



Return to In-Person Learning Handbook 2020- 2021

Updated 3.29.21



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*This document is subject to change as directives from governing authorities and/or Public Health- Seattle & King County determine.

Renton School District continues to work with [Public Health—Seattle & King County](#), and the

For whom should your community provide in person learning? For School Administrators, Local Health Officers, and Community Stakeholders			
The risk of COVID-19 being introduced into the school and spreading depends on the health and safety measures taken by schools and the level of COVID-19 spread in the community. Consider the following educational modalities based on community transmission and other health and education risks and benefits.			
COVID-19 Activity	HIGH >350 cases/100K/14 days Test positivity >10% Trends in cases and hospitalizations	MODERATE ~50-350 cases/100K /14 days Test positivity 5-10% Trends in cases and hospitalizations	LOW <50 cases/100K/14 days Test positivity <5% Trends in cases and hospitalizations
Education Modality	Phase in in-person learning in groups of 15 or fewer students for pre-K through grade 5 and those with highest needs. Prioritize Pre-K through grade 3, and students in any grade with disabilities, students living homeless, or those farthest from educational justice. If schools can demonstrate the ability to limit transmission in the school environment, add grades 4-5.	Phase in in-person learning. Prioritize Elementary (pre-K - 5) if they are not already receiving in-person learning, and Middle School. If schools can demonstrate the ability to limit transmission in the school environment, add more high school students when case rates are below about 200/100K/14 days.	Provide in-person learning for all students.
Extra-curricular Activities	Cancel or postpone most in-person extra-curricular activities except those allowed under Safe Start and Governor’s proclamations on COVID-19.	Extra-curricular activities must follow K-12, applicable Safe Start protocols and Governor’s proclamations on COVID-19.	Extra-curricular activities must follow K-12, applicable Safe Start protocols and Governor’s proclamations on COVID-19.
Transition	Across all COVID-19 Activity Levels: <ul style="list-style-type: none"> When trends in cases and hospitalizations are flat or decreasing, and the school can demonstrate the ability to limit transmission in the school environment, expand access to in-person learning When trends are increasing, pause expansion of additional in-person learning and maintain access to in-person learning for those who have it. Schools are not required to reduce in-person learning or revert to remote learning based on metrics if the school can demonstrate the ability to limit transmission in the school environment. Consider other health and education risks and benefits to children and their families At any COVID-19 level, transition temporarily to full distance learning for 14 days when school meets criteria in DOH’s K-12 Health and Safety Guidance (p 16) or on recommendation of the local health officer.		

[Washington State Department of Health \(DOH\)](#) to monitor COVID-19 data and make informed decisions to determine when we can have students return to in-person learning. [Washington State Department of Health updated guidance on 12.16.20](#), providing considerations for educational modalities based on community transmission of COVID-19.

DISTRICT AND SITE COVID-19 COORDINATORS/RESPONSE TEAMS

Renton School District has carefully coordinated, planned, and prepared the following plans to meet mandatory health requirements for reopening our schools for the 2020-21 school year in alignment with [Public Health—Seattle & King County](#) (PHSKC), the [Office of Superintendent of Public Instruction \(OSPI\) guidance](#), and the Office of the Governor. We will partner with these groups, monitoring health and safety guidelines and protocols, updating our responses as appropriate.

Managing COVID-19 within schools and district facilities, to help reduce transmission and keep students, staff, and families healthy and safe, requires a coordinated team response. We have identified specific roles and responsibilities of staff to support this work.

DISTRICT COVID-19 COORDINATOR

Laura Widdice, Director of Health Services has been identified as the District COVID-19 Coordinator. The District Coordinator:

1. Serves as the liaison to Public Health- Seattle & King County (PHSKC).
2. Uses the online reporting system to inform PHSKC about confirmed COVID-19 cases in each school.
3. Maintains and updates School Case & Close Contact List Template (B) for the district.
4. Distributes protocols, procedures, and resources to the School COVID-19 Coordinator(s).
5. Updates protocols, procedures, and school resources as new or revised guidance from CDC, WA DOH, and PHSKC becomes available.
6. Serves as the point of contact for questions and information for the community-at-large as well as related stakeholders/school district partners.

COVID-19 RESPONSE TEAMS

Each school/site has a COVID-19 Response Team made up of the following positions:

- Site COVID-19 Coordinator
- COVID-19 Screening Lead
- COVID-19 Isolation Supervisor
- Infection Control Lead

SITE COVID-19 COORDINATOR

Site Coordinators have been identified for each school and district location.

- Building Principals are the Site Coordinators for schools.
- Randy Matheson is the Site Coordinator for Kohlwes Education Center (KEC).
- Matt Feldmeyer is the Site Coordinator for the Facilities, Operations, and Maintenance Center (FOMC).
- Heather Berthold is the Site Coordinator for the Warehouse.
- Gregory Dutton is the Site Coordinator for Transportation.

Site COVID-19 Coordinators are responsible for monitoring the health of employees and enforcing COVID-19 job site safety. The Site Coordinator:

1. Provides resources and information about COVID-19 and quarantine/isolation to ill staff and families of ill students.
2. Gathers additional information about close contacts for tracking.
3. Serves as a liaison to the District COVID-19 Coordinator.
4. Manages internal and external communication regarding outbreak status of the school.
5. Serves as the point-of contact to answer questions and provide information for staff/students/families.
6. Notifies close contacts of COVID-19 positive student/staff of the exposure and need to quarantine.
7. Maintains and disseminates COVID-19 procedures, protocols and information to all staff, students, and families.
8. Ensures that students/staff are using face coverings.
9. Assures that there are staff designated and available daily to fulfill COVID-19 Response Team Roles within the site.
10. Serves as point of contact for problems with Seek Scan temperature check, PPE re-stocking.

COVID-19 SCREENING LEAD

The COVID-19 Screening Lead is the nurse in each school. The Screening Lead for other district sites is determined by the Site COVID-19 Coordinator. The Screening Lead:

1. Gathers information about symptomatic students or staff.
2. Notifies parents/guardians/emergency contacts to facilitate students/staff getting home safely.
3. Gathers preliminary information for School Case & Close Contact List Template including dates of infectious period.
4. Ensures that students/staff are using face coverings.
5. Notifies the Infection Control Lead of need to initiate infection control protocols.

COVID-19 ISOLATION SUPERVISOR

The Site Coordinator has identified a COVID-19 Isolation Supervisor, which varies by school. The Isolation Supervisor:

1. Supervises areas where students/staff who develop COVID-19 symptoms while at school are kept until they can leave school.
2. Assures that students/staff remain masked and maintain social distance from others while waiting.
3. Assures that the student is released to parent/guardian or designee.

INFECTION CONTROL LEAD

The Infection Control Lead is the Office Manager, working closely with the Custodian, in each school. The Infection Control Lead for other district sites is determined by the Site COVID-19 Coordinator. The Infection Control Lead:

1. Facilitates initiation of cleaning and disinfecting protocols of all affected areas.

2. Notifies custodial staff that affected area(s) must be cleaned and disinfected in accordance with CDC COVID-19 cleaning/disinfection protocols.
3. Assures that affected areas are not used until cleaning is complete. (i.e. has the custodian close off the areas and post a sign).
4. Confirms that custodial staff has completed cleaning and disinfecting all affected areas.

The lead custodian in every building:

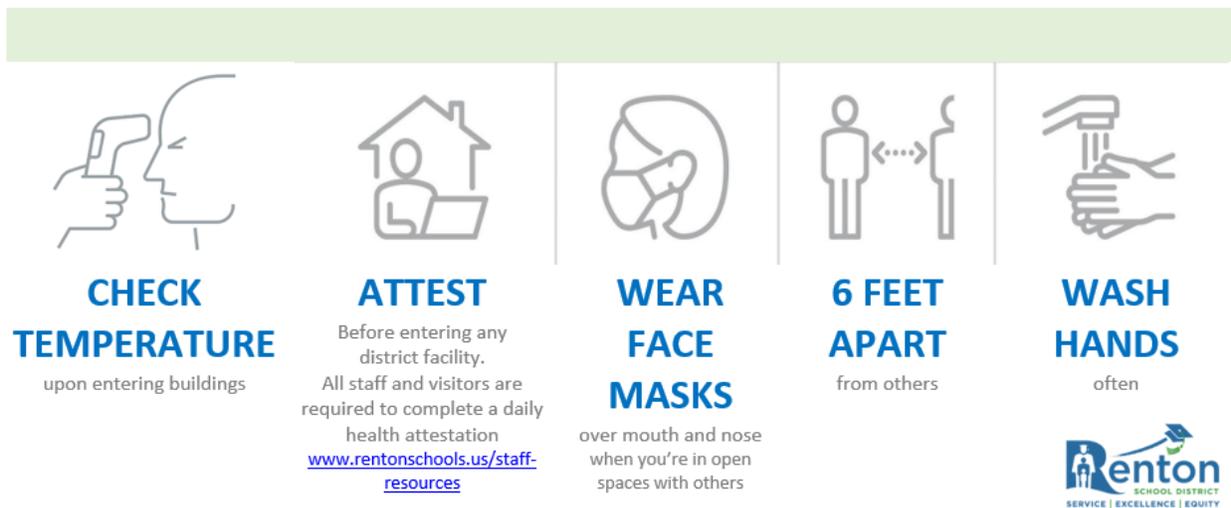
1. Assures that COVID isolation area is disinfected daily.
2. Maintains and updates cleaning and disinfecting protocols and procedures.
3. Prepares COVID-19 cleaning plans and regularly updates plans with new or revised CDC and WA DOH guidance.

MANDATORY HEALTH REQUIREMENTS

REQUIREMENTS FOR ALL STAFF, STUDENTS, AND VISITORS

Following [Public Health and Labor & Industry](#) recommendations, we require the following of all students, staff, and visitors:

- **Temp check/daily attestation**
- **Sign-into** staff/visitor log to facilitate contact tracing
- **Wear Masks:** Whenever in a space with more than one person, students, staff, and visitors must wear masks that cover their nose and mouth
- **Maintain a six-foot distance** between one another, when feasible
- **Wash hands** or use hand sanitizer frequently



TEMPERATURE CHECKS, USING SEEK SCAN, SIGN-IN, DAILY HEALTH ATTESTATION

Step 1 – Take your temperature by stopping at the Seek Scan temperature scan as you enter each day. See [this video](#) for details about the process.

- Look directly at the camera (not the monitor) for the quickest reading.
- The Seek Scan works better when people remove their glasses. Sometimes lowering your face cover below your nose helps it find your facial landmarks.
- If you read high, try removing your hat or hoodie or waiting a minute to adjust to the indoor air temperature before trying the Seek Scan again or the hand-held thermometer.

Step 2 – Sign-into staff/visitor log. This will facilitate contact tracing.

Step 3 – Complete the Daily Health Attestation.

- Staff/Visitor:
 - Find the link to the [Daily Health Attestation](#) on the district website, on the Staff Resources page under Staff Quick Links.
 - Use a QR code found on stickers by each entrance.

- If you visit multiple schools and district sites in a single day, you only need to complete the Daily Health Attestation once per day. You can choose your first stop or your home base. Remember to sign-in the Staff or Visitor sign-in sheet at every location you visit.
- Guest access and non-essential visitors in school will be discouraged during the time COVID-19 remains active in the community. On the occasions that guests and parents' entry into the school is deemed appropriate, they will be expected to check-in through the school's screening protocol.
- Students:
 - Families may fill out a paper attestation.
 - Families may complete the attestation in Skyward. See a video of how to complete an attestation in the [Skyward App](#).
 - Families may complete the attestation in Skyward by using the QR Code



HEALTH ATTESTATION

Staff, students, families, and visitors who enter buildings will be asked to fill out a daily Health Attestation. Per DOH guidelines, people showing symptoms of COVID-19 will not be allowed to go into district buildings. Questions asked on the Health Attestation are:

- Name
- Building working in/visiting
- Do you have any of the following symptoms that are not attributable to another condition (check all that apply)?
 - Fever (100.4 F or higher)
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Fatigue
 - Muscle or body aches
 - Headache

- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Have you been in close contact with anyone with confirmed COVID-19 in the past 14 days? (*Close contact means being within 6 feet (2 meters) of an infected person for 15 minutes or more.)
- Have you had a positive COVID-19 test for active virus in the past 10 days?
- Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

WHAT HAPPENS TO DAILY HEALTH ATTESTATION INFORMATION?

