



Guidance for Providing Services and Support to Students During the Summer

This guidance is issued by the Department of Education in cooperation with DHHS, Bureau of Public Health, Bureau of Infectious Disease Control and the Bureau of Special Medical Services.

General Guidance to Protect Education Providers, Staff, and Students:

1. Review and follow the [Universal Guidelines](#) for All New Hampshire Employers and Employees.
2. Review and follow CDC [guidance for childcare programs](#).
3. When possible, modify classrooms where students are likely to be in close contact to allow for social distancing.
4. All educators and staff working with students are encouraged to wear reusable/washable cloth face coverings over their nose and mouth, when 6 feet of social distancing is difficult to maintain and/or when caring for potentially vulnerable students with underlying health conditions and disabilities. This is principally when indoors in education areas, but may also be considered for outdoors when other adults or students are around, and in shared staff areas (e.g. offices and break rooms) where social distancing may be difficult to maintain.
 - a. If using cloth face coverings provide training on cloth face coverings based on CDC guidance for [Use of Cloth Face Coverings](#).
 - b. Review the NH DHHS information about [using cloth face coverings](#).
 - c. People wearing face coverings must not touch their eyes, nose, mouth, or face, or adjust their face covering without first sanitizing hands. After touching face or adjusting face covering, hands must be sanitized
5. It is recommended that all adults dropping students off at wear a cloth face covering over their nose and mouth when within the educational facility or public spaces where other individuals are present and social distancing is difficult to maintain. Please see Drop off and Pick up Guidance below.
6. NH DHHS does **not** recommend students wear masks or face coverings in programs for certain populations of students, which include:
 - a. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 - b. Students in which having cloth, ties, elastics etc. around their mouths and necks which can pose choking or strangulation hazards, or may interfere with the functioning of certain medical equipment or assistive technology, such as hearing aids.

- c. Individuals who are more likely to play with the masks, adjust them or remove them without washing their hands after touching the masks, touch their face, etc. The effectiveness of masks and other face coverings is impacted by improper handling and use, potentially putting other students at risk. Instances in which staff would need to continually be in close contact with students to provide assistance with face coverings, therefore not allowing for adequate social distancing.
7. Staff and students should practice frequent hand hygiene:
 - a. Wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
 - b. Always wash hands with soap and water if hands are visibly dirty.
 - c. Supervise and help students needing assistance to ensure they are washing/sanitizing hands correctly, and to prevent swallowing of alcohol-based hand sanitizer. When soap and water are not readily available and hand sanitizer is used by students, it should be used under the direct supervision of staff. When not in use, hand sanitizer should be kept out of reach of students (on a high shelf, cabinet, or in a backpack worn by staff outside.)
 - a. At a minimum, require hand hygiene when arriving at the facility, before and after meals or snacks, before and during meal preparation or service as necessary to prevent cross contamination, after outside time, before and after going to the bathroom, after handling any bodily fluid, before and after medication administration, after cleaning up and handling any garbage, after handling animals or cleaning up animal waste, and prior to leaving for home.
8. Review and follow [CDC guidance on diapering](#).
9. Advise students, educators and staff to avoid touching their eyes, nose and mouth with unwashed hands.
10. Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (if soap and water are not readily available). Alternatively, cough or sneeze into elbows.
11. Student, families, and staff, should be reminded to maintain a distance of at least 6 feet from others whenever possible.
12. If there is a confirmed case of COVID-19 identified in a staff member or student at an education facility, the facility should contact the Bureau of Infection Disease Control (BIDC) at 603-271-4496 to discuss tailored infection control guidance. Public Health staff would work directly with the school to provide support and guidance as schools work through a positive case.



Evaluations or Formal Assessments

13. All education providers and other staff are encouraged to wear reusable/washable cloth face coverings over their nose and mouth while administering any face to face evaluations where social distancing is difficult to maintain.
14. When possible, older students who are able to be compliant with cloth face coverings should be asked to wear them over their nose and mouth when in close proximity to staff and other children where social distancing is difficult to maintain. See guidance below for cleaning/disinfecting procedures.

Educator Guidance:

1. Educators must be provided with education and training around safe practices as it relates to hand hygiene, sanitation (cleaning and disinfection policies), and illness policies outlined in the [Universal Guidelines for All New Hampshire Employers and Employees](#).
2. Educators and other staff must be screened for symptoms or risk factors of COVID-19 before each shift as outlined below in Business Process Guidance:
3. Require all staff to report any symptoms of COVID-19 or close contact to a person with COVID-19 to supervisor.
4. Washing, Feeding, and Contact with a Student
 - a. Supporting many of our most vulnerable students will often result in educators needing to comfort crying, sad, and/or anxious students, as well as supporting them within close proximity, which may include physical support, handholding or other contact. Direct services will also require student contact. Education providers can protect themselves by wearing appropriate PPE, which may also include a gown or an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.
 - b. Education providers should wash their hands, neck, and anywhere touched by a student's secretions.
5. Education providers should consider sending students home or covering the soiled clothing with an outer garment if secretions are on their clothes. Educators themselves should change the button-down shirt, if there are secretions on it, and wash their hands again.
 - a. Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
 - b. Students should be encouraged to have multiple changes of clothes on hand in the educational facility.

6. For education facilities that have multiple rooms or groups, try to consistently keep the same groups of students and staff together (i.e. do not float staff, do not move student between rooms/groups), and avoid intermixing or interaction between groups during the day (e.g., at opening and closing, during lunch, outdoor play, etc.).
7. Space seating and work to design activities so that students are at least 6 feet apart, whenever possible. Such distancing protocols do not limit the ability of educators to have direct contact with students as part of direct supports or services.

Business Process Guidance:

1. All facilities should have a communication plan to educate staff, families, and students about COVID-19 health and safety practices at the education facility.
2. Students, education providers, and other staff should be screened daily on arrival to the educational facility by asking if the individual:
 - Has any symptoms of COVID-19 (see [Universal Guidelines](#) for list of potential symptoms) or fever of 100.4 degrees F or higher.
 - Has had any close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days.
 - Traveled in the past 14 days either:
 - i. Internationally (outside the U.S.),
 - ii. By cruise ship, or
 - iii. Domestically (within the U.S.) outside of NH, VT, or ME on public transportation (e.g., bus, train, plane, etc.).
3. Person(s) with any COVID-19 symptoms, those who report close contact with someone suspected or confirmed with COVID-19, or those reporting travel risk factors should **not** be allowed into the transportation vehicle or facility:
 - a. Symptomatic persons should be instructed to contact their health care provider to be tested for COVID-19 and [self-isolate](#) at home following the instructions below.
 - b. Asymptomatic persons reporting close contact with someone suspected or confirmed with COVID-19, or who report one of the traveled-related risk factors should [self-quarantine](#) for 14 days from their last exposure or return from travel.
4. Person(s) with suspect or confirmed COVID-19 must stay out of education programming until symptom-based criteria are met for [discontinuation of isolation](#):
 - a. At least 10 days have passed since symptoms first appeared **AND**
 - b. At least 3 days (72 hours) have passed since recovery (recovery is defined as resolution of fever off any fever reducing medications plus improvement in other symptoms)
5. Any person that develops symptoms of COVID-19 while at the education facility should be masked if they are over 2 years of age, removed from contact with others, and be immediately sent home.



- If the removed person is determined to be positive for COVID-19, quarantine and isolation protocols for those who were in contact with the staff/educator would apply.
7. Communicate with staff, educators, and families [what symptoms to look for in students](#). Including symptoms of [Multisystem Inflammatory Syndrome in children \(MIS-C\)](#).

Pick-up and Drop-off:

1. Develop a strategy where possible to keep social distancing during drop-off and pick-up, such as a drop-off and pick-up process which staggers arrival/departure of students and parents/guardians so that students and parents/guardians from different groups do not interact.
2. Wash hands or use hand sanitizer before and after signing in and out. No pen should be shared. Parents should use their own pens if signing in. If check-in is electronic, provide alcohol wipes and frequently clean the screens or keyboards.
3. Limit direct contact with parents as much as possible and consider having education providers greet student outside as they arrive.
4. Keep each child's belonging separated and in individually labeled storage containers, cubbies, or areas; take belongings home each day.

Transportation:

1. Those providing transportation to education facilities should maximize space between riders (e.g. one rider per seat in every other row when possible). Close seating on buses makes person-to-person transmission of respiratory viruses more likely.
2. Student transportation should adhere to appropriate social-distancing of students while they are congregating prior to embarking and disembarking.
3. Education providers engaged in the transportation of students should also adhere to masking protocols recommended above any time that they are in the transport vehicle or in the presence of students where social distancing is difficult to maintain.
4. On days where circumstances permit and it is safe to do so, windows should be kept open to enhance the flow of fresh air. If windows are unable to be opened, increase outdoor air circulation inside using the ventilation system. Do not re-circulate internal air.
5. When possible, older students who are able to be compliant with cloth face coverings should be asked to wear them over their nose and mouth when in close proximity to staff and other students where social distancing is difficult to maintain.

Outdoor Activities:

1. Increase time outside, if possible.
2. Outdoor activities should occur in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of six feet of open space between outdoor activity areas or visit these areas in shifts so that they are not congregating. Always ensure hand hygiene for staff and students immediately after outdoor activities.
3. See guidance below for considerations of removal of certain toys and materials from outdoor activity spaces, and how to clean/disinfect playground equipment or toys.

Meal and Snack Time:

1. Review and follow the [Universal Guidelines](#) for All New Hampshire Employers and Employees.
2. Maintain at least 6 feet of distance between students when seated and eating when possible; no sharing of food or utensils.
3. If meals are provided in a lunchroom, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups in the lunchroom when possible, and clean tables between lunch shifts.
4. Eliminate family style meals or have employees (not students) handle utensils and serve food to reduce spread of germs.

Cleaning and Disinfection Procedures:

1. Review and follow CDC [guidance on cleaning and disinfection for education programs](#).
2. Review and follow CDC [guidance on creating a plan if staff or student become sick](#):
3. Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child. Additional information about isolation in related settings can be found here: [isolation at home](#) and [isolation in healthcare settings](#)
4. Be ready to follow CDC guidance on how to [disinfect your building or facility](#) if someone is sick.
5. If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home
6. If COVID-19 is confirmed in a child or staff member
 - a. Close off areas used by the person who is sick.
 - b. Open outside doors and windows to increase air circulation in the areas.



- c. Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle to reduce the risk to individuals cleaning.
 - d. Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
 - e. If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
7. Continue routine cleaning and disinfection.
8. All cleaning materials should be kept secure and out of reach of students.
9. Develop a schedule for cleaning, sanitizing, and disinfecting. Communicate this to staff in their appropriate language. Perform frequent cleaning and disinfection of frequently touched surfaces, including door handles, toys, surfaces, outdoor playground equipment, etc.
10. Increase the frequency with which you clean and disinfect toys, equipment, and surfaces, especially doorknobs, check-in counters, and restrooms. Outside playground equipment exposed to sun and other weather elements is less prone to transmission and will not require the same cleaning protocols of indoor equipment and toys.
11. Use alcohol wipes to clean keyboards and electronics and wash hands after use.
12. Minimize the potential for the spread of germs in the program space by temporarily removing items that are not easily cleanable (such as stuffed animals and pillows) and rotate the toys that are out at any one time so that they can be adequately cleaned and disinfected. Personal comfort items from home need to be sent home daily and not shared.
13. If groups of student are moving from one area to another in shifts, cleaning measures must be completed prior to the new group entering this area.
14. Staff cleaning should follow the disinfectant manufacturer's instructions:
 - a. Use the proper concentration of disinfectant.
 - b. Maintain the disinfectant for the required wet contact time.
 - c. Follow the product label hazard warnings and instructions for personal protective equipment (PPE) such as gloves, eye protection, and adequate ventilation.
15. Use disinfectants in a well ventilated space. Extensive use of disinfectant products should be done when students are not present and the facility thoroughly aired out before students return.
16. Education facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility

17. Disinfectants, sanitizers, and other cleaning supplies are the responsibility of the education facility to have available.
18. Hands-on teaching material needs to be cleaned at the end of the day, using soap and water where possible then disinfecting.
19. Facilities should consider removing water tables, sensory tables, etc. from use for the time being and limit shared teaching materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.
20. During student evaluations and assessments:
 - a. All shared materials should be wiped down before and after the sessions. If paper materials cannot be wiped down a plastic covering could be used to ensure it is cleaned after each use.
 - b. The testing location (table, chair, door handles, etc.) should be wiped down before and after the testing session according to guidelines above.
21. Playdough cannot be cleaned or sanitized, so consider individual containers labeled with names, or discontinue use.
22. Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning:
 - a. In general, do not spray disinfectant on outdoor playgrounds (it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public,), however high touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
 - b. Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
 - c. Sidewalks and roads should not be disinfected. Spread of COVID-19 from these surfaces is very low and disinfection is not effective.