



# COVID-19 SAFETY PROTOCOL

Updated  
March 4, 2021



**DRAFT PENDING TARRANT COUNTY PUBLIC  
HEATH DEPARTMENT REVIEW**

**FIRST SUBMISSION JULY 17, 2020**

**REVISED SUBMISSION AUGUST 12, 2020**

**2<sup>ND</sup> REVISION DECEMBER 2, 2020**

**3<sup>rd</sup> REVISION MARCH 4, 2020**

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## Purpose

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This reopening plan is intended to be a strategic framework for returning staff and administrators to the educational workspace and students to the classroom as the COVID-19 pandemic event continues to evolve. In this challenging time, we must reimagine new ways of operating for controlled re-entry into the educational space. Each campus may have a more targeted plan based on this framework to meet their unique needs.

## Assumptions

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It can be assumed that the pandemic situation will continue to change and evolve. Early mitigation efforts slowed the spread of the disease; however, sharp midsummer increases create great uncertainty. Additional changes will be presented in the form of new Governor's orders, CDC guidance, DSHS guidance, Tarrant County Public Health guidance, TEA guidance, UIL guidance, and more. It can also be assumed that cumulative local cases of COVID-19 will continue to increase as epidemiological models have projected. It can be assumed that there will be challenges in maintaining perfect compliance with all protocols though cooperation in following protocols consistently is necessary to achieving a safe return to physical environments and the overall public health mission.

It can be assumed that as many public health experts have warned, a second wave of COVID-19 may emerge in the Fall or Winter months, in parallel with seasonal influenza, further complicating containment efforts. In conjunction with this, the Multisystem Inflammatory Syndrome in Children (MIS-C) which has been linked to exposure to COVID-19 among children and adolescents, also lags weeks to a month or more behind the exposure. This new complication is currently considered rare but should be monitored by District Student Health Services. It can be assumed that our protocols will require adaptation as more is discovered regarding COVID-19, MIS-C, and any other novel disease, reaction, or complication.

## Prevention, Mitigation, and Response

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Our primary goal is to prevent the introduction of COVID-19 into the school environment when possible through screening and instructing those who are ill to remain at home. Mitigation efforts reduce the risk of transmission from person to person through masking, distancing, sanitation, cohorting, and scheduling. Response efforts are designed for rapid detection, assessment, isolation, contact tracing, and quarantine of identified cases that are on or have been on campus in order to contain positive cases and exposure that occur.



# Basic Requirements for Our Return

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## Whole Community Cooperation

A fundamental requirement of our return to physical spaces is the cooperation of the whole Keller ISD community with our reopening strategy. The strategy is only as strong as the least engaged member of the community and public health necessitates a whole community approach for everyone's health and safety. We must all have an open mind and show respect, care, and consideration for all of our students, families, colleagues, and community as we follow the requirements of the return and reopening strategy as they are established to slow the spread of the virus among everyone and protect the most vulnerable among us.

## Public Health Communication Strategy

A public health communication strategy is necessary for our return to the physical environment. Communicating facts, policy, procedure, and managing change are all part of this strategy. Numerous changes will occur as a part of our return to KISD's physical spaces including medical screening, face covering, physical distancing, and adjustments in how we conduct our daily activities.

A successful strategy will address these factors with students, parents, faculty, staff, contractors, and visitors.

## Health Screening Surveillance

An internal syndromic surveillance strategy based on aggregating online self-reporting of children's health status from parents, Health Services observations and reports, and Human Resources reporting can identify trends or concerns in specific schools or across the District. Assessing this data alongside local and state public health data will allow the District to make the best-informed decisions as they relate to cluster outbreaks or resurgence of COVID-19 at the individual school level or the District level. Whole community cooperation in providing regular and accurate anonymized reports from families is critical for syndromic surveillance to work most effectively at the school level. Syndromic surveillance reports can serve as leading indicators for early decision-making while absenteeism is a lagging indicator that exposures have already occurred. While this is typically done at a larger scale, this practice can be applied at the local District level for greater insights and more informed decision making.



# Campus Status Conditions

	<ul style="list-style-type: none"> <li>● Required.</li> <li>○ Recommended. May be required on a case-by-case basis determined by the situation at the time.</li> </ul>	Practice Good Hygiene	Maintain Physical Distancing	Wear Masks or Facial Covering	Higher Risk Students / Staff		School Status
		Stay Home When Sick			Avoid Sick People	Avoid Gathering	
<b>In Person Status</b>	Isolated case(s) which can be traced, contained, and limited contacts quarantined; <u>or</u>  Below 4% 2-Day Health Screening alerts; <u>or</u>  No infection control public health order to downgrade status.	●	●	●	Outside of Household	Remote Instruction	In Person Instruction with Safety Protocols
<b>Prioritized Status</b>	At or above 4% 2-Day Health Screening alerts and Public health recommendation; <u>or</u>  Public health recommendation or infection control order to downgrade status; <u>and</u>  Public health allowance for limited access to buildings for special services for de-densified population of facilities.	●	●	●	No Social and Greater than Groups of 2	Remote Instruction	General Remote Instruction  In Person Access for Special Education, Special Services, Limited Blended Courses  Telework
<b>Remote Status</b>	Multiple cases reported or significant number of potential contacts; <u>or</u>  Above 4% 2-Day Health Screening alerts and Public health recommendation; <u>or</u>  Infection control public health order to downgrade status.	●	●	●	Outside of Household	Remote Instruction	Remote Instruction  Telework

\* Responses and actions at each status condition are subject to change if preempted by local authority, regulation by the Texas Education Administration, or other state authorities.