Staff

- When someone indicates they have a symptom or check “yes” to any of the questions, an email is automatically generated to the School/Site COVID Coordinator.
 - If the staff member hasn’t contacted their supervisor already, the School/Site COVID Coordinator reaches out to the staff person to determine if the form was completely correct and to better understand the situation to determine if the staff member needs to go home or can stay at work.
- For people who indicate no symptoms and answer “no” to all the questions, the responses are maintained for 90 days.

DON'T wear a face covering these ways:



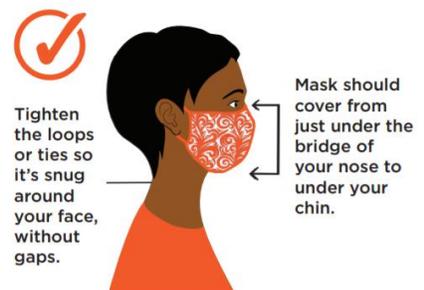
Visitor/Student who answer “Yes” to any attestation question will not be allowed in the building.

HOW TO WEAR YOUR MASK CORRECTLY

- Wash your hands before putting on your mask
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily

SUPPORTING STUDENTS TO PROPERLY WEAR MASKS

DO wear a face covering safely.



All students are expected to wear masks on the bus and at school. There will be times when students are not wearing masks consistently. When this happens staff will work with the student and family to support the student. The following are strategies that may be used, but are not limited to:

- Conference with the student to explain the expectations and importance for wearing masks
- Contact the family to align messaging and expectations to student
 - Ask the family if they have ideas that could be used at school
 - Ask family to have practice sessions at home
 - Ask if they can make it more fun for the child by providing a mask they like or have decorated themselves
- Acknowledge the student's frustration and discomfort
- Schedule mask breaks and share that plan with the student and family
- Incentivize mask wearing by letting the student earn preferred activities. Work with family to provide these at home as well as school.
- Ask the student to leave the classroom until they are ready to put the mask on again.
- Discussion with the family to determine if in-person learning is the safest way for the student to access their education.

HAND WASHING

- Students will be trained in proper handwashing technique. Handwashing is available in restrooms and in elementary classrooms.
- Additional handwashing opportunities will be stressed throughout the day.
- All students will wash their hands before eating meals.
- Handwashing posters published by the Centers for Disease Control (CDC) are displayed through schools.
- Staff and students will be asked to wash their hands or use hand-sanitizer in the following situations:
 - Arriving at school
 - Before meals or snacks
 - After outside activities
 - After using the restroom
 - After sneezing or blowing their nose
 - Before leaving school

TEACH GOOD HANDWASHING HABITS

- Use plain soap and water for handwashing – before eating, after using the bathroom, after recess, etc. Antibacterial soap is not recommended. Use plain fragrance-free soap. When there is no access to a sink, as on a field trip, alcohol-based (at least 60% alcohol, dye-free and fragrance-free) hand sanitizer or alcohol-based sanitizer wipes can be

used. Hand sanitizers are not a substitute for handwashing: they are not effective when hands are dirty or greasy.

HAND SANITIZING IN THE ABSENCE OF HANDWASHING AVAILABILITY

- Hand sanitizing stations are posted throughout schools.
- Touchless hand sanitizer dispensers are provided throughout all buildings: staff, students and visitors must sanitize hands upon entering a building.

PHYSICAL DISTANCING

- Social distancing in settings that students occupy will decrease the threat of transmission of the virus. Schools have arranged student learning environments to have the class facing the same direction and avoid small group arrangements.
- Classrooms and common spaces have been reconfigured and processes to ensure six feet of physical distance.
- Physical spaces have been altered, schedules reconfigured, and necessary plans have been adopted to provide meals to students that ensures six feet of physical distance.
- Busing plans maximize physical distancing on school buses as much as possible on a given bus route.
- Student drop-off and pick-up plans have been reconfigured to provide proper physical distancing and minimal opportunities for parents and other adults, who are not staff, to enter our buildings.
- Floor and wall signage is posted to support staff and students in physical distancing. Schools have plans for one-way directional flow to limit cross-directional flow of students.

GUIDANCE FOR WHEN TO STAY HOME & WHEN TO GO TO SCHOOL

The Renton School District will follow guidance from Public Health- Seattle & King County (PHSKC) with regards to when staff or students with symptoms of COVID-19 or close contact with a person with COVID-19 can return to school. PHSKC's [Screening Flow Chart](#) provides clear recommendations about when staff, students, and visitors must stay home from school.



COVID-19 SYMPTOMS²

- Fever (100.4°F / 38°C or higher)
- Cough
- Loss of taste or smell
- Chills
- Shortness of breath or Difficulty breathing
- Fatigue
- Headache
- Muscle pain or body aches
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

²That are not explained by a preexisting condition, such as asthma.

³A **short-term symptom** is defined as: A person has **only one of the following symptoms** (fatigue; headache; muscle pain or body aches; sore throat; congestion or runny nose; nausea or vomiting; or diarrhea) **AND** the symptom begins and resolves in less than 24 hours **AND** no known COVID-19 exposure (close contact).

A person can return to school the next day if the short-term symptom resolves. A COVID-19 test is not required.



CLOSE CONTACT DEFINITION³

"Close Contact" includes anyone in one or more of the following categories:

- Been within 6 feet (2 meters) of a person with COVID-19 for a combined total of 15 minutes or more within a 24-hour period
- Live in the same household as a person with COVID-19
- Cared for a person with COVID-19
- Been in direct contact with saliva or other body secretions from a person with COVID-19 (for example: been coughed on, kissed, shared utensils, etc.)

Public Health will help identify close contacts.

If you've been exposed to someone with COVID-19 and you have no symptoms, Public Health recommends the following:

1. Stay in quarantine for 14 days after your last contact. **This is the safest option.**
2. If this is not possible, stay in quarantine for 10 days after your last contact, without additional testing.
3. If the first two options are not possible, stay in quarantine for 7 full days beginning after your last contact **and** if you receive a negative test result (get tested no sooner than day 5 after your last contact). *This option depends on availability of testing*

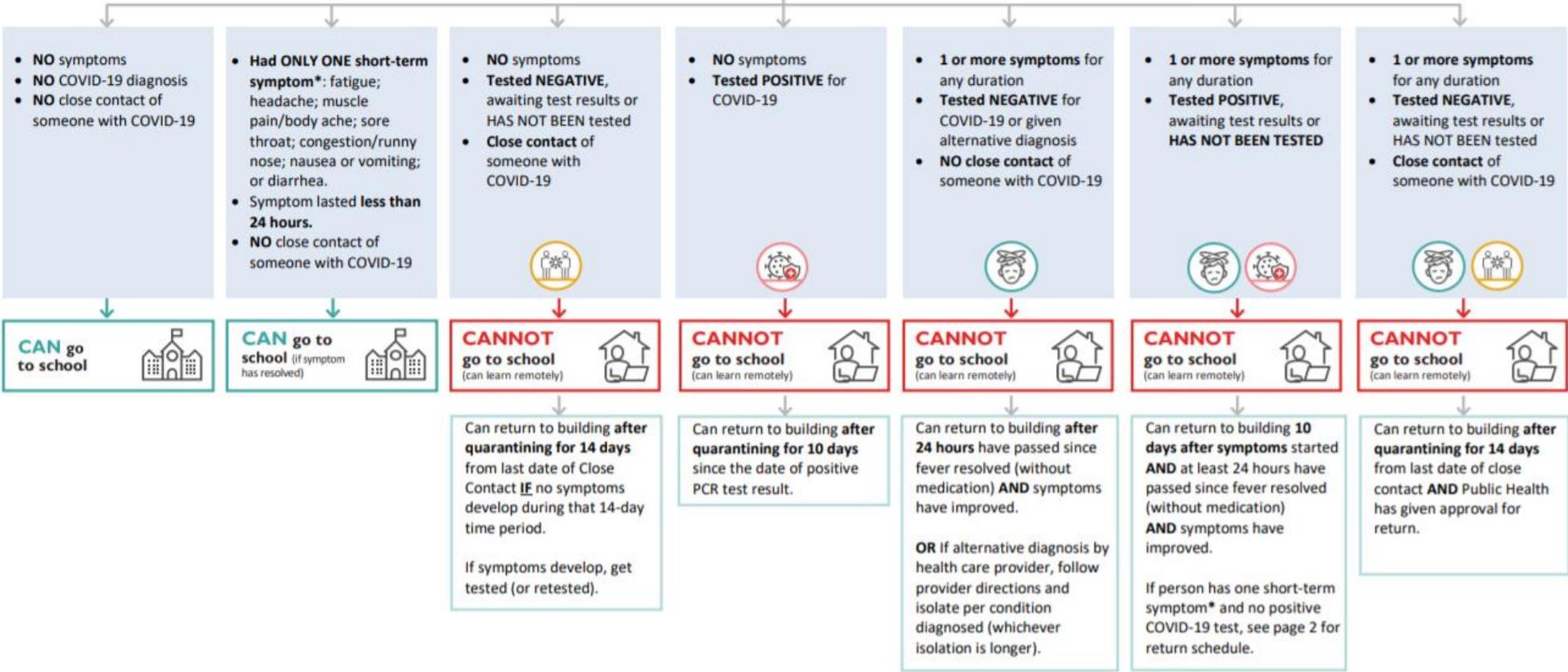
Additionally, PHSKC has an easy to understand infographic about [When Can I Be Around Others Again](#).

COVID-19 Symptom Flow Chart

Key:

-  Is a close contact
See Page 2.
-  Tested positive for COVID-19
-  Has symptom(s)
See Page 2.

SCREEN STAFF OR STUDENT FOR COVID-19
Anyone who is sick or has any symptom(s) should stay home.



FACILITIES CLEANING AND DISINFECTING

KEEPING OUR FACILITIES CLEAN

- We have developed a cleaning regimen in our facilities and buses consistent with DOH guidance and the Infection Control Handbook 2010. See a [video of this work](#) .
- Floors, countertops, tables, and desktop surfaces are cleaned by custodial staff daily. High touch points are disinfected by custodial staff daily, which includes handrails, doorknobs and push bars, keypads, light switches, sinks, faucets, drinking fountains, chair arms and adjustment points, and handicap door paddles.
- The Custodial Department has enacted “Cross- Contamination” protocols, utilizing different color Microfiber Cloths and Pads, designated for different spaces.
- The Custodial Department has changed the techniques in relation to how Cleaning and Disinfecting is performed. They will be using a “Top to Bottom” Cleanest to Dirtiest technique and ensuring that Microfiber Cloths and Pads, will not be shared between Classrooms, Common Areas and Restrooms. Each space will be Cleaned/Disinfected with a clean set of Microfiber Cloths and Pads.
- The Custodial Department will be utilizing an Electrostatic Sprayer to aid in Sanitizing/ Disinfecting, all spaces throughout the building. This will allow for even application of Sanitizer/Disinfectant to be applied on surfaces and touchpoints, minimizing the spread of COVID 19, while increasing efficiency.
- Physical barriers may be installed, or other areas used, where physical distancing is not possible.
- Hand sanitizing stations are available throughout schools and district buildings.
- We have a mechanical engineer on staff who is working with our environmental consultant to assess every HVAC system in the district and make recommendations about potential improvements, including ensuring filter changes are consistent with manufacturers’ recommendations, increasing air exchange, increasing filter particulate screening (from MERV-8 to MERV-11 or MERV-13 in some locations).

DRINKING FOUNTAINS:

All drinking fountains in schools and classrooms have been turned off and will not be available for staff or student use. Schools will be provided with water filling stations on each floor. Additionally, in classrooms, students may use the faucet to fill water bottles.

RESTROOM PROCEDURES:

To support physical distancing, each group restroom will list the number of students allowed to be in the space at any given time. Students and staff will be asked to wash their hands thoroughly before leaving the restroom.

HEATING, VENTILATION, AND AIR CONDITIONING (HVAC) SYSTEMS:

Although Heating, Ventilation, and Air Condition (HVAC) systems cannot prevent the spread of a virus from one person to another, modifications to the system can be made to minimize the spread from one space to another. The Renton School District worked with an outside agency to evaluate the HVAC systems in all of our schools and followed recommendations provided. See a [video of this work](#). Based on the recommendations, the Renton School District is:

- Increasing the flow of fresh, outside air, during student/staff occupancy.
- Flushing buildings nightly with high volumes of outside air.
- Installing air filters with a Minimum Efficiency Reporting Value (MERV) rating MERV-13, where possible. Typical school systems utilize a filter with a MERV rating of somewhere between MERV-8 and MERV-11. The update to a MERV-13 will help to further reduce risk and help capture airborne virus particles.
- Changing air filters in a building when there is a positive COVID case.

CLASSROOM CLEANING

School custodial staff is responsible for cleaning/disinfecting schools. Some teachers choose to do additional cleaning. Here is how to ensure those efforts tackle dirt and germs safely and effectively. Each Classroom space will have a “Custodial Checklist” either, hung outside the Classroom door or, inside the Classroom itself. This will demonstrate that “High Touch surfaces” are being disinfected with more frequency as per Department of Health Guidelines. 3 times daily (AM/Mid-Day/PM), the Custodial Staff will enter the Classrooms space and Disinfect all touchpoints. The Custodial Department asks that you leave your Classroom for 5 minutes so that this work can take place, during the frequency schedule (Mid-Day/PM).

KNOW THE DIFFERENCE BETWEEN CLEANING, SANITIZING, AND DISINFECTING

- CLEANING removes dirt and most germs. Use soap and water. A third party certified green cleaner is preferred. In the classroom, cleaning is the focus.
- SANITIZING reduces germs to safe levels. For example, in food service environments, food code regulations have specific requirements for sanitizers in the cafeteria and kitchen.
- DISINFECTING kills most germs, depending on the type of chemical, and only when used as directed on the label.

DANGERS OF DISINFECTING WIPES

[Washington State Department of Health \(DOH\) directs](#) that custodial staff use disinfectants and sanitizers regularly only in high-risk areas – nurse’s office, bathrooms, cafeterias, kitchens, drinking fountains, sink and door handles; preferably, when students are not present. Overuse does not provide any additional protection and can expose students and staff to harmful chemicals. **Students should never use disinfectants.**

- Many popular wipes contain toxic chemicals that can cause immediate acute side effects such as skin and eye irritation as well as contribute to chronic and long-term conditions.
- Disinfecting wipes contain active ingredients that have been found to cause:
 - Asthma (e.g., chlorine bleach/sodium hypochlorite, peroxyacetic acid, quats.)
 - Cancer (e.g., ortho-phenylphenol)
 - Skin sensitization (e.g., chlorine bleach, pine oil, thymol).
- Disinfecting chemicals often contain a class of substances called quaternary ammonium compounds or “quats.” These chemicals are skin irritants, can irritate your lungs, and have been linked to asthma and reproductive harm.
- The overuse of antibacterial cleaners can promote antibacterial-resistant bacteria, aka “super-bugs.”

TEACHERS CAN USE BASIC CLEANING TO REMOVE DIRT AND GERMS IN CLASSROOM

If staff, besides trained custodial staff, needs to assist with classroom cleaning, they should use a school or district provided basic cleaner (Stride Neutral Cleaner) and a Yellow Microfiber Cloth. A third party certified green cleaner is preferred.

- Custodial staff will provide cleaner for classrooms.
- Microfiber cleaning cloths improve cleaning by removal of dirt and germs. Dampened with water, they are great dust removers. With Neutral Cleaner, they remove most germs.
- Disinfecting is the responsibility of school custodial staff. They are trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills – blood, vomit, feces, and urine. Contact your custodian or school nurse if students are ill and your classroom needs cleaning and disinfection. If teachers use disinfectants, the district must provide training and supply the appropriate cleaner and sanitizer or disinfectant.

Students should never use disinfectants. Disinfectant wipes should not be used to clean hands. This includes Clorox wipes.

IF STUDENTS ARE HELPING:

- Neutral cleaner is safe for students to use.
- Most store-bought cleaning products are not safe for children to use.

SHARED HANDS-ON TEACHING MATERIALS

Renton school staff will clean and disinfect hands-on materials often and after each use. Shared teaching materials will be limited to those that can easily clean and disinfect. Sharing of items that are difficult to clean or disinfect will be discouraged. Children’s books and other paper-based materials are not high risk for spreading the virus.

Renton School District will ensure adequate supplies to minimize the sharing of high touch materials as much as possible. Examples include assigning each student their own art supplies or limiting the use for one group of children at a time. Shared items will be cleaned and disinfected between use. Students' belongings will be kept separate and in individually labeled containers, cubbies, or areas.

ISOLATING PEOPLE WITH COVID-19 SYMPTOMS

As soon as a person is identified as showing signs or symptoms of COVID-19, they will be immediately taken to an isolation room. Every school/facility has identified a space for isolating ill persons until they can be sent home. The space used as an isolation room incorporates these principles and considers the facilities available at each school.

- When possible, the isolation room has doors that can close and windows that vent to the outside to improve ventilation. Alternatively, a room with several cots, spaced at least six feet apart, with privacy curtains between cots may be used.
- When possible, the isolation unit has a private bathroom for use only by people with COVID symptoms. When a private bathroom for ill people is not available, the ill person will wear a face mask when traveling to and from the communal bathroom. The nearest communal bathroom will be closed and used only by people with COVID symptoms.
- If a student or staff member develops signs of COVID-19, they will be supervised in the isolation room from a safe distance until the sick person can leave.
- A sign will be placed on the door of the isolation room and nearest restroom to identify the space as an isolation space. The sign will not be removed until the room has been disinfected by a Custodian using the Pandemic Kit.
- Staff caring for ill persons will use appropriate PPE.
- While waiting to leave school, the individual with symptoms should wear a face covering or mask if tolerated.
- The isolation room will be aired out, cleaned, and disinfected after the ill person leaves following current guidance.

