmission in schools:

- Universal and correct use of [masks](#)
- [Physical distancing](#)
- [Handwashing and respiratory etiquette](#)
- [Cleaning](#) and maintaining healthy facilities
- [Contact tracing](#) in combination with isolation and quarantine, in collaboration with the health department

Schools providing in-person instruction should prioritize two mitigation strategies:

1. Universal and correct use of masks should be required, at all levels of community transmission.
2. Physical distancing (at least 6 feet) should be maximized to the greatest extent possible. In hybrid instruction, scheduling should be planned to ensure physical distancing. (6)

## Community Transmission

Assuming the community is implementing comprehensive mitigation strategies including face coverings and social distancing, understanding whether local community transmission is being suppressed depends on a variety of interdependent factors including:

- Sufficient testing (indicated by <5% positivity rate)
- Declining case counts (commonly measured over 14 days)

- The degree to which those with COVID-19 and their contacts are isolated through adequate contact tracing
- Low number of active cases per capita (commonly a 7-day moving average)

The testing positivity rate is helpful in understanding whether enough people are being tested and whether testing is keeping up with the rate of community spread. A high positivity rate suggests that there is insufficient testing. A lower positive test rate <5% is generally agreed upon as an indication that enough people are being tested.

14 days of declining new case counts based on a 6 day moving average is another common metric. Declining trends in positivity rate and new cases can be interpreted as stable or improving conditions.

Contact tracing and isolation is crucial to break infection chains. Without it, the virus can quickly spread through a community. Each infected person can pass the virus to 2-3 others or more. (Influenza has a similar reproduction rate of two to three while [measles](#)<sup>(4)</sup> can easily spread to 12 or more.)

The goal of contact tracing is to find people who have spent more than 15 minutes within six feet of an infected person over the course of a 24 hour period and for them to quarantine at home for two weeks monitoring themselves for symptoms during that time.

These efforts of testing, case finding, contact tracing and isolation eventually lead to a lower number of active cases in the community to the degree that it is safer to reopen.

In a (rescinded in January 2021) document issued on August 27 called [COVID-19 Guidance for Maryland Schools](#), the state of Maryland has established a case count criteria for considering when to reopen schools.

Within the plan, a condition for reopening includes the ability of students to adhere to mask wearing and social distancing. We know that many of our students are unable to do so for all of the reasons described here. More state level guidance is needed. (rev. August 28)

The February 12 CDC guidance also rescinds metrics as absolute standards for reopening schools. However it does state that “When making decisions on when to open or reopen schools for in-person learning, it is important to understand SARS-CoV-2 transmission within the surrounding community to determine the possible risk of introduction and transmission of SARS-CoV-2 within the school.” (rev. February 12)

However, CDC guidance maintains, “the association between COVID-19 incidence and outbreaks in school settings and levels of community transmission underscores the importance of controlling disease spread in the community to protect teachers, staff, and students in schools.”

The following public health efforts provide additional layers of COVID-19 prevention in schools.

- Testing to identify individuals with a SARS-CoV-2 infection to limit transmission
- Vaccination for teachers, staff, and in communities as soon as supply allows

Based on the August 2020 MSB reopening plan,

(rev. February 12)

- (1) <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- (2) <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#children-underlying-conditions>
- (3) [https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html#:~:text=Your%20Health-.For%20Parents%3A%20Multisystem%20Inflammatory%20Syndrome%20in%20Children%20\(MIS%2D,C\)%20associated%20with%20COVID%2D19&text=Multisystem%20inflammatory%20syndrome%20in%20children%20\(MIS%2DC\)%20is%20a.%2C%20eyes%2C%20or%20gastrointestinal%20organs.](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html#:~:text=Your%20Health-.For%20Parents%3A%20Multisystem%20Inflammatory%20Syndrome%20in%20Children%20(MIS%2D,C)%20associated%20with%20COVID%2D19&text=Multisystem%20inflammatory%20syndrome%20in%20children%20(MIS%2DC)%20is%20a.%2C%20eyes%2C%20or%20gastrointestinal%20organs.)
- (4) [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(17\)30307-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30307-9/fulltext)
- (5) [https://globalepidemics.org/wp-content/uploads/2020/07/pandemic\\_resilient\\_schools\\_briefing\\_72020.pdf](https://globalepidemics.org/wp-content/uploads/2020/07/pandemic_resilient_schools_briefing_72020.pdf)
- (6) [Executive Summary](#) CDC Operational Strategy for K-12 Schools Through Phased Mitigation 2/12/2021

## COVID-19 Screening Testing on Campus

Though masking and social distancing are generally required, many MSB students are unable to do so. MSB will use screening testing as a strategy to identify cases and prevent secondary transmission. Screening testing provides an additional layer of mitigation to complement mitigation efforts of staff and students. Screening testing is intended to identify infected individuals without symptoms (or prior to development of symptoms) who may be contagious so that measures can be taken to prevent further transmission.

Based on the February, 2021 CDC guidance, testing will be administered to the following persons:

Those who have reported or have been identified as a close contact with (a) an individual who has tested positive for COVID-19 or (b) an individual who was exposed to COVID-19 who is displaying COVID-19 like symptoms. Remember: Close contact is defined as being within 6 feet of someone for 15 minutes or more over a 24 hour period.

Those who are working with students who (a) cannot mask and (b) whose needs require staff to be within 6 feet for 15 minutes or more over a 24 hour period. (rev. February 2021)

## Vaccination

According to CDC (February 2021), Teachers and school staff hold jobs critical to the continued functioning of society and are at potential occupational risk of exposure to SARS-CoV-2. State, territorial, local and tribal (STLT) officials should consider giving high priority to teachers in early phases of vaccine distribution. The Advisory Committee on Immunization Practices (ACIP) recommends that frontline essential workers, including those who work in the education sector (teachers and school staff), be prioritized for vaccine allocation in phase 1b, following health care personnel and residents of long-term care facilities (phase 1a). Vaccinating teachers and school staff can be considered one

layer of mitigation and protection for staff and students. Access to vaccination should not be considered a condition for reopening schools for in-person instruction. **However, this additional layer of protection is important at MSB since many students cannot adhere to masking and distancing mitigation strategies.**

Even after teachers and staff are vaccinated, schools need to continue mitigation measures for the foreseeable future, including requiring masks in schools and physical distancing. (6)

Maryland follows the federal plan for prioritization of vaccine distribution. In a clinic held on February 10, all MSB staff had an opportunity to receive a COVID-19 vaccine. ( rev. February 2021)

## Research and Guidance

Presently there are only public health measures available to prevent the spread of COVID-19. These include personal protective equipment (PPE), physical distancing, handwashing and sanitation, as well as active case finding, contact tracing and quarantine.

When MSB reopens the campus for in-person instruction, evidence-based preventative procedures to promote safety will be implemented. The elements are by now familiar: hygiene, health screening, distancing, limiting group sizes, personal protective equipment, and immediate response to positive cases of COVID-19 and contact tracing. Each element is limited in its benefit. However, when fully implemented as part of a comprehensive plan, they can help mitigate the threat of the virus.

Though the body of research on this virus is nascent, our plan draws on current, credible research by leading experts and will change as new information becomes available including resources and recommendations from the CDC, OSHA and the Maryland State Department of Education (MSDE).

## Overview of COVID-19

### Novel Coronavirus Disease 2019 (COVID-19)

A new coronavirus was first identified in [December 2019 in Wuhan, Hubei, China](#) (1), and has resulted in an ongoing pandemic. The first confirmed case has been traced back to November 17, 2019 in Hubei. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

[On February 11, 2020](#) (2) the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans.

COVID-19 is caused by a coronavirus called SARS-CoV-2. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with MERS-CoV and SARS-CoV, and now with the virus that causes COVID-19. The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The genetic sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown.