# Adjustments to Status / Status Evaluations

## Individual / Isolated Cases

Individual or isolated cases will not automatically trigger a status change to a school, classroom, or area in any case. They will be contact traced, and risk assessed to isolate the positive or presumptive case and quarantine possible exposures. If the scope of contact tracing identifies multiple connected cases, unidentifiable exposures, or other concerns during the case investigation, then the isolated case will be escalated to a status evaluation.

## STATUS EVALUATION

### Area / Section Status

Adjusted as deemed necessary by the District to prevent the spread of COVID-19 and/or upon consultation with Tarrant County Public Health. Two or more linked cases identified through contact tracing within 14 days can trigger an adjustment to a wing, area, or section of a building if the area occupants are confirmed to not have interacted with other areas.

### Classroom Status

Adjusted as deemed necessary by the District to prevent the spread of COVID-19 and/or upon consultation with Tarrant County Public Health. Classroom status will be situationally assessed by contact tracers upon identification of positive or presumptive cases of COVID-19 to determine risk of exposure to others based on the extent protocol was followed and the contacts identified.

### School Status

Adjusted upon consultation with Tarrant County Public Health. Trigger points of 4% Report Rate for Potential Indication of Illness in Health Screening Tools Over 2-Days – focused on the individual school. Inability to sufficiently staff a campus due to multiple linked cases and/or quarantines. Two or more linked cases within 14 days identified through contact tracing may also trigger an adjustment in school status.

### Keller ISD District-Wide Status

The District-Wide status is adjusted upon consultation with Tarrant County Public Health and a recommendation for status change by through a public health order. A status change at the District level would impact all schools and District facilities. A District-wide closure would only occur in an extreme circumstance.

Discussion Trigger Points: 4% Report Rate for Potential Indication of Illness in Health Screening District-wide

Over 2-Days

Tarrant County Public Health making notification of concern of viral transmission in-District



The District can adjust status conditions primarily based on internal data collected from online health screening. We look first to screening data - which all students, teachers, staff, and visitors must complete to get the earliest possible indicator of illness or exposure. We look next to absentee data as an indicator of the potential spread of illness. For illnesses that were reported to be inside a campus or District facility, we also collect reports on in-school exposures, how many may be at risk, and to what degree from a potential exposure through our contact tracing process. If student groups or critical staff indicate the spread of COVID-19 is occurring, then the school status must be adjusted to remove populations from physical environments to break the transmission cycle and protect the health and safety of our community. If engagement in the established screening processes is below 85%, then discretionary adjustments of school status condition may be made more broadly as data accuracy and availability may be limited.

Individual and small group isolation and containment will be managed on a case-by-case basis. An individual case that is escalated to a status evaluation will be evaluated by the nurse or team member conducting the initial investigation, campus principal, Health Services, Emergency Management, District leadership, and consultation with Tarrant County Public Health.

**A 4% increase over a two-day period in screening health alerts among who have been present within a two-week period, absenteeism, or exposures identified through contact tracing.**

For example: If 4% of an elementary school's third graders are reporting symptoms of COVID like illness over a two-day period while attending in person, and there are no increasing reports outside of that group, then the condition level of that school's third grade could be moved online for remote learning for a two-week period. Monitoring would occur for any concerns outside of that group or cohort and any isolated cases could continue to be handed as appropriate. A 4% increase among those whose screenings indicate potential for illness across the entire school could result in that school being adjusted to break the transmission cycle of the virus.

Limited data is available for determining precise decision points for COVID-19 and large-scale schedule adjustments or closure determinations, therefore an evidence-based approach for a pandemic influenza was utilized due to the transmission similarities.

Source: [CDC](#)



# Reimagining Our Return to the Classroom

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Returning to physical spaces requires a reimagining of how we educate and how we conduct business in this short-term period of health risk due to a novel virus pandemic. This plan does not address the curriculum and instruction approaches to remote learning as that is published under a separate cover and is focused on the education aspect of the District's planning. This plan will focus on the health and safety strategies of Prevention, Mitigation, and Response for COVID-19 for in-person activities and occupancy of physical spaces throughout the District.

## School Status Conditions

Status conditions may be applied across the District, at the individual school or campus level, or at the grade level. The whole community participation in data submission will allow this data analysis to become more refined. If mitigation protocols are adhered to within a school and a potential cluster of infectious spread is detected early through surveillance reports in a specific grade level, then an individual grade could be moved to a lower and more restrictive condition level for containment while continuing hybrid or in-person instruction for other grades within the same school under a different condition level.