SCHOOL BUS TRANSPORTATION

The Renton School District's Transportation Department's mission is to provide safe, effective, and efficient transportation focusing on the safety and wellbeing of all students. To do this, we are following the Department of Health, Labor & Industry, and the Office of the Superintendent Public Instruction to determine how to safely transport students to school.

STUDENT EXPECTATIONS

- **Face Coverings:** All students will be required to wear a face covering when riding the bus unless they are exempt due to a medical reason. Students will not be left at a bus stop unattended because they do not have a mask, as drivers will carry additional masks for students who do not have one.
- **Seating:** Students will be encouraged to spread out and distance themselves from other students on the bus. Siblings will be required to sit with one another on the bus, to allow for less interaction between students not from the same family. Although there is no restriction on the number of riders permitted on a bus for COVID, we will ask students to sit by themselves, when possible, with no more than 2 students to a seat. Drivers will create seating charts as students return to in-person learning to assist with possible contact tracing.

SAFETY PRECAUTIONS

- Windows will be kept open as much as possible, to maximize the outside air. This will be weather dependent, but, at a minimum, windows will be cracked, and roof air vents will be open.
- Cleaning and disinfecting of frequently touched surfaces (e.g. handrails) will be done between routes by each bus driver, using the Alpha HP cleaner/disinfectant. Custodial staff will disinfect buses nightly using the Virex 256.

BUS DRIVER EXPECTATIONS

- **Temperature Check and Attestation:** Transportation staff and drivers will complete temperature screenings and attestation forms when they arrive on-site. Drivers will not start their bus routes until they have been cleared with no temperature or COVID symptoms.
- **Face Coverings:** All drivers will wear face coverings. Drivers will wear a face shield with a cloth mask (cloth masks alone are not acceptable), KN95, or non-FDA approved procedure mask.
- **Safety Materials:** Drivers will also be supplied with optional safety glasses, goggles, gowns, and gloves.

POSITIVE COVID-19 TEST OR COVID SYMPTOMS

- Buses that have transported students that test positive for COVID-19 will be put out of service until they are thoroughly disinfected.
- Transportation will be unable to transport a student home if they have been isolated at school for possible COVID symptoms.

STAFF SPECIFIC INFORMATION

SITE COVID COORDINATOR (PRINCIPAL, DISTRICT DIRECTOR) STEPS FOR NOTIFICATION:

This section provides guidance on gathering information from staff/visitors who believe they have COVID, or who have had close contact with someone who is COVID positive, and how/what to communicate with others. Please remember to maintain the confidentiality of the person as required by the Americans with Disabilities Act (referring to the person who tested positive as the “case” protects the confidentiality of the person).

If an employee/visitor reports they have had close contact with someone who is COVID-19 Positive, the Site COVID Coordinator will:

1. **Confirm the details with the employee/family of the student/visitor**
 - a. Did they have close contact with someone who tested positive for COVID?
 - i. Close contact means being within 6 feet of the person for 15 minutes over a 24-hour period (regardless of masks and other mitigating measures)
 - b. When was the close contact?
 - i. If they are within the 14-day incubation/quarantine period since the LAST time they were in close contact with the person who was positive, they need to continue quarantining at home.
 - c. **Employees** – The employee can contact Human Resources (Ryan Rudolph, ryan.rudolph@rentonschools.us; 425-204-2298) to learn about COVID-19 leave options if they are unable to perform their work remotely.
2. **Communicate**
 - a. School nurse and District COVID-19 Coordinator (Laura Widdice Laura.Widdice@rentonschools.us, cell 206.437.2910)
 - i. The employee/student/visitor’s full name and contact information
 - ii. When and where the person has been in a Renton facility, if known
 - iii. Any other information that might be helpful for contact tracing should the person test positive

If an employee/visitor reports they have had tested Positive for COVID-19, the Site COVID Coordinator will:

1. **Confirm the details with the employee/family of the student/visitor**
 - a. When were they tested; when did they get positive test results for COVID-19?

- b. If they are awaiting test results, have they been in close contact with someone who is positive for COVID-19, or do they have symptoms of COVID-19 but haven't tested positive, they are NOT positive for COVID-19.
- c. Employees can contact Human Resources (Ryan Rudolph, ryan.rudolph@rentonschools.us; 425-204-2298) to learn about COVID-19 leave options if they cannot work remotely from home.

2. Communicate

- a. District COVID-19 Coordinator (Laura Widdice Laura.Widdice@rentonschools.us, cell 206.437.2910) and the School Nurse
 - i. The employee/student/visitor's full name and contact information
 - ii. When and where has the person been in a Renton facility, if known?
 - iii. Has the case let any close contacts know they tested positive?
 - iv. Any other information that might be helpful for contact tracing
- b. Custodian and Custodial Manager (Glen Collins glen.collins@rentonschools.us, cell if needed 360.454.6009)
 - 1. If the employee/student/visitor was in a Renton facility in the two days before symptoms started or they tested positive for COVID-19
 - a. Custodian needs to know WHEN and WHERE the case was in order to clean and use the correct PPE
- c. Chief of your school or department or your assistant superintendent if under Human Resources or Business and Operations, Community Relations (Randy Matheson, randy.matheson@rentonschools.us, and cell 206.375.0632), and Human Resources (Lian Sell, Lian.Sell@rentonschools.us, phone if needed 425.204.2413).
 - 1. Share
 - a. Renton facilities that are impacted
 - b. What is an employee, student or visitor?
 - c. Let them know the basics of the situation
- d. **Transportation** (Greg Dutton, gregory.dutton@rentonschools.us, cell if needed 206.225.8453)
 - a. Do NOT identify the student.
 - b. Share which ROUTES and DAYS the student rode the bus.

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR STAFF:

In accordance with OSPI and DOH guidance, appropriate PPE is provided for all staff. Staff can refer to [Employer Health and Safety Requirements for School Scenarios](#) and the associated presentation published jointly by OSPI, DOH and L&I, or the [Which Mask for the Task](#) document published by L&I.

A fit test is required for use of an N95 respirator. A fit test requires a medical evaluation by a nurse, a qualitative or quantitative test while wearing the respirator conducted by a trained individual, and workplace training on the proper use of N95 respirator. The test needs to be updated annually, records will be maintained by HR.

SUMMARY OF PPE REQUIREMENTS FOR SCHOOL-SPECIFIC SCENARIOS

Examples of Work Conditions by Transmission Risk Level

Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
Health Status of the People Around You:				
Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Probable or Known COVID-19 Source or Direct Human Mouth, Nose, or Eye Interactions
<p>Worksite with controlled and low public interaction, where at least 6 feet of distance is always maintained and only broken in passing once or twice a day.</p> <p><i>For example, when working alone in a classroom or office.</i></p>	<p>Work inside a structure/office where number present allows for at least 6 feet of distance to be easily maintained fulltime and only broken intermittently, in passing, up to several times a day.</p> <p><i>For example, in the general instructional setting, in office settings with 6 feet of distance, or in food service with 6 feet of distance.</i></p>	<p>Work inside a structure/office where at least 6 feet of distance is mostly maintained, but with job tasks that require sustained several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations.</p> <p><i>For example, in an individual/small group instructional setting with 6 feet of distance or in transportation settings with 6 feet of distance mostly maintained.</i></p>	<p>Work in close quarters, such as a multiple-occupancy permit-required confined space or inside a room with 10 or more people where at least 6 feet of distance is not maintained, and includes job tasks requiring sustained close-together (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day.</p> <p><i>For example, in different in-person educational settings with sustained close contact.</i></p>	<p>Healthcare work involving face-to-face close proximity or potential for coughing or sneezing while working with healthy or asymptomatic people. Potential for droplets of biological material or fluids to become airborne within the breathing zone of the employee. Examples include tonometry during eye exams, visual examination of the oral and nasal cavities, visual examination of the eyes, swab sampling in the mouth or nose.</p> <p><i>For example, in a health or isolation room.</i></p>

Minimum Required Mask or Respiratory Protection for Employees Without Additional Engineering Controls or PPE

Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
Health Status of the People Around You:				
Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Probable or Known COVID-19 Source or Direct Human Mouth, Nose, or Eye Interactions
<p>Reusable cloth face covering that fully covers mouth and nose except when working alone in room, vehicle, or on job site. Job has no in-person interaction.</p> <p>A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.</p>	<p>Reusable cloth face covering that fully covers the mouth and nose.</p> <p>A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.</p>	<p>Face shield with a cloth face covering.</p> <p>-OR-</p> <p>Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.</p>	<p>Elastomeric half- or full-face respirator with particulate filters****</p> <p>-OR-</p> <p>Powered-air purifying respirator (PAPR) with particulate filter. (Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. No fit-testing is required for loose fitting systems.)</p> <p>-OR-</p> <p>Industrial use N95, R95 or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator****).</p> <p>-OR-</p> <p>Face shield plus an FDA-approved KN95 mask, surgical mask, dust mask, or procedural mask (if a respirator cannot be reasonably obtained).</p>	<p>FDA-approved surgical mask or healthcare N95 filtering facepiece respirator****</p> <p>-OR-</p> <p>Elastomeric respirator with particulate filters.</p> <p>-OR-</p> <p>Face shield plus an FDA-approved KN95 mask, surgical mask, dust mask, or procedural mask (if a respirator cannot be reasonably obtained).</p> <p>Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. Powered-air purifying respirator (PAPR) with particulate filter may be used; no fit testing is required for loose-fitting models.</p> <p>When feasible, people with COVID-19 should also wear an FDA-approved surgical N95 or surgical mask.</p>

**Use a face shield combined with the minimum face covering to lower the risk category where the work or job task allows.*

MASK FIT TESTING INFORMATION

[Risk Levels](#)

School employees are required to wear the correct personal protection equipment in high transmission risk situations. These situations are when you are working where 6 feet of distance is not maintained and includes tasks that require less than 3 feet apart for more than 10 minutes multiple times a day.

Extremely high transmission risk situations involve face to face close work with people with COVID-19 symptoms. Taking care of students in the isolation room is an example.

It is safest for everyone involved to use as many mitigation strategies as possible to reduce the transmission risk. For example,

- Being in a larger space allows people to spread out to better maintain 6 feet of distance
- Moving furniture to maximize distance between people
- Having someone already in the 6-foot bubble perform the task
- Using physical barriers like sneeze guards
- For materials/food/computer pick-ups – have a table that families and staff approach at different times or placing items directly in the car trunk
- Opening a window improves air flow
- Working outside has the best air flow

After all the mitigation strategies are in place, then it is time to match the personal protective equipment to the task at hand. The goal is always to be in the lowest transmission risk setting possible. It can be challenging to compromise what we know are best educational practices (students working together in small collaborative groups, for example), but we must do as much as we can to minimize the risk to the health and well-being of employees, students and their families.

[Employer Health and Safety Requirements for School Scenarios](#) provides more details.

Fit Testing Requirements

This is important information about the respirator fit testing requirements for employees who are required to use a tight-fitting respirator. The federal Occupational Safety and Health Administration - also called "OSHA" - and Washington Labor and Industries (L&I) require employers to fit test workers who must wear respirators on the job.

How Respirators Work

It is important to remember that using a respirator that fits you properly protects your health and safety by reducing your exposure to airborne particles or viruses.

A respirator can't protect you if it doesn't fit your face. It's that simple. Tight-fitting respirators such as N95s and KN95s, must form a tight seal with your face or neck to work properly. If your

respirator doesn't fit your face properly, contaminated air can leak into your respirator facepiece, and you could breathe in hazardous substances. Before you wear a tight-fitting respirator at work, we must be sure that your respirator fits you. We do this by performing a fit test on you while you wear the same make, model, and size of respirator that you will be using on the job. That way you know that your respirator fits you properly and can reduce your risk, as long as you use it correctly.

Medical Clearance

In addition, before you use a respirator or are fit-tested, we must ensure that you are medically able to wear it.

What is a fit test?

A “fit test” tests the seal between the respirator and your face. After passing a fit test with a respirator, you must use the exact same make, model, style, and size respirator on the job.

User Seal Check

A fit test should not be confused with a **user seal check**. A user seal check is a quick check performed by the wearer **each** time the respirator is put on. It determines if the respirator is properly seated to the face or needs to be readjusted.

Type of Fit Testing

We are doing qualitative fit testing which is a pass/fail test method that uses your sense of taste to detect leakage into the respirator. Whether the respirator passes or fails the test is based simply on you detecting leakage of the test substance into your respirator. We use:

- Saccharin, which leaves a sweet taste in your mouth and
- Bitrex, which leaves a bitter taste in your mouth

Other PPE

Many workers need to wear prescription glasses or personal protective equipment, such as safety goggles, while performing a job. If you fall into this category, then you must wear these items during the fit test to be sure they don't interfere with the respirator's fit.

When to Fit Test

You must be fit tested before you use a respirator in the workplace, and you must be retested at least every 12 months to make sure that the respirator you use still fits you. You must be fit tested with the specific make, model, style, and size of respirator that you will be using.

Not everyone can get a good fit with one specific respirator. If the respirator fails the fit test, then another make, model, style, or size must be tried until one is found that fits you properly. When you've completed the fit testing process, it's very important that you know which make, model, style, and size respirator fits your face properly, and when and where you'll need to wear it for protection. You will get a sticker for the back of your badge to remind you of the respirator that fits you.

If you do not fit any of the N95 respirator models available, you will be provided with the appropriate PPE outlined by L&I to perform your job safely.

When to Fit Test Again

The fit of your respirator must be retested whenever you have a change in your physical condition that could affect the fit of your respirator. Such changes could include:

- large weight gain or loss;
- major dental work (such as new dentures);
- facial surgery that may have changed the shape of your face; or
- significant scarring in the area of the seal.

Any of these changes could affect the ability of your respirator to properly seal to your face, which could allow contaminated air to leak into your respirator facepiece.

If you find that the fit of your respirator becomes unacceptable, you are allowed to be retested to select a different respirator. The selection may include a new make, model, style, or size of respirator

Seal Impacts

Facial hair, like a beard or mustache, can affect your respirator's ability to protect you. Anything that comes between your face and the respirator's seal can allow contaminated air to leak into the respirator facepiece and you will not be protected. For example, if you have long hair, make sure it doesn't get between the respirator seal and your face because this can allow contaminated air to leak into the respirator.

Prepare for Fit Testing

1. No food, drink, chewing gum or smoking 15 minutes before you start fit testing. Water is okay.
2. Must be clean shaven – no stubble or facial hair where the respirator will contact the face – cheeks and chin area.
3. If you will wear glasses when wearing the respirator, bring your glasses.
4. Bring an elastic if you might wear a ponytail. Respirators fit more snugly when your hair is still.
5. If you have reader glasses, bring those. They are helpful for checking for a seal.
6. Blow your nose before arriving.
7. Bring a water bottle or cup of water with you.
8. Bring your completed Respirator Fitness Questionnaire.

A nurse will review your Respirator Fitness Questionnaire to determine if you are medically cleared to wear a respirator.

Next you will try on the respirator that we think will fit you best.

How to Put On and Take Off Respirators

Watch these two videos to learn how to put on and take off the two styles of respirators currently available. You will probably need to log into the RSD Portal to view them.

- https://rentonschools-my.sharepoint.com/:v:/g/personal/lwiddice_rentonschools_us/EVfkWpilPCFErFBCmkn6130BoiEC3w9sPNEbYmrD-760dQ?e=ifLwIZ
- https://rentonschools-my.sharepoint.com/:v:/g/personal/lwiddice_rentonschools_us/EYhu3a8bl0dEj4FUVaASUJ8Bq6rwLe136py3ki8yQUJPVA?e=XT4Xcx

Remember, if you don't know if a respirator is needed for the task you will be doing, or if you are unsure about how to properly use a respirator, talk to your supervisor before performing tasks that could be considered to have a high transmission risk

WORK ASSIGNMENTS

Employees are expected to work their full workday and work assignment. Staff may request an alternative work option (e.g. remote work or an alternative work location/assignment). Supervisors will determine what alternate work options may be available, if any.

When an alternative work assignment is not available, and staff are not available to perform the duties of their assigned position, they should work with Human Resources to determine leave eligibility.

LEAVES

Should employees be unavailable to perform the duties of their assigned position, regular leave provisions of the applicable Collective Bargaining Agreement (CBA) apply. The following leave options may also be available:

	Own Medical Leave or Care for Family	Parental Leave (leave for birth of a child)	Childcare Leave
Medical Leave	Accrued sick leave may be used to cover your time off during your designated disability period.	Accrued sick leave may be used to cover your time off during your designated disability period.	Accrued sick leave may be used if your child's school or care facility is closed for any health-related reason by order of a public official.
FMLA	Up to 12 weeks of protected leave for eligible employees.	Up to 12 weeks of protected leave for eligible employees.	
PFML (state paid leave)	Up to 12 weeks of protected leave processed by WA State. Paid leave available of up to \$1,000 per week.	Up to 18 weeks of protected leave processed by WA State. Paid leave available of up to \$1,000 per week.	

COVID Exposure at Work

In the event an employee is medically required to quarantine or isolate as a result of a COVID exposure at work, as determined through Contact Tracing, the district may provide remote work. In the event that the District cannot provide remote work, paid leave will be provided for the duration of the quarantine/isolation period consistent with the current CDC guidelines, but no more than ten (10) work days per occurrence.

In the case that an unknown exposure (as described in "COVID exposure outside of work") is ultimately determined to have been an exposure at work, if an employee used sick leave to voluntarily quarantine, that leave will be restored to the date of quarantine.

If an employee is unable to work remotely as a result of COVID symptoms, paid leave will be provided for the duration of the quarantine/isolation period consistent with the current CDC guidelines, but no more than ten (10) work days per occurrence.

If an employee does not want or qualify for the above leave options, they may request an unpaid leave of absence through the [Human Resources Leaves](#) website.

Please contact Ryan Rudolph at ryan.rudolph@rentonschools.us with leave requests or questions.