## Transmission

It is thought that the primary mode of [transmission of COVID-19](#)<sup>(1)</sup> occurs from airway water droplets that are expelled from an infected person's mouth and nose. These droplets form in greater concentrations when someone coughs, sneezes, uses a loud speaking voice or sings. Transmission through fomites, or surfaces in the environment that are likely to carry infection, is thought to be a less significant source of transmission; however, transmission from frequently touched surfaces to a person's eyes, nose or mouth continues to be a concern and frequent, thorough handwashing is essential for reducing the risk of infection.

There is a clear association that close physical contact with others who have this disease increases the likelihood of transmission. For COVID-19, [close contact](#) <sup>(2)</sup> is defined as anyone who was within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection) until the time the patient is isolated. People are still considered a close contact even if they were wearing a mask while around someone with COVID-19. (revised October 27, 2020)

It has long been known that [coughing and sneezing](#) <sup>(3)</sup> can propel airway droplets [farther than 6 feet](#) <sup>(4)</sup> but generally, 6 feet is regarded as a safe distance, especially when people are masked and are in open, well-ventilated spaces.

There is also evidence that risk of transmission increases within enclosed environments. To decrease the likelihood of transmission, people should actively avoid enclosed environments with poor air [ventilation](#)<sup>(5)</sup>.

(1) How COVID-19 Spreads, June, 2020 <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

(2) CDC FAQ updated October 2020 <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

(3) The New Yorker, May, 2020 <https://www.newyorker.com/science/medical-dispatch/amid-the-coronavirus-crisis-a-regimen-for-reentry>

(4) The New Yorker,

[https://media.newyorker.com/photos/5ebaf6cefb47a95f08dba5d7/master/w\\_1600%2Cc\\_limit/Gawande-rerelease-spot.gif](https://media.newyorker.com/photos/5ebaf6cefb47a95f08dba5d7/master/w_1600%2Cc_limit/Gawande-rerelease-spot.gif)

(5) EPA, Ventilation and Coronavirus (COVID-19) <https://www.epa.gov/coronavirus/ventilation-and-coronavirus-covid-19>

(6) [Executive Summary](#) CDC Operational Strategy for K-12 Schools Through Phased Mitigation 2/12/2021

## Environmental Transmission

While environmental transmission does contribute to infection rates, [one study](#) (1) suggests that it may be as little as 6% that may be attributed to environmental transmission. However, there is risk. Virus can be transferred from environmental surfaces (known as fomites) to the nose, mouth, and eyes--areas where respiratory viruses can cause infection.

Science has shown that hand washing with soap and water is an essential part of reducing the risk of infection. [Research](#) (2) on the 2002 sars coronavirus outbreak found that washing hands more than ten times a day reduced the infection rate by more than 45%.

Frequent sanitizing of high touch surfaces is important, but the key to avoiding environmental transmission is frequent, thorough hand washing.

Hand sanitizing gel (containing a concentration of 60% or more of ethyl alcohol) is useful when hand washing, the preferred method of hand cleaning, is not accessible.

(1) <https://science.sciencemag.org/content/368/6491/eabb6936>

(2) <https://www.bmj.com/content/336/7635/77>

## Respiratory Droplets

The majority of transmissions seem to come through respiratory droplets emitted from infected people when they breathe, talk or sing. Loud talking has been [shown](#) (1) to emit significantly more droplets than soft talking.

Singing too seems to produce more droplets. There was an early [case](#) (2) on March 10th, 2020 in the COVID-19 pandemic at a choral practice at a church in Washington State. The group employed what were at the time considered to be appropriate safety practices to prevent the spread of COVID-19. They avoided hugs and handshakes and sat farther apart than usual.

According to an investigation by the County Public Health department, fifty-two of the sixty-one choir members in attendance fell ill. Thirty-two choir members tested positive for covid-19. Two died.

(1) [Exhaled particles and small airways](https://respiratory-research.biomedcentral.com/articles/10.1186/s12931-019-0970-9) <https://respiratory-research.biomedcentral.com/articles/10.1186/s12931-019-0970-9>

(2) Attack Rate Following Exposure at a Choir Practice <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e6.htm>

## Facial Coverings are Essential

### **Consistent use of facial coverings is highly protective and will be required at MSB.**

The science continues to show that face coverings protect other people from the wearer's [respiratory](#)(1) droplets—as has been shown with influenza virus aerosols.

However, experts noting a variety of evidence in a new [paper](#)(2), slated to be published in the Journal of General Internal Medicine, suggests that both medical grade and cloth [masks](#)(3) also protect the people wearing them. They posit that masks lessen the inhalation of airway droplets,

the amount of virus and, it seems, the severity of symptoms when infections do occur, possibly warding off infection entirely especially when used in conjunction with other hygienic and physical distancing strategies.

The amount of virus that someone is exposed to seems to correspond to the severity of COVID-19 illness. There have been [studies](#)<sup>(4)</sup> on other viruses with mice dating back to the 30s to try to determine how much viral dosing is required to cause infection. Even recently, there have been human [experiments](#)<sup>(5)</sup> of blowing different doses of influenza virus into human noses, the outcome of which suggested that higher doses lead to greater sickness.

Experiments using COVID-19 on humans would be unethical, but from observational data, and some limited animal experiments, wearing masks seems to be correlated to asymptomatic, or mild cases of illness, suggesting that dosing plays a role. The reason, proposed in this University of California, San Francisco [paper](#)<sup>(6)</sup> is that masking seems to decrease the amount of virus that enters the nose and mouth, decreasing the severity of infection.

Numerous articles and videos have emerged since the pandemic began on how to construct high filtration cloth masks. However, a review of [research](#)<sup>(7)</sup> suggests that even simple homemade fabric masks are effective in reducing the spread of COVID-19.

Atul Gawande, a leading physician and expert, [said](#)<sup>(8)</sup> that if at least 60% of the population wore simple two-layer fabric masks that were even 60% effective at blocking respiratory emissions, it could greatly reduce the spread of the Covid-19, and even stop the epidemic.

1. Influenza Virus Aerosols in Human Exhaled Breath: Particle Size, Culturability, and Effect of Surgical Masks <https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1003205>
2. Masks Do More than Protect Others during COVID-19: Reducing the Inoculum of SARS-CoV-2 <https://ucsf.app.box.com/s/blvolkp5z0mydzd82rjks4wyleagt036>
3. Effectiveness of surgical masks against influenza bioaerosols <https://pubmed.ncbi.nlm.nih.gov/23498357/>
4. A SIMPLE METHOD OF ESTIMATING FIFTY PER CENT ENDPOINTS <https://academic.oup.com/aje/article-abstract/27/3/493/99616>
5. Validation of the wild-type influenza A human challenge model H1N1pdMIST: an A(H1N1)pdm09 dose-finding investigational new drug study. <https://doi.org/10.1093/cid/ciu924>
6. [Masks Do More than Protect Others during COVID-19: Reducing the Inoculum of SARS-CoV-2](https://ucsf.app.box.com/s/blvolkp5z0mydzd82rjks4wyleagt036) <https://ucsf.app.box.com/s/blvolkp5z0mydzd82rjks4wyleagt036>
7. [Face Masks Against COVID-19: An Evidence Review](https://www.preprints.org/manuscript/202004.0203/v1) <https://www.preprints.org/manuscript/202004.0203/v1>
8. How The Widespread Mask Use Could Slow The Coronavirus Pandemic <https://www.npr.org/2020/06/11/875311079/how-the-widespread-mask-use-could-slow-the-coronavirus-pandemic>

For all student facing staff we are using medical procedural masks which provide a higher level of protection. Properly used procedural masks (as part of a plan that includes physical distancing, hand washing and sanitizing) have been shown to help prevent the transmission of COVID-19 for medical workers. In some hospitals where practices of masking, handwashing, health screening etc. were adopted early, it has been reported that few nosocomial (hospital) infections have been documented, including the [Brigham and Women's Hospital](#) <sup>(1)</sup>.

Another [study](#)(2) found that, when worn properly and with a good fit, surgical masks can block 99% of respiratory droplets expelled by those with influenza, coronaviruses and rhinoviruses. Laboratory research has also found that surgical masks reduce *inhalation* of respiratory-droplet-size particles by about [three-quarters](#) (3).

Most of the filtration in procedural masks is from an [electrostatic charge](#) (4) applied to the fiber. The static electricity captures viral particles and allows the material to breathe more freely.

Preserving PPE, keeping masks clean and properly stored for reuse, is an essential part of our plan. Whenever possible, staff should reuse their procedural masks until they are soiled or wet. If a mask gets wet, the electrostatic charge is lost and it becomes less effective and should be discarded.

In addition to procedural masks, face shields are a part of our plan for staff/students where 6 foot physical distancing cannot be maintained. Face shields provide additional protection, a barrier primarily for the eyes, but also a second barrier for the mouth and nose.

(1)The New Yorker, May, 2020 <https://www.newyorker.com/science/medical-dispatch/amid-the-coronavirus-crisis-a-regimen-for-reentry>

(2) [Respiratory virus shedding in exhaled breath and efficacy of face masks](#) <https://www.nature.com/articles/s41591-020-0843-2>

(3) [Assessment of Fabric Masks as Alternatives to Standard Surgical Masks in Terms of Particle Filtration Efficiency](#)

<https://www.medrxiv.org/content/10.1101/2020.04.17.20069567v2.full.pdf>

(4) The New Yorker, May, 2020 <https://www.newyorker.com/science/medical-dispatch/amid-the-coronavirus-crisis-a-regimen-for-reentry>

## Children's Role in Transmission

A primary concern for reopening schools is to what degree children spread the virus. Early in the pandemic and even into early August, the general consensus was that children do not contract COVID-19 at the same rates as adults, and when they did, their symptoms were mild.

However, Covid-19 may spread among children without faithful implementation of the five essential mitigation strategies. A report by the US Centers for Disease Control and Prevention (CDC) highlights risks of reopening after outbreaks at a camp in [Georgia](#)(1) and schools in [Israel](#)(2). Other scientific [reports](#)(3) also support this.

In Georgia, an outbreak occurred at a summer camp. Although the camp, involving about 600 young people, followed hygiene procedures and staff mask wearing, the campers were not required to wear masks. Groups of children aged between six and 19 slept in communal cabins. After testing 344 attendees, 260 were found to be positive.

Israel's COVID-19 response had been successful at the start of the pandemic after imposing a strict lockdown in March and flattening the curve. However, with the government motivated to limit the impact on the economy and to get parents back to work, children returned to school in May. But by the end of the month COVID-19 was spreading through classrooms and authorities closed about 100 schools before the summer break, ordering thousands of students and teachers into quarantine.

A [report](#)(5) by the American Academy of Pediatrics and the Children's Hospital Association found that more than 338,000 children have tested positive for COVID-19 since the onset of the U.S.

epidemic, with 97,078 new cases reported in the July 16-30 period. This spike in infection among children has upended previous thinking about children's role in spreading the virus.

Severe complications have been reported in children of all ages but are infrequent. According to the CDC, compared to adult patients with COVID-19, there are fewer children with COVID-19 requiring hospitalization. For reasons not completely understood, [some children](#)<sup>(4)</sup>, teens, and young adults seem to be at greater risk for severe complications from COVID-19.

Like adults over 65 years of age or who have other medical risk factors, there is concern that youth with underlying health conditions are at greater risk.

( 1) Contact Tracing during Coronavirus Disease Outbreak, South Korea, 2020 [https://wwwnc.cdc.gov/eid/article/26/10/20-1315\\_article](https://wwwnc.cdc.gov/eid/article/26/10/20-1315_article)

(2) SARS-CoV-2 Transmission and Infection Among Attendees of an Overnight Camp, Georgia, June 2020 <https://www.cdc.gov/mmwr/volumes/69/wr/mm6931e1.htm>

(3) A large COVID-19 outbreak in a high school 10 days after schools' reopening, Israel, May 2020 <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.29.2001352>

(4) JAMA Pediatrics, July 30, 2020 <https://jamanetwork.com/searchresults?author=Larry+K.+Kociolek&q=Larry+K.+Kociolek>

(5) <https://downloads.aap.org/AAP/PDF/AAP%20and%20CHA%20-%20Children%20and%20COVID-19%20State%20Data%20Report%207.30.20%20FINAL.pdf>

## MSB's Vulnerable Student Population

MSB has a uniquely vulnerable student population whose special needs make it difficult to fully implement the strategies that reduce the risk for transmission compared to other students.

For example, many students are unable to wear masks safely or have the ability to manage their sneezes or coughing effectively. Many cannot report when they are not feeling well. Many students at MSB have complex medical profiles which put them at greater risk for severe complications.

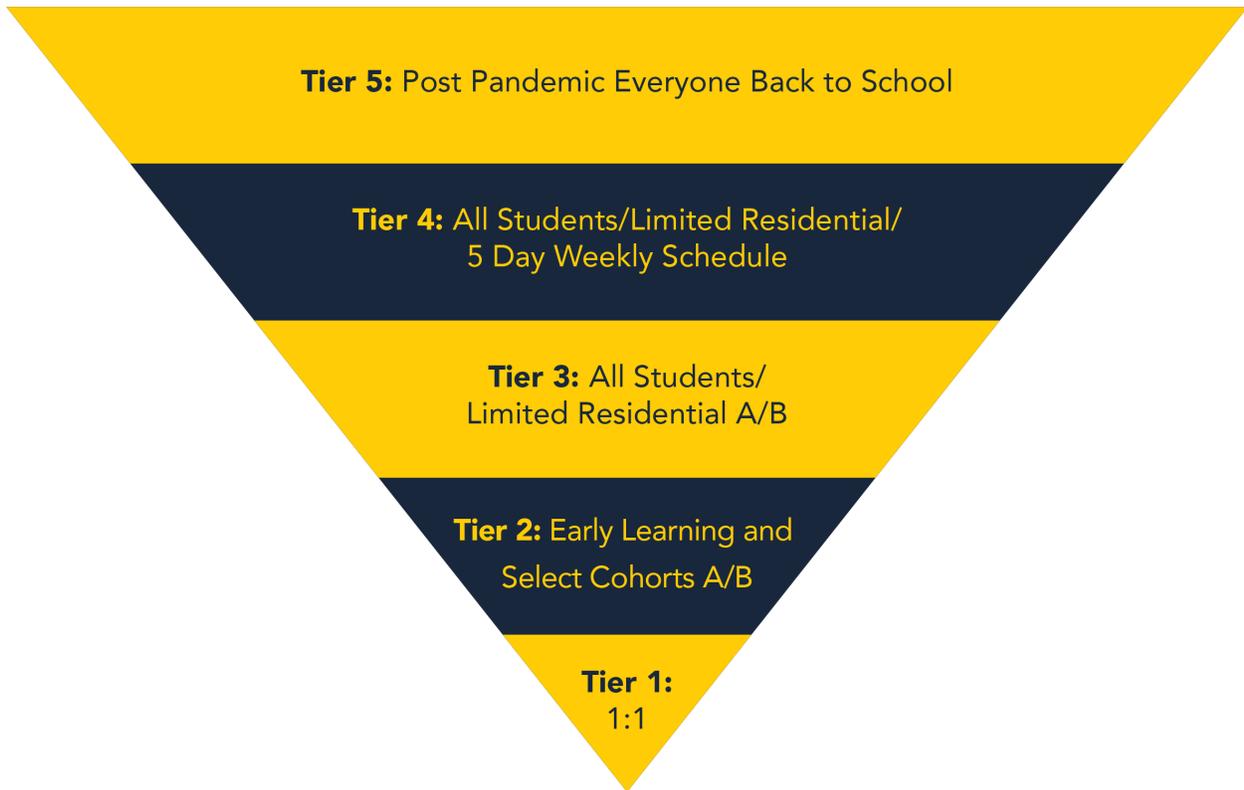
Many students require close and frequent physical contact for things such as positioning and physical management (such as for students with physical disabilities). Deafblind students require tactile sign language, a very intimate form of communication in which language is transmitted directly through physical touch from the staff's hands to the student's. And many students cannot maintain appropriate physical distancing for a variety of reasons.

These factors make it challenging to protect students and staff from spreading the virus to one another.

Therefore, as MSB reopens, the protocols will be different, by necessity, with a higher degree of precaution and protective equipment (medical masks, face shields and gowns) when compared to most public schools.

Our first goal is to return students to our physical school for instruction safely. Our current plan is for a gradual, tiered approach to carefully transition back to in-person, on-campus instruction when conditions are safe.

At each decision point, or tier, the numbers of students and staff will increase from individual sessions all the way to a full return of students and staff to campus—each tier building upon the previous tier.



## MSB's Tiered Reopening Plan

### The Tiers Explained

#### **Tier 1: Individual In-Person Student Appointments**

- MSB staff initiated appointments with students (accompanied by a caregiver) for in-person services such as low vision assessments, educational, related service assessments, clinical, or instructional support needs which are not suited for virtual delivery.

#### **Tier 2: Early Learning Students and Limited Student Cohorts with A/B Schedules**

- Preschool and kindergarten cohorts begin on-campus instruction on an alternating A/B schedule.
- In grades 1-12, introduction of small classroom cohorts of select students will begin on-campus instruction on an alternating A/B schedule.
- Initial student groups may or may not include residential services.
- Not all students will return in Tier 2.

#### **Tier 3: All Students with A/B Schedules and Limited Residential Program**

- All students return to the MSB campus on an alternating A/B weekly or daily schedule in cohorts as much as possible.
- Residential program will be limited to students who live outside of a defined geographic radius of 30 miles from MSB campus in order to limit numbers of students/staff to safe levels.

#### **Tier 4: All Students Return to Five-Day Weekly Schedules with Limited Residential Program**

- Students return to a five-day weekly schedule in cohorts as much as possible.
- Residential program remains limited to students who live outside of a defined geographic radius to maintain safe numbers. (The same as Tier 3.)
- This Tier is the final stage until the end of the pandemic or infection rates are extremely controlled within the state of Maryland.

#### **Tier 5: Everyone Back to School**

### **Tier 2 Timeline**

Tier 2 Grade Levels will be reintroduced gradually and mitigation procedures implemented based on the following schedule:

Tier 2.1 (Preschool, Pre-K, and Kindergarten) - February 8

Tier 2.2 (grades 1-3) - February 16

Tier 2.3 (grades 4-6) - March 8

Tier 2.4 (grades 7-9) - March 15 (Residential students from Tiers 2.3 and 2.4 who live outside of a 30 mile radius from the school, return to dorms on the evening of Sunday, March 14)

Tier 3 (grade 10 through age 21) - April 6 (Residential students from grade 10 through age 21, who live outside a 30 mile radius from the school, return to dorms on the evening of Monday, April 5)

#### **IMPORTANT NOTES:**

- All tiers identified within this survey will be implemented on an alternating A week/B week schedule; i.e, students will come to campus every other week, with virtual instruction provided on their at-home weeks.
- On-campus weeks will consist of in-person classes on Mon, Tues, Thurs and Fri. Wednesday will remain an asynchronous at-home instructional day.
- Virtual instruction weeks will consist of synchronous instruction on Mon, Tues, Thurs and Fri.
- Weds will remain an asynchronous instructional day. Residential students will complete their asynchronous day in their dorm.
- Residential students, in grades 4-6, who live outside of a 30 mile radius from the school, will return to campus on Sunday, March 14, along with residential students from grades 7-9, who live outside of a 30 mile radius from school.
- Residential students residing within 30 miles of the school will remain day students at this time.
- Parents may continue to choose virtual instruction for their child. If you choose virtual instruction at this time and want your child to return later, please let the teacher or Principal

know as soon as possible. Due to planning and arranging transportation, it may take as many as two weeks for your child to return to campus.

(rev. February 12)

PUBLIC SAFETY ↑



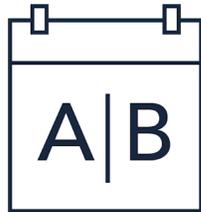
### Tier 5

Everyone back to school!



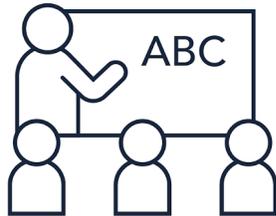
### Tier 4

All students return to five-day weekly schedules with limited residential program.



### Tier 3

All students with A/B schedules and limited residential program.



### Tier 2

Early learning students and limited student cohorts with A/B schedules.



### Tier 1

Individual in-person student appointments.

↓ PUBLIC SAFETY

## Assumptions

1. Each tier assumes an increased level of public safety based on improved infection rates and guidance from the scientific community, but no relaxation of mitigation protocols.
2. With successful implementation of each tier, MSB will transition to the next tier.
3. If circumstances improve dramatically, MSB could skip tiers, such as if infection rates decrease significantly, access to screening testing and/or as vaccination rates improve. (rev. February 2021)
4. If circumstances worsen, MSB could revert to an earlier tier with decreased numbers of students on campus, or to virtual instruction.
5. Families will always have the option to continue remote instruction throughout this crisis.

## Exclusive Student and Staff Learning Communities

In conjunction with consistent implementation of all other mitigation strategies, having small learning communities is one of the strongest ways to limit potential spread of infection strictly *limiting the number of students and staff* who interact with one another during the school day. A recent statistical [analysis](#) (1) regarding the potential number of people (staff and students) with COVID-19 who will enter the first day of school shows that if schools can maintain exclusive groups of around 10 people, the risk of having someone with COVID-19 disease in any one of these small groups is statistically extremely low, even in places hardest hit throughout the U.S. The experience of some European countries in successful reopening schools seems to support this. After a month in lockdown, Denmark became the first Western country to reopen its schools on April 15.

When children ages 2-12 returned to school, they were sectioned off into cohorts of twelve. These cohorts have lunch separately and have their own areas on the playground. All students are required to wash their hands every two hours. Interestingly, the students are not required to wear masks (notable because many students may not be able to tolerate mask wearing at MSB). Desks are kept two meters apart, all education material must be cleaned twice a day and when possible, classes are held outside. Parents are not allowed on school grounds. Denmark has seen decreased infections among all age groups since schools reopened.(2)

It should be noted that case counts (and death counts) at the time students returned to school in Denmark were extremely low compared to current U.S. counts which is another factor in their success.

(1) The University of Texas at Austin, COVID-19 Modeling Consortium, [https://sites.cns.utexas.edu/sites/default/files/cid/files/covid-19\\_school\\_introduction\\_risks.pdf?m=1595468503](https://sites.cns.utexas.edu/sites/default/files/cid/files/covid-19_school_introduction_risks.pdf?m=1595468503)

(2) Guthrie BL, Tordoff DM, Meisner J, Tolentino L et al., Summary of School Re-Opening Models and Implementation Approaches During the COVID-19 Pandemic. University of Washington. Published July 6, 2020. Accessed July 23, 2020. <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/20200706-SchoolsSummary.pdf>

## Cohorts and Pods

CDC modeling and examples from some European countries such as Denmark and Germany as previously stated demonstrate that smaller cohort sizes are generally associated with less transmission in schools.

To talk about our plan, we will use specific words to discuss hierarchical categories of groups. This also helps to distinguish from traditional words and the preconceived notions associated with them. One of those traditional words is “classroom.”

**We will use the term “cohort” to refer to student/staff groups.**

A cohort is similar to a traditional class or classroom but with notable differences: Cohorts will stay together throughout the day *exclusively*. They won’t have recess with other students. There will be no student mixing in gym, chorus, sport teams, common meals in dining rooms, assemblies or any other student gathering that would otherwise mix groups of students.

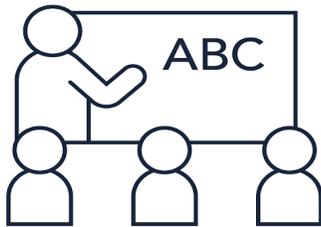
Related service providers, by necessity, will serve students in multiple cohorts. To preserve the integrity and the efficacy of the small group model in preventing spread of infection, we will need to limit the number of cohorts and the number of related service providers associated with those cohorts based on student and staff implementation of mitigation strategies and vaccination rates in the MSB community. (rev. February 2021)

**We will use the term “Pod” to refer to a collection of cohorts with the only common staff being related service providers.**



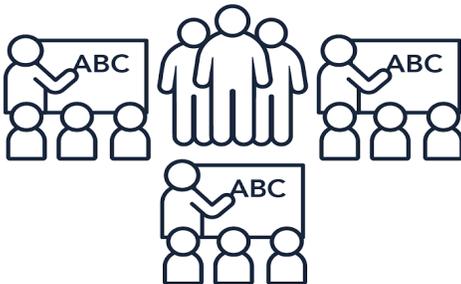
## Service Providers

Related service providers will serve students in multiple cohorts. The number of cohorts and the number of related service providers associated with those cohorts will be limited.



## Cohort

A small group of students and teachers, similar to a traditional class, but stays together throughout the day **exclusively**.



## Pod

A collection of cohorts with the only common staff being related service providers.

**This illustration is an example of a single pod. At the top of the illustration are the related service providers, the only common staff among cohorts.**

# Paradigm Shift

Assuming that the MSB community strictly enforces all other measures (hygiene, health screening, distancing, and personal protective equipment), one of the most important mitigation strategies is to eliminate mixing of cohorts/pods.

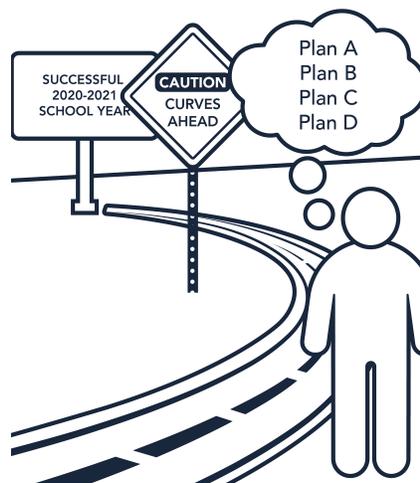
If a [COVID-19-like illness](#) (1) or laboratory confirmed [COVID-19 case](#) (2) is found, the number of staff and students who are exposed to the virus would be limited to the cohort/pod. Because of that, the students and staff who may have been exposed can be quickly identified.

Strict implementation of the cohort/pod model, however, means that each of us will need to be prepared to let go of traditional ideas of what school *should* look like. Everyone will need to be flexible when changes are required in order to maintain the fidelity of the cohort/pod model.

Why will there be changes? The reason is simply that as we increase the number of students and staff on campus, moving from tier to tier, maintaining the pod/cohort model will become more complex due to so many complicating factors such as ages, abilities, reading modes, cottages/dorms.

When moving to the next tier, staff and student assignments, related service providers, or dorm assignments may change. Or we may need to group students together from different programs who would not otherwise have been grouped together. Some redistribution of some staff and students among pods is likely at key transition points.

These are not normal times, so we must be prepared to abandon what normal looks like in order to get through this crisis until a safe level of immunization of staff and students is achieved (rev. February 2021.)



- (1) <https://docs.google.com/document/d/13HT80Aye6gcVyyXBnC2w6nGLDaWRyLgAfCKRaQ785RI/edit#heading=h.lnxbz9>
- (2) <https://docs.google.com/document/d/13HT80Aye6gcVyyXBnC2w6nGLDaWRyLgAfCKRaQ785RI/edit#heading=h.1ksv4uv>

# **Educational Recovery Plan**

## **Recovery**

The students served at MSB are all students with disabilities with Individualized Education Plans (IEP's). Many of our students have complex learning needs as well as multiple and severe disabilities. Upon the start of the school year, all students will be assessed by their teachers and related service providers to determine priority needs based on any regression of academic and functional skills. The assessments will be a mix of standardized assessments, benchmark testing, curriculum-based assessments and teacher-made assessments for learning.

Instruction that all students receive whether through virtual instruction, a hybrid model of instruction, or with a full face-to-face model follows standards based in Maryland's College and Career Ready Standards for all content areas. Many of our students receive curricular and specially-designed instruction based on alternate framework standards due to the severity of their disability.

## **Equity**

Many of the students at MSB struggle to attend to instruction without significant and consistent adult support. MSB will work directly with families and students to provide as much support as possible. This may include scheduled time on MSB campus for consultation, providing a 1:1 paraeducator to meet with the student in a community setting, or additional 1:1 or small group interventions for students in a virtual or hybrid environment.

To address equity, MSB will provide accessible technology access tools for all students with a need. This may include a laptop, a tablet, access and assistive technology devices or internet access.

## **Safe Handling of School and Student Materials**

During virtual and hybrid instruction, students will access a majority of their learning materials through online platforms. For our students that require paper materials, manipulatives and tangible objects and returning technology for repairs and upgrades, any item that is returned to the school will be quarantined for no less than 72 hours. When materials are interacted with, staff should wear any required PPE, including gloves. For materials that can be cleaned and sanitized, staff will use approved cleaners prior to and following use.

## **Virtual Instruction**

During times when education is delivered virtually, students will be expected to attend classes and related service sessions. Attendance will be taken in classes. Students that are not available synchronously will have the opportunity to view recorded class sessions and may request to meet with teachers for additional support or attend teacher office hours. Plans for virtual instruction, including the school schedule, will be available in a separate document.

## **Athletics**

MSB students compete in interscholastic athletics as part of the Eastern Athletic Association for the Blind (EAAB). MSB competes during four sports seasons throughout the year against other schools for the blind in the EAAB. While some sports activities will continue virtually for the purposes of practice and recreation, interscholastic competition will not begin again until all on-campus operations resume. We do not anticipate that this will happen until we reach Tier 5.

## Protocols and Procedures

### Daily Health Screenings and Symptom Monitoring

Students and staff will be required to complete daily health screenings for COVID-19 symptoms including temperature checks.

In order to implement the [COVID-19-like Illness Response Plan](#), health screening and symptom monitoring are necessary.

It is noted that the CDC does [not currently recommend universal](#) (1) symptom screenings (screening all students grades K-12) be conducted by schools. Given the wide range of symptoms and the fact that some people with SARS-CoV-2 infection (the virus that causes COVID-19) are asymptomatic, there are limitations to symptom screening conducted by schools for the identification of COVID-19. However, symptom checking continues to be a best practice in universities and [long term care facilities](#). (2)

(1)<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>

(2)<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

### Physical Distancing

Physical distancing means keeping space, a minimum of 6 feet, between yourself and other people outside of your home. Limiting close face-to-face contact with others is the best way to prevent the spread of COVID-19 infection.

- COVID-19 spreads easily among people who are in close contact.
- Spread happens when a person with COVID-19 coughs, sneezes or talks and droplets are launched into the air and land in the mouth, noses or eyes of others nearby or if these droplets can also be inhaled into the lungs.

### Practice physical distancing

- Stay at least 6 feet (about 2 arm's length) from other people
- Avoid gathering in large groups
- Stay out of crowded places and avoiding mass gatherings
- People are particularly vulnerable for exposures due to mask removal for eating and drinking - remain at least 6 feet away from another person while consuming food and drinks.
- Arrange student furniture to promote the 6 feet safe physical distancing.

- In-classroom or remote therapy services whenever possible to avoid small enclosed rooms and maintain pod/cohort model.
- In shared offices where staff cannot telecommute or offices with significant in-person interaction, barriers will be provided.

## Masks and Face Coverings

As of July 1, 2021, with the exception of gowns, which are now optional, all PPE and masking strategies specific to working with students are still in effect.

Specifically:

- N95s are to be worn with students who do not mask and whose needs require staff to be within 6 feet of them.
- When wearing an N95, a face shield is also to be worn, mostly to protect the life of the N95
- Procedural masks and face shields are to be worn with students who do mask and whose needs require staff to be within 6 feet of them.

The school will **continue to require everyone to wear masks around students**, but we have modified the mask protocol for adult to adult interactions.

- For vaccinated staff who work in an office and/or do not have a direct student-facing role, wearing a mask in their work areas is now **optional** even around other staff. **However, if you come in contact with any student you are required to put on a mask.**
- Student services staff who are **interacting without students are no longer required to wear a mask**. As stated earlier, MSB will not monitor who is or who is not vaccinated; however, non-vaccinated staff are strongly urged to continue to wear masks when within six feet of other staff members.
- Staff from Housekeeping, Facilities, Maintenance, Nutrition, Health Services or any other department who at times in the course of their work duties go into in classrooms or other educational spaces must wear a mask **when students are present**. This means being prepared to put on a mask when students enter an area where you are working.
- Every adult entering MSB buildings is required to wear either a surgical/procedural or [cloth face mask\(3\)](#).
- Every student should wear a face covering with the following exceptions: face masks or cloth face coverings should not be placed on children under age 2 or any student who has trouble breathing or is otherwise unable to remove the mask or covering without assistance. Safe alternatives may be [hats with face shields](#)(1). Parents are encouraged to experiment and practice mask wearing at home with their child(ren).
- Face masks or coverings must be worn in any public area.
- N95s are to be worn with students who do not mask and whose needs require staff to be within 6 feet of them. When wearing an N95, a face shield is also to be worn, mostly to protect the life of the N95. (rev. March 26, 2021)
- If wearing an N95 for most or all of the day, it is to be replaced every week.

- If wearing an N95 intermittently, it can be worn for up to 50 hours before needing replacement.
- Of course, in either case, if it becomes soiled at any time, it is to be discarded and replaced.
- Procedural masks and face shields are to be worn with students who do mask and whose needs require staff to be within 6 feet of them.
- Procedural masks must be worn when providing direct student care. All student service staff (teachers, therapists, paras, residential staff, overnight staff, education office staff, principals and supervisors) will wear a basic procedural mask. Procedural masks can be used until wet or visibly soiled or damaged.
- Do not attempt to wash a procedural mask. Do not wash or clean procedural masks. When they become wet, they lose their electromagnetic charge and are no longer effective.
- Masks should be stored in a paper bag for reuse. An old mask should be presented for exchange for a new mask.
- Do not touch or adjust the outside of your mask to avoid contamination. If you must touch your mask, perform hand hygiene immediately before and after.
- Properly place your mask to cover your nose and mouth. Masks should not be worn on your forehead, chin, or around your neck or arms.
- A snug fit of masks is essential for disease prevention. (4)  
Tips to improve fit include:
  - Use masks that have a nosewire
  - Use of a mask brace
  - Knot and tuck ear loops of a 3-ply mask
  - Layer a cloth mask over a procedural mask
- Layering a cloth mask over a procedural mask is an effective way to improve (most importantly) the fit and also the filtration effect of the facial covering.(4) (rev. February 2021)
- Masks with exhalation valves or vents should NOT be worn since they do not prevent the person wearing the mask from spreading COVID-19 to others.
- Neck gaiters used as masks should be made of a 2-ply cotton cloth, conforming to the standards set by the CDC (2). (rev. August 28).

(1)<https://www.sheknows.com/wp-content/uploads/2020/07/orange-smiley-face-hat.jpg?w=800>

(2)<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-make-cloth-face-covering.html> (rev. August 28)

(3)Cloth Mask Making Tutorial <https://www.youtube.com/watch?v=cLAHhcOwOLY>

(4) <https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html>

## Face Shields in Addition to Masks

- Face shields are required when physical distancing of 6 feet is not possible.
- Face shields should be used with masks. They are not a substitute for masks.
- Face shields should be used to protect the eyes when providing direct student care such as toothbrushing or other hygiene or providing instruction or therapy where a distance of 6 feet or greater cannot be maintained, or working with students who cannot control their own secretions.
- Face shields are required during aerosol producing medical or speech therapy procedures
- Face shields can be reused by a single individual and can be used from one student to the next without removing and cleaning. Any time the face shield is removed it must be cleaned on the outside and inside.
- All personnel must also perform hand hygiene following any time they touch the face shield.

### **Gowns (Optional as of 7.1.21)**

Gowns are essential for lifting and transferring students when their secretions might otherwise get on staff clothes. Not only does this help protect staff, but also other students who might be physically transferred by that same staff member.

- Gowns should be used when partial or full body forward-facing direct contact is warranted; e.g., lifting, transferring students - beyond stand pivot
- Gowns should be used when performing direct care functions (toothbrushing, feeding, etc) with students who are dependent on adults for completion of the task

### **Gloves**

- Gloves should be used as per standard protocol – there is no new guidance on glove use particular to COVID-19. Wearing gloves is never a substitute for hand washing except when hand washing is not immediately accessible. COVID-19 and other respiratory infections do not infect bare skin. If gloves are used, staff should remove or change gloves between students or after working with a student to protect against the transmission of illness between students and staff.



### **Daily Health Screenings and Symptom Monitoring**

Students and staff will be required to complete daily health screenings for COVID-19.



### **Physical Distancing and Barriers**

Physical distancing means staying at least 6 feet -- about 2 arm's length -- from other people. Limiting close face-to-face contact with others is the best way to prevent the spread of COVID-19 infection.



### **Masks and Face Coverings**

Staff and all students who are able will be required to wear face masks or coverings in all public areas.



### **Gowns**

Gowns are essential for lifting and transferring students when their secretions might otherwise get on staff clothes.



### **Face Shields**

Face shields are required when physical distancing of 6 feet is not possible.

## Housekeeping Staff

Housekeeping staff will wear basic procedural mask

- Face shields to be used in a contaminated area (e.g. examining room in the health center or the room of a resident who has fallen ill) and when physical distancing of 6 feet is not possible.
- Gowns as indicated by task
- Gloves as indicated by task (nothing extra for COVID-19)
- Electrostatic sanitizing housekeeping will wear safety goggles, N95 dust masks, and gloves

## Nutrition Service Staff

Nutrition staff will wear basic procedural masks

- Gloves per industry standard
- Separate face shields when physical distancing of 6 feet is not possible.

## Nursing Staff

Nursing staff will wear basic procedural mask

- Separate face shields to be used with every student contact (taking vital signs, administering medications/GT feeds/inhaler treatments.)
- N95s (1 per week unless visibly soiled, per provider) to be used for any student who presents with acute illness\*
- Gowns and gloves as indicated by task

## COVID-19-like Illness Response Plan

To help mitigate the risk of infection, staff and students who have symptoms that present as COVID-19-like illness and those exposed to them (within 6 feet for more than 15 minutes cumulative over 24 hours) will be required to go home. (revised 10.27.20)

For the purpose of this guidance, COVID-19 symptoms are any ONE of the following: fever of 100.4o or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma or seasonal allergies, the symptoms should represent a change from baseline. (revised 5.21.21)

1. If students or staff symptoms meet the criteria for COVID-19-like illness, they will be required to go home immediately and should consult with healthcare professionals.
2. They will be isolated until they are able to leave campus.
3. Others in close contact (within 6 feet for more than 15 minutes cumulative over 24 hours) will also be asked to self-isolate for 10 days from the date of exposure, unless fully vaccinated. (revised 4.19.21)
4. The staff member will be contacted by HR and be offered resources, instructions and recommendations to seek further medical care and/or to obtain a COVID-19 test.
5. Staff and students who have been isolated will be able to return to campus when they are fever free for 24 hours without the use of fever-reducing medication. (revised 4.19.21)

# Laboratory Confirmed Cases of COVID-19 Response Plan

1. If a potential or a confirmed case of COVID-19 is identified, internal contact tracing will be conducted by a certified contact tracer who will investigate possible exposure to other staff, students, and the areas of the campus that may have been exposed.
2. The affected areas will be closed for 24 hours and then sanitized.
3. Others in close contact (within 6 feet for more than 15 minutes cumulative over 24 hours) will be notified and asked to self-isolate for 10 calendar days from the date of exposure and continue monitoring your symptoms for a full 10 day period. Close contacts not fully vaccinated: Quarantine can end after Day 7 if a diagnostic specimen (collected on Day 5 or later) tests negative and if NO symptoms have been reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7. If you have received the full vaccination, you will not need to quarantine as long as you are 14 days from last dose of vaccination and no symptoms. On campus testing will be administered to any “close contacts” per the MSB testing protocols. (revised 5.21.21)
4. People who test positive for COVID may return to MSB after 10 days and are symptom free for 24 hours without medication and improvement in COVID-19 related symptoms.

## Confirmed Cases within Pods and Cohorts Response Plan

### One confirmed case within a single cohort

1. All members of the cohort and any related service providers who were exposed (within 6 feet for more than 15 minutes cumulative over 24 hours) will revert to remote instruction and isolation for 10 calendar days from the date of exposure and continue monitoring your symptoms for a full 14 day period. Close contacts not fully vaccinated: Quarantine can end after Day 7 if a diagnostic specimen (collected on Day 5 or later) tests negative and if NO symptoms have been reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7. If you have received the full vaccination, you will not need to quarantine as long as you are 14 days from last dose of vaccination and no symptoms. On campus testing will be administered to any “close contacts” per the MSB testing protocols. (revised 05.21.21)
2. Parents and staff will be asked to closely monitor for COVID-19 symptoms during the period of isolation.
3. Related service providers and teachers who are in isolation will continue to provide instruction remotely.

### More than one confirmed case or more than one cohort exposure

1. Two or more confirmed cases within a pod in different cohorts, everyone in the pod will revert to remote instruction and self-isolate for 10 days from date of exposure date and continue monitoring your symptoms for a full 14 day period. If you have received the full vaccination, you will not need to quarantine as long as you are 14 days from last dose of vaccination and no symptoms. On campus testing will be administered to any “close contacts” per the MSB testing protocols. (revised 04.19.21)

2. If contact tracing and medical professionals determine that each person contracted COVID-19 outside of MSB then their individual cohorts who were exposed will continue in remote instruction while the other cohorts will be allowed to return.
3. If it is determined that the source of the infection was a staff member who worked in multiple cohorts, then all of those cohorts would remain in remote instruction as they self-isolate. Any cohorts that were not exposed may return.

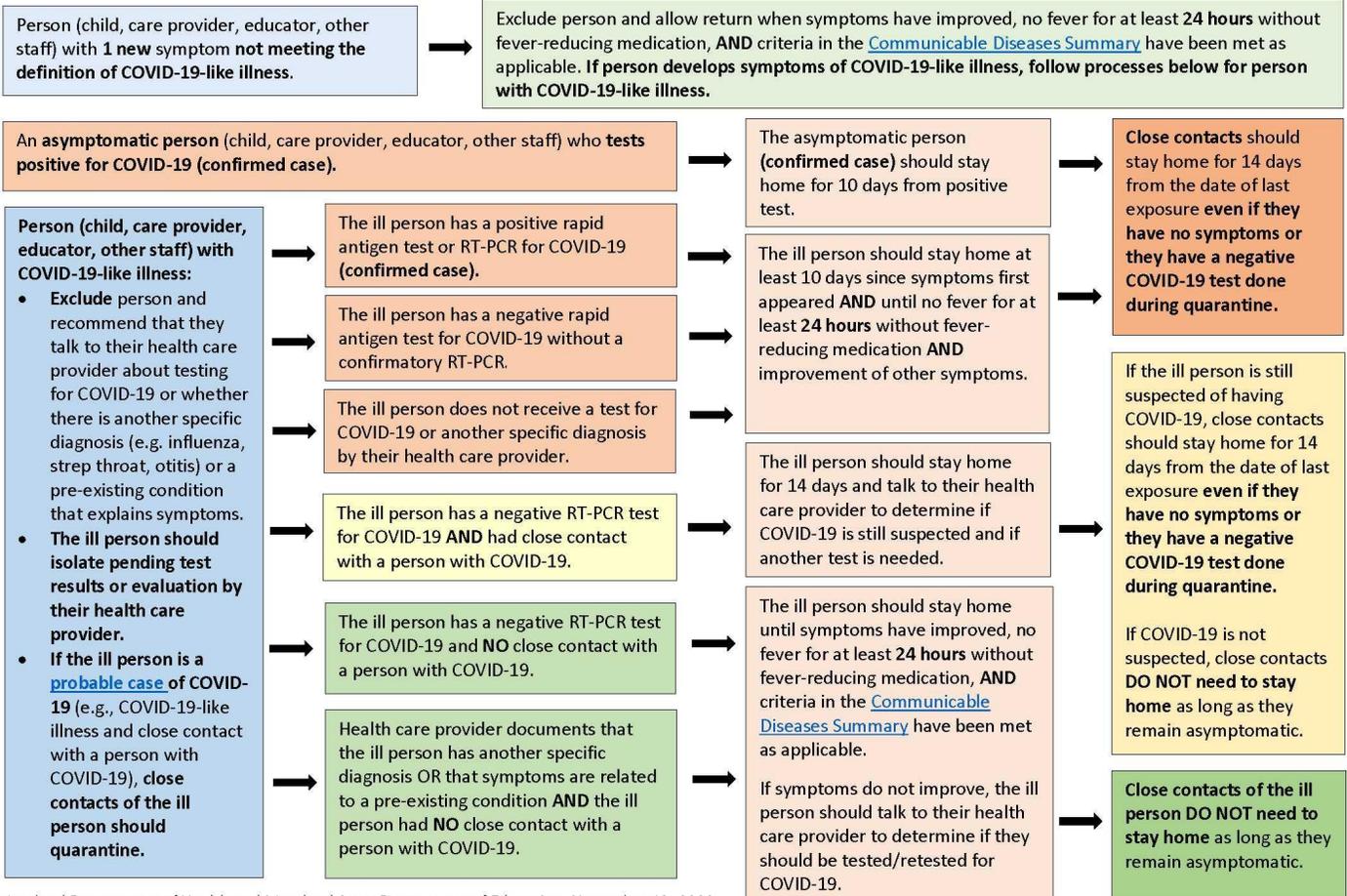
Patti Bell, MSB Health Center Manager, will be responsible for contacting the Baltimore City Health Dept when there is a suspected case on campus. (revised 9.14.20)

Baltimore City Health Department Contacts:

White, MaryGrace M. (BCHD) [marygrace.white@baltimorecity.gov](mailto:marygrace.white@baltimorecity.gov) and Sherlina Holland Holland, Sherlina (BCHD) <[sherlina.holland@baltimorecity.gov](mailto:sherlina.holland@baltimorecity.gov)>email (revised 9.14.20)

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

**For the purposes of this decision aid, COVID-19-like illness is defined as: Any 1 of the following: cough, shortness of breath, difficulty breathing, new loss of taste or smell, OR At least 2 of the following: fever of 100.4° or higher (measured or subjective), chills or shaking chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and congestion or runny nose.**



Maryland Department of Health and Maryland State Department of Education, November 13, 2020

## Community-Based Services

Staff in Early Intervention, Teacher of the Visually Impaired (TVI), Orientation and Mobility (O&M) and other community based services should refer to the local school system’s reopening status and guidelines.

Assessments in the MSB Low Vision Clinic will take place as needed and on-campus assessments for new enrollments will be scheduled in locations with adequate size/space for social distancing and masking precautions in place.

Families are asked to disclose COVID-19 risk factors with staff, and to assist in creating safe work conditions by maintaining masking and physical distancing.

## Outdoor Activities

When the campus reopens, outdoor activities are encouraged including educational and therapeutic activities. Aside from the health benefits of sunshine, fresh air, and exercise, outdoor

activities tend to be safer since there is a lower risk of transmitting viruses so long as masking, safe distancing and regular hand washing practices are observed.

However, some outdoor activities will be suspended including:

- Field trips into community establishments (restaurants, grocery stores, etc.)
- Community-based instruction that are in local establishments
- Groups larger than six (combined students and staff) in recreational activities in order to facilitate appropriate physical distancing

### **Use of the Pool Upon Reopening**

- The pool will be closed upon initial return to school
- Considerations will be made for opening on a gradual basis as more guidance becomes available:
- Shallow end (1 and 2 feet areas): No more than 4 people
- Four feet area: No more than 6 people
- Deep end: No more than 3 people (1 per lane)

## **Nutrition Services**

### **Breakfast**

Residential students: Delivered to students in the dormitories, individual servings

Day students: Grab and go foods delivered to students in classrooms, individual servings

### **Lunch**

Delivered to students in the classrooms, individual servings, disposable containers and plasticware for students for whom it is appropriate. Nutritional service staff to deliver specialized feeding equipment. (Trash to be picked by housekeeping)

### **Dinner**

Delivered to students in the residences, individual servings, disposable containers and wrapped plasticware for students for whom it is appropriate. (Specialized feeding equipment will be stored and maintained in residences) Nutrition service staff to deliver feeding equipment each day.

Nutrition service staff will wear masks, shields when unable to maintain distance of 6 feet and gloves, per industry standards.

## **Cleaning and Sanitizing**

### **High Touch Surfaces**

High touch surfaces such as desktops, doorknobs, railings, and restrooms will be cleaned throughout the day. All staff will assist with sanitizing high touch surfaces within the classrooms and residences throughout the day.

### **School Vehicle Cleaning and Sanitizing**

The MSB fleet vehicles have been treated with PermSafe, a disinfectant with long-term residual properties. The following are links to several select PermaSafe Videos and Online Presentations critical to understanding the products and programs.

- Slide Show: [How It Works](#)
- Video [How It Works](#)

## **Electrostatic Misting**

MSB housekeeping and other staff will help disinfect high touch surfaces using an electrostatic misting system.\* This utilizes electrostatic spray technology to allow disinfecting solutions to reach surfaces outside the line of sight, covering what conventional trigger sprays may miss, including the sides, underside and backside of surfaces. It works by using an electrode to introduce an attractive charge to the disinfecting or sanitizing product and atomizes the solution, using an air compressor to generate a quiet, but powerful liquid flow at 9,000 sq feet per gallon.

This cleaner is EPA-registered to kill 19 illness-causing organisms in two minutes or less. The ready-to-use, one-step disinfectant cleaner eliminates odors and kills outbreak-causing viruses like influenza, rhinovirus and norovirus and bacteria like Staphylococcus aureus, MRSA and Vancomycin Resistant Enterococcus faecium (VRE). The non-bleach-based formula is specifically designed for broad surface compatibility, making it ideal for use on a wide variety of surfaces found in schools, athletic facilities, offices and more.

\*Electrostatic misting will not be used in Early Learning due to Office of Childcare Regulations.

## **HVAC Systems and Air Quality**

Knowing that stagnant air is a significant risk factor in the transmission of COVID-19, it is important to address HVAC systems on campus. With consultation of HVAC and industrial hygiene experts, MSB is in the fortunate position of having new buildings with modern HVAC systems. MSB's HVAC systems run 24/7 providing a constant flow of air and increasing outdoor air ventilation. The system supplies 6-8 air changes per hour in classrooms, up to 10 air changes per hour in offices. Inside air is replaced with outside air approximately 2 air changes per hour. These air change rates are at the levels recommended for hospital rooms, including those with COVID-19 patients. As we reopen campus, HVAC systems will be upgraded with MERV-13 filters.

## **Transportation and School Vehicles**

All student transportation must be performed using a fleet minivan. No one may be seated in the middle seat to ensure physical distancing. Transportation is limited to one staff member and one student. The student and staff must be properly masked at all times while in the vehicle.

## **Local School System Transportation**

As MSB resumes on-campus instruction, we will coordinate with each LSS to arrange transportation plans. Since MSB depends on the local school systems (LSS) to provide transportation, as part of each student's IEP, MSB also relies on the LSS to institute safe protocols and social distancing, particularly for students who are not able to wear face coverings.

## **Meetings**

Meetings including IEPs and other student related meetings will be held virtually to minimize the risk of COVID-19 exposure to the campus.

## **Visitors**

Most meetings will be held virtually. However, when it is necessary for visitors to come on campus, they will schedule appointments and comply with all rules and screening procedures including wearing masks.

## **Parent Drop off and Pick up**

Parents should release their child to staff during drop off and not enter school buildings. When picking up students, parents should wait at their vehicle until a staff member brings their child to them.

## **Required Staff Training**

In order to return to work on campus, all staff must complete the following trainings:

1. COVID-19 Disease Education
2. When and How to Use Personal Protective Equipment
3. Cleaning and Sanitizing Protocols
4. Health Screening/Temperature Taking (if appropriate)
5. Supervisor Training (if appropriate)

## **Student Training**

Through virtual platforms and upon return to campus, all students will receive additional education on COVID-19 and safety protocols needed to keep the community safe and healthy. Educational opportunities will come in a variety of forms and be appropriate to the students' age and developmental level.

## **Parent Town Hall Meetings**

Parents will be informed of the plan and apprised of changes to the plan via scheduled on-line Town Hall Meetings.

Meetings dates:

July 8, 2020

August 4, 2020

September 17, 2020 - Family Back to School Meeting  
October 1, 2020

## **Supply Replenishment Procedures**

Staff should check with supervisors or designated point of contact when PPE supplies are needed.

## **Contact Information**

For questions or more information, please contact:

Patti Bell, Health Center Manager: 410-444-5000 x1555

Assistant Director of Campus Operations: 410-444-5000 x 1716

Lauren Pappas, Director of Human Resources: 410-444-5000 x1469

Kim Poswiatowski, Benefits Specialist: 410-444-5000 x1364

Robert Hair, Superintendent: 410-444-5000 x1710

**Research on COVID-19 is evolving on a daily basis and recommendations will change.**