## Hybrid Instruction

Offering primary remote instruction in both synchronous and asynchronous formats allows for online learning to provide quality instruction for students while reducing the density of our physical spaces. For learning that requires in-person activities, such as science labs or career and technical learning, individual course offerings allow students to complete these with limited time and occupancy on the campus.

## High Risk Students: Immune Compromised, Medically Fragile, etc.

Students who are themselves or have family members who are immune compromised, medically fragile, or have other high-risk factors for COVID-19 may need individualized safe alternative options. If the District is operating in a hybrid or in-person instruction environment, then those students may need remote learning options until the condition level is suitable for those students and families to return to their standard pre-pandemic precautions. These may be situationally assessed among students and employees. Employees with similar situations will be guided by Human Resources for accommodations.



## **Mental Health Support**

Ongoing mental health support for students, families, and staff is a necessity in this challenging time. For some, anxiety will increase significantly once physical environments are reopened and for others anxiety is heightened when physical environments are closed. Financial hardship, online learning and technology challenges, multiple children in the home, multiple obligations, and many other challenges necessitate mental health supports be made available. The Counseling Department has crisis counselors and teams that have actively been engaging with the community since the initial disaster declaration and school closure and throughout the Summer. They continue to be a vital resource to our community as we enter the Fall semester.

## **Assemblies, Athletics, Fine Arts, and Extracurricular Activities**

Each of these activities create unique situations that involve either congregation or interactions of multiple students, close contact in many cases, or greater dispersal of respiratory particles (physical exertion, playing band instruments, choir singing, etc.). These activities will be generally conducted based on Condition Level and guidance from UIL, TEA, and state and local authorities. For activities to proceed, if guidance is given and whether or not they are in conflict with the school status standard actions established, each group shall submit a plan for the safe operation of their activity that adheres to this plan's reopening safety framework.

## **Communication and Education**

Family, student, and staff engagement, situational awareness, and protocol communication is essential to an effective response. Clear, concise, consistent, and regular communication is essential for all parties involved. We must ensure that all messaging is in alignment with the strategic plan for our return to physical spaces. We must support the public health message and continue to provide education during this time regarding the necessity of following public health best practices.



# Prevention

## Student Medical Screening

Parent screening of students is our most effective tool for prevention while never collecting or retaining any personal identifiable information. This can keep those who are ill or exposed to COVID-19, inside or outside the home, from introducing it into the school. With parents actively participating in this screening on their children's behalf, we can break the transmission cycle of the virus in schools before they start.

### The Medical Screening is:

- Completed Daily
- One Submission Per Student
- A Tool to Help Keep Parents Aware of Symptoms or Contacts
- A Tool to Help Prevent Introducing COVID-19 into Keller ISD

**KELLER Intentionally Exceptional. ISD** Keller ISD Online Student Medical Self-Check

School \*  
select an option

**Medical Check / Symptoms Report**

Does the student or anyone in the home have a fever of 100°F or greater? | ¿Su hijo o alguien en el hogar tiene fiebre de 100 ° F o más? | Con của bạn hoặc bất cứ ai trong nhà bị sốt từ 100 ° F trở lên? \*

select an option

Has the student been diagnosed or in close contact with anyone diagnosed with Coronavirus in the past 14 days? | ¿Su hijo ha sido diagnosticado o ha estado en contacto cercano con alguien diagnosticado con Coronavirus en los últimos 14 días? | Con bạn đã được chẩn đoán hoặc tiếp xúc gần gũi với bất kỳ ai được chẩn đoán mắc bệnh coronavirus trong 14 ngày qua? \*

• Close contact: - being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); - having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand). - sharing a household with a person with any symptoms in this medical screening. • Contacto cercano: - estar dentro de aproximadamente 6 pies (2 metros) de una persona con COVID-19 durante un período prolongado de tiempo (como cuidar o visitar al paciente; o sentarse a 6 pies del paciente en un área o sala de espera de atención médica); - tener contacto directo sin protección con secreciones infecciosas o excreciones del paciente (por ejemplo, toser, tocar los tejidos usados con la mano desnuda). - compartir un hogar con una persona con algún síntoma en este examen médico. • Tiếp xúc gần: - ở trong khoảng 6 feet (2 mét), của một người mắc COVID-19 trong một thời gian dài (chẳng hạn như chăm sóc hoặc thăm bệnh nhân hoặc ngồi trong vòng 6 feet của bệnh nhân trong khu vực hoặc phòng chờ chăm sóc sức khỏe); - tiếp xúc trực tiếp không được bảo vệ với dịch tiết hoặc bài tiết của bệnh nhân (ví dụ, bị ho, chạm vào các mô đã sử dụng bằng tay trần); - chia sẻ hộ gia đình với một người có bất kỳ triệu chứng nào trong sàng lọc y tế này.

select an option

Has the student or anyone in your home experienced any of these symptoms in the past 14 days? | ¿Su hijo o alguien en su hogar ha experimentado alguno de estos síntomas en los últimos 14 días? | Con bạn hoặc bất cứ ai trong nhà bạn đã trải qua bất kỳ triệu chứng nào trong 14 ngày qua? \*

• Fever (temperature at or above 100F) • Cough • Shortness of breath or difficulty breathing • Chills • Repeated shaking with chills • Muscle pain • Loss of taste or smell • Sore throat • Diarrhea • Abdominal pain • Swollen lymph nodes • Swelling of the hands or feet • Large or widespread unexplained rash • Bloodshot eyes, eye irritation, or pink eye • Unexplained low blood pressure || • Fiebre (temperatura igual o superior a 100F) • Tos • Falta de aliento o dificultad para respirar. • escalofríos • Sacudidas repetidas con escalofríos • Dolor muscular • Pérdida de sabor u olfato. • Dolor de garganta • Diarrea • Dolor abdominal • Ganglios linfáticos inflamados • Hinchazón de manos o pies. • Erupción cutánea grande o generalizada sin explicación • Ojos inyectados en sangre. • Irritación ocular u ojo rosado. • Presión arterial baja inexplicable || • Sốt (nhiệt độ ở hoặc trên 100F) • Ho • Khó thở hoặc khó thở • Ớn lạnh • Rung lắc liên tục • Đau cơ • Mắt vì giác hoặc mũi • Đau họng • Bệnh tiêu chảy • Đau bụng • Hạch bạch huyết sưng • Sưng tay hoặc chân • Phát ban lớn hoặc lan rộng không rõ nguyên nhân • Mất đồ ngẫu, kích ứng mắt hoặc mắt hồng • Huyết áp thấp không giả thích được

select an option

**Frequently Asked Questions**

What do I do if a loved one is sick?  
How do I get tested for COVID-19 in Tarrant County?  
Is there any information on COVID-19 testing locally?  
What is MIS-C, the new COVID-19 related disease seen in children?

No personal data is collected. If a student is not clear through the medical screening, then information is also collected on the student's grade level and prior attendance. This will allow us to make the earliest possible decisions with the best available information on school or student group status to keep everyone safe and the virus from spreading.

The screening is provided in English, Spanish, and Vietnamese. The following YES/NO questions are asked (and explanations are provided):

- Does the student or anyone in the home have a fever of 100°F or greater?
- Has the student been diagnosed or in close contact with anyone diagnosed with COVID-19 (Coronavirus Disease) in the past 14 days?



- Diagnosed means:
  - A lab confirmed test of COVID-19 or a clinical diagnosis by a physician when a COVID-19 test may not be available.
- Close contact means:
  - being within approximately 6 feet (2 meters), of a person with COVID-19 for at least 15 minutes, being coughed on, touching used tissues with a bare hand, or sharing a household with a person with any symptoms in this medical screening.
- **Has the student or anyone in your home experienced any of these symptoms in the past 14 days?**
  - Fever (temperature at or above 100F), Cough, Shortness of breath or difficulty breathing, Chills, Repeated shaking with chills, Muscle pain, Loss of taste or smell, Sore throat, Diarrhea, Abdominal pain, Swollen lymph nodes, Swelling of the hands or feet, Large or widespread unexplained rash, Bloodshot eyes, eye irritation, or pink eye, Unexplained low blood pressure

If “Yes” to any three:

- **What is the child’s grade level?**
- **Has the student been in school or a school activity in the previous two days?**
- **Has the student had a flu vaccine for this season?**
- **Has the student or anyone in the home been diagnosed with the Flu in the last two weeks?**

## Staff and Visitor Screening

Staff will be required to self-screen for COVID-19 symptoms prior to reporting to work each day and must submit a report for each building they enter. Contractors will be required to complete the same process. They will do so through the established online forms. Staff may access that form at [KellerISD.net/Screening](http://KellerISD.net/Screening) as well as by using a QR code on signage that is posted at all entry points on every building on campus displaying all requirements for entry.

All visitors will be required to be screened and have a temperature check in the front office. Only visitors with critical needs will be permitted beyond the front office area. Any visitor permitted beyond front office must have, in addition to their Raptor visitor badge, the visible indicator on their badge that they have been cleared of the medical screening questions and a temperature check. Visitors may complete the online screening through the same process. The staff and visitor screening questions include the same YES/NO health screening questions.



Delivery personnel will not be permitted to enter beyond a specific delivery area, established at each school, without also completing the screening protocol.

## Mitigation

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### Face Coverings

A face covering can include a cloth mask, scarf, surgical mask, or other article that covers the mouth and nose and provides a substantial barrier to limit respiratory droplets from escaping. Face masks with valves or ports on the side should be avoided as these may not filter exhaled air and can allow an infected person to breathe out viral droplets. These reduce the risk of asymptomatic and pre-symptomatic transmission, or transmission among those who are infected but are not yet showing any symptoms.

#### *Face Coverings Are Required For:*

- Students PK-1st grade during bus rides, walking the halls, entering and exiting buildings, and recommended for all other times (in or out of the classroom) when physical distancing is not possible
- All Students 2nd - 12th grade Throughout the Day
- All Teachers, Staff, and Visitors Throughout the Day While Present on Campus
- Accommodations for Special Needs Identified in Detailed Information Below

#### *Policy Updates*

**(March 4, 2021)** On March 2, 2021, the Governor of the State of Texas announced the statewide mask mandate (GA-29) for those age 10 and older would be rescinded as of March 10, 2021. In this new order (GA-34), the Governor states in section 6 that, "Public schools may operate as provided by, and under the minimum standard health protocols found in, guidance issued by the Texas Education Agency." On March 3, 2021, the Texas Education Agency issued its guidance stating, "Schools must comply with the following requirements: Every student, teacher, or staff member shall wear a mask over the nose and mouth when inside a school building, school facility, facility used for school activities, or when in an outdoor space on school property or used for school activities, wherever it is not feasible to maintain six feet of social distancing from another person not in the same household; provided, however, that this mask requirement does not apply to the following: Any person younger than 10 years of age, except where a school system determines it is developmentally appropriate; Any person with a medical condition or disability that prevents wearing a mask; Any person while the person is consuming food or drink, or is seated in a dining area to eat or drink; Any person while the person is: (a)



exercising outdoors or engaging in physical activity outdoors; and (b) maintaining a safe distance from other people not in the same household; or Any person while the person is giving a speech for a broadcast or to an audience.” The update maintains all previous mask requirements. Keller ISD will continue to enforce all existing COVID-19 prevention protocols, including masks / face coverings.

**(January 19, 2021)** On Monday, January 18, 2021, the Keller ISD Board of Trustees voted to update the District’s face mask guidelines, making it optional for students in third grade and under to wear masks while participating in outdoor activities. Students in third grade and under will not be required to wear masks while outside but may still choose to wear one if they wish. This became effective January 19, 2021.

**Outdoor Activity Defined:** Outside play or athletic activity with student participants in third grade or below on school property. This does not include pick-up, drop-off, drills, evacuations, transitions outdoors, or other outdoor circumstances where students may be in closer proximity for several minutes at a time.

Face coverings are still required in all other circumstances in accordance with this safety protocol.

No student is required to remove a mask and masks are required on campus, indoor and outdoor, in all circumstances except those described in the outdoor activity. Temporary mask removal for outdoor activity is at the discretion of the student/parent for those in 3<sup>rd</sup> grade and under in the above specific situations.

Teachers and staff are encouraged to continue to provide reminders on masking, physical distancing, and hygiene whether inside or outside the building. If an eligible student chooses to remove their mask for outdoor play, they may still be reminded of time and distance to limit contact exposure risk. Any student who chooses to continue to wear their mask outdoors should feel supported in doing so.

Indoor physical education still requires a mask to be worn. If any student needs accommodations, those are handled individually, and students who need a break or to catch their breath during highly active periods can step to the side, away from others, and temporarily pull down their mask to do so. We want to ensure safe physical activity while also preventing significant droplet spread from the aerobic activity of students.

All schools must ensure consistent application of these protocols across the District. All schools must follow the same guidelines, so parents, students, teachers, and staff have consistent information and application of both this board decision and all existing COVID-19 protocols.



## ***Detailed Information Regarding Face Covering Protocol***

The primary mode of transmission for the virus that causes COVID-19 is through respiratory droplets from person to person. The virus is carried in these small droplets at varying distances when a person is breathing, talking, coughing, sneezing, singing, and so on. A simple cloth mask or face covering does not have to catch a single micron sized virus on its own, but it can capture many of these droplets and prevent them from floating through the air from person to person. Face coverings made of thin, single layer, and stretchy material and masks with unfiltered exhalation vents or ports should be avoided as they may not filter respiratory droplets, or in some cases, may create finer droplets that remain in the air for a longer period of time. If each person is wearing a face covering, then each person's droplets are captured, and we can significantly reduce our risk of transmitting the virus to one another.

As such, all students, visitors, and school employees must wear face coverings on campus and while riding school buses. The contribution of kindergarten and early elementary students to the transmission of COVID-19 has not been well-established and research is ongoing. Because expectations for compliance with face cover wearing is understandably low in this young population, and language development is crucially important in early elementary students; the wearing of face coverings should be limited to walking in lines in halls and bus riding for younger students PK-1<sup>st</sup> grade or when distancing cannot be maintained. Exemptions for students with developmental delays, autism, and special needs of all ages should be examined on an individual basis.

Masks or face coverings for students 2<sup>nd</sup>-12<sup>th</sup> grade, teachers, and staff should be maintained at all other times – except in circumstances related to the January board policy change described above. Masks or face coverings may be temporarily removed for teachers when maintaining physical distance of at least 6 feet from students or other individuals if needed to improve the clarity of communication and instruction - especially when visual observation of the teacher speaking is required for students for language acquisition. Clear face shields may serve as an acceptable alternative for teachers who may not be able to maintain physical distance and need to have their face clearly seen by students for language development, student hearing impairment, and a variety of other physical or learning factors - especially among younger children and those with developmental delays. Anyone unable to remove a face covering without assistance should not wear cloth face coverings and a face shield may be a safer alternative.

In situations when the risk of burn or injury from the use of a face covering—such as chemistry labs with open flame—face coverings should not be used. However, education regarding the potential asymptomatic



transmission from a student who is infected, but feels well, to a family member or another schoolmate, who could get seriously ill, should be encouraged when developmentally appropriate.

Students and faculty should be taught to "TALK LOUDER, DON'T LOWER" face coverings when communicating directly with one another, as the lowering of face coverings to communicate in noisy environments has resulted in extensive COVID-19 transmission in industrial settings.

Adapted from Source: [Cook Children's Recommendations for the Practical, Fair, and Safe Reopening of Public Schools K-12 in the State of Texas](#) and [Texas Education Agency](#)

### ***Addressing Common Concerns on Face Coverings***

Some concerns that have been raised regarding face coverings depriving individuals of oxygen or increasing CO<sub>2</sub> to unhealthy levels are not true of healthy individuals.

Sources: [KPRC NBC 2 Houston](#) and [Stanford University](#)

### ***Face Shields***

The CDC states, "It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. CDC does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings." The center also states, "Although evidence on face shields is limited, the available data suggest that the following face shields may provide better source control than others: Face shields that wrap around the sides of the wearer's face and extend below the chin." While wrap around, hooded, and cloth draped face shields may be better than an open-air face shield, and certainly better than no protection at all, they are not a substitute for an implement like a layered cotton face covering. They are supplemental devices, mainly for the protection of the eyes from droplets or to minimize the inadvertent touching of one's face. There may be circumstances, however, where face shields could be implemented. These circumstances could include teachers working with young children under 7, where the children need to see the teacher's face for communication and language development, students working in science labs where face coverings are not permitted, some special needs students who may have better compliance with face shields over face coverings, those with respiratory issues, or other ADA/504 accommodations. Many of these situations will be addressed on a case by case basis.

Source: [CDC](#)



# FACE COVERING GUIDE



## Recommended

### Cotton Cloth Face Covering

A face covering that will form around the mouth and nose to minimize droplet spread.

A tight weave cotton and/or multiple-layered cloth is best. If a cloth or fabric mask becomes wet or dirty, it's important to switch to a clean one. These masks should not be shared. Cloth masks should be washed after each use.



### Washable Face Cover with Filter Inserts

If you are seeking to protect others and provide a greater level of protection for yourself, as well, then a washable cotton mask with filter inserts may be an option. This is not going to provide an N95-level of protection, but it will be greater than a standard cotton face cover. Filters are single use and should be disposed after each use. The cotton face cover should be washed after each use.



### Single Use

If a single-use face covering is needed, then a disposable procedural mask is an option. They protect the nose and mouth from coming into contact with droplets that could carry germs. They're made to protect you from sprays or splashes that could enter the nose or mouth. These masks are also able to filter out large particles in the air and can make sure droplets from the wearer aren't being spread. These covers are single-use only and should be disposed of after each use.



## Prohibited

### Vented/Ported/Valved Face Coverings

The use of vented or ported face coverings are not allowed. These do not filter your exhaled air and respiratory droplets will be propelled through the vents or ports in the face covering to others around you. With the goal of your face covering protecting others, these products are counterproductive.



## Not Recommended

### Neck Gaiter Fleece (For Indoor Use)

The thin and stretchy material may actually break respiratory droplets up into smaller particles that hang in the air longer. Such face coverings made of thin, single-layer, stretchy material may be sufficient for outdoor use, but may not be as effective indoors as other coverings with multiple layers and more tightly woven fabric.



### Bandanas

Bandana materials are thin, often loosely woven cloth, that provide less protection. In a recent study, bandanas and handkerchiefs offered very little filtration of respiratory droplets. While likely better than wearing no covering, bandanas are not as effective as a more tightly woven fabric that provides better coverage over the nose and mouth.



\*Based upon research from Duke University on August 7, 2020 and CDC. We acknowledge the small sample size of the Duke study but find the concerns raised in the early findings warrant a cautious approach to our mask guidance. Guidance and recommendations are subject to change based upon new information.

**Tips and Tricks:** Hold your face covering up to the light and stretch it out. How much light leaks through can indicate how well respiratory droplets may be trapped. Can you see through it? If you see a lot of light shining through then the material may be too thin to be most effective. You can also try to blow out a candle from about a foot away. If you can, then the material may be too thin.





## Protective Supplements

### Face Shield

A face shield is primarily used for eye protection for the person wearing it. At this time, it is not known what level of protection a face shield provides to people nearby from the spray of respiratory droplets from the wearer. There is currently not enough evidence to support the effectiveness of face shields for source control. Therefore, CDC does not currently recommend use of face shields as a substitute for masks. Face shields should be paired with a face covering whenever possible, as the shield is a supplement. There may be circumstances that a shield would be used alone, such as when a teacher needs to have their face seen for students with a hearing impairment or for young students during language acquisition. These are very limited circumstances and come with strict adherence to distancing and sanitation protocols.



### Face Shield with Cloth Drape

This is a better option for the face shield in cases where a face covering may not be feasible, but it is still not a general substitute for a face covering. Individual accommodations for teachers with specific use cases and students with 504 accommodations can utilize such tools. For all others, these tools are supplements to be paired with a face covering.



**Face coverings are required and must be properly worn, covering both the mouth and the nose.**

**A face covering alone does not provide total protection from COVID-19.**

**Remember to stay home when sick, practice physical distancing, and sanitize your hands.**

## **Physical Distancing**

Physical distancing is the best tool for limiting the spread of the virus from person to person. Physical distancing between students and staff of at least 6 feet should be maintained whenever possible. Physical distancing requirements can be supported through managing the space between people and the timing of when people might congregate.

### ***Blended or Hybrid Instruction***

Offering primary remote instruction in both synchronous and asynchronous formats allows for online learning to provide quality instruction for students while reducing the density of our physical spaces. For learning that requires in-person activities, such as science labs or career and technical learning, individual course offerings allow students to complete these with limited time and occupancy on the campus.

### ***Reconfiguring the Classroom***

As hybrid instruction and remote learning offerings reduce populations, then physical class sizes can be reduced to promote physical distancing. Where possible, desks will be spaced 6 feet apart and turned to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing). If desks cannot be space 6 feet apart due to limited space availability, then clear partitions should be used on the desktops. If desks cannot be moved/separated, the desks will be clearly marked so students know where they can and cannot sit. Whenever possible, physical education and music classes will be held outside and students will be encouraged to spread out. Campuses may use visual cues to demonstrate physical spacing.

### ***Outside the Classroom***

Stagger arrival and dismissal times, breaks and lunch times for the different classes and year levels to minimize high numbers of staff and students congregating in the same spaces. Explain to students why they must arrive at school and leave the school grounds at their allotted time as well as be informed about the designation and use of particular entry and exit points.

The school will use as many entry and exit points as practicable rather than directing all students through the same entry and exit space. These approaches can limit the amount of close contact between students in high-traffic situations and times. This will be based on availability to monitor those entrances to prevent unauthorized



entry and conduct spot screenings. If staffing on site is limited, one entry and exit point may be the most practical way to manage visitors, coupled with staggered starts.

Teachers and support staff, as able, will be rotated to provide supervision of break times, arrival and departure times and school grounds so that staff can support and encourage physical distancing and minimize where possible any congregation by students and parents

Staggered break times, including bathroom breaks, will assist with reducing congregation in bathrooms.

### ***Recess and Playgrounds***

Outdoor spaces will be used, but playgrounds will be closed. Students may not bring items from home for recess use. All equipment must be individual and sanitized between each use. Students need to use hand sanitizer or wash their hands as they go to and from recess.

Face coverings may be taken off outside to provide an opportunity for a mask as long as a minimum of 6-feet can be maintained. Campuses will have the discretion to enforce face coverings outdoors if distancing is not being maintained. Face coverings must be worn going to and coming from recess. Recess and physical activity can be adapted with specialized games, for example, designed for physical distancing. As part of timetabling, access to areas of school grounds will be scheduled at different times so that class groups or cohorts don't intermingle; or where space allows, different parts of the school grounds will be allocated for the different class groups for breaks.

The January 18, 2021 Board of Trustees policy update modified this to apply a greater degree of mask-choice for students in 3<sup>rd</sup> grade and below during outdoor activity such as recess, outdoor play, outdoor physical education, or athletic activity. Students may, but are not required to, remove their mask for these outdoor activities. Teachers may continue to remind students about distancing, time of contact, and good hygiene practices. See the policy update subsection under the face covering section for more details.

### ***Student Grouping / Cohorts on Campus***

Students can be arranged into cohorts or groups to minimize interaction between large groups and mixing of students between groups that lead to spread of infection and complicated contact tracing. When having breaks, cohorts of students would use different spaces when they go outside. Class groups can move classrooms but only if high-touch surfaces are cleaned in between groups. Recommendation is to keep any movement to a



minimum. Visual aids (e.g., masking tape, signs, stickers, etc.) can be used to illustrate traffic flow and appropriate spacing to support physical distancing.

### ***Water Fountains***

Water fountains will remain off to avoid inadvertent or cross contamination use from individuals and those filling bottles. Fill stations are preferred where available. Students should bring a reusable water bottle for use throughout the day and take home for cleaning.

### ***Lunches***

Congregate lunches may occur when logistics to support classroom service cannot be maintained. Congregate cafeteria lunches should be paired with efforts to maximize distancing, providing of barriers where possible, regular sanitation of all materials, and frequent hygiene reminders to students and staff. Blending outdoor dining can also support distancing efforts and reduce congregated indoor capacities. When campus resources are available, packaged lunches for students who are present in classrooms should be provided at desks 6 feet apart to avoid large congregations in lunchrooms. Distribution logistics may vary from campus to campus based on the capabilities of the facility. The recommended method is delivery to the classroom where possible, however, if students have lunch pickup then each class group should be staggered, and lines should be spaced with each student 6 feet apart as practicable with a return to the classroom for eating lunch. Staggered pickup times in this scenario must be maintained to limit group interactions. Handwashing and sanitation before and after lunches is essential.

### ***Hallways***

Students should maintain the maximum amount of physical distancing possible – 6' between individuals is recommended. Masks or face coverings for all students and all ages should be worn properly, over the mouth and nose, in hallways at all times. Traffic flow should remain to the far right of the hallway whenever possible to maximize distance and prevent congregation. Students should proceed directly from one class to the next, when changing classes, to avoid congregation. Cohorts should travel together, maintaining physical distancing, and avoid interaction with other cohorts.

### ***Restrooms***

Staff should monitor and limit the number of students that enter the restroom at one time. The number of individuals allowed per restroom is limited by the size of the restroom and should be at 50% capacity whenever



possible to allow for use of alternating sinks and avoiding congregations. Regular sanitation will occur throughout the school day by custodial staff. Staff should monitor restrooms to ensure congregations do not occur and that sufficient supplies of soap and paper towels are always available. Staff and students must wash hands with soap and water prior to exiting the bathroom. Proper handwashing techniques, using soap and water for at least 20 seconds, will be taught to all students, and consistently reinforced.

### ***Arrival***

When possible, separate entrances will be utilized for car riders, bus riders, walkers, and daycares. All staff including specialists, split personnel, and remote teachers may be utilized for duty to maintain a line of sight in hallways and distancing of hallway cohorts. Students will go straight to the designated areas set by each campus. Parents will not be allowed to walk students to classrooms.

Staff will conduct entry observation and/or spot temperature screening of students upon their arrival to school. Students who are ill must be kept home. Students will go directly to the classroom upon arriving at the building. (They may pick up, grab and go breakfast from the cafeteria if needed.)

### ***Dismissal***

Campuses will stagger the groups of walkers, car riders, bus riders or grade level students and will help manage student movement in the building and decrease the risk of potential crowding outside at dismissal time. Sanitizer stations will be placed near main exits and students will be encouraged to sanitize hands prior to exit. Sibling connections at Elementary campuses will be done outside the building. Separate exits may be utilized for car riders, bus riders, walkers, and daycares. Upon dismissal, all students must leave the campus immediately. Students involved in after-school activities must report to their designated areas within ten minutes of dismissal.

### ***Bus Transportation***

Students using school bus transportation services will be required to wear face coverings. Students will be seated at the back of the bus first to eliminate movement and seated two to a seat. Bus windows will be cracked, and additional, more frequent cleaning protocols will be in place. The District is collaborating with its transportation vendor on specific transportation safety planning for these scenarios.



## Hand Hygiene and Environmental Sanitation

The primary means of transmission is through respiratory droplets from person to person. The secondary means is from those droplets coming in contact with hard surfaces and objects that others may touch and then touch their eyes, nose, or mouth. Regular hand hygiene is an effective way to minimize this risk. Alcohol-based hand sanitizer will be available at the main entry to the campus, in classrooms, and in common areas throughout the campus.

### *Campus Staff and Environmental Services*

Teachers and staff will have access to disinfectant spray to sanitize high-touch and working surfaces and shared objects regularly. Each classroom, restroom, and all high touch areas within the building will be disinfected throughout the day. Staff have been trained on and routinely use the proper personal protective equipment for the environmental cleaning process. Additional supply is being acquired with the expectation of higher than normal utilization of all environmental cleaning and hygiene resources from cleaning solutions, sanitizer, soap, hand towels.

Environmental services staff's regular cleaning of all high-touch surfaces (doors, desks, tables, etc.) is a requirement. Utilizing the existing infectious disease cleaning protocols with EPA approved cleaners that are verified to kill coronavirus for mitigation and infection control will minimize fomite transmission of COVID-19. Deep cleaning protocols will be initiated if any exposure is known following the closure of an area or facility. Air systems will be maintained, and filters will be regularly changed.

### **Disinfection Process**

- All areas will be disinfected with a hospital-grade disinfectant. (Used daily.)
- Electrostatic sprayers are used to ensure that all surface areas are disinfected, including, but not limited to, desks, doorknobs, keyboards, tables, etc.

### **Equipment**

- N95 face masks
- Gloves
- Electrostatic sprayers
- Misters, hand-held sprayers, foggers

### **Materials**

- Keller ISD uses a hospital-grade disinfectant daily
- Oxivir Tb



- Microfiber color coded by area
- Hand sanitizer (already dispersed to all campuses)

## Signage

Signage will be posted throughout the District to communicate protocols and provide reminders for best health practices. Some signage examples are as follows:

**REQUIRED**

**STAFF AND VISITORS  
KISD CAN STOP THE SPREAD**

**WEAR A MASK OR FACE COVERING**  
Masks of face coverings are **REQUIRED** inside. They reduce your risk of contracting or spreading the virus, even if you are not yet showing symptoms.

**MAINTAIN PHYSICAL DISTANCING**  
Maintain a distance of at least 6 feet apart, whenever practical.

**COMPLETE YOUR MEDICAL SCREENING**  
Complete your check-in on the online Medical Screening and Building Activity Log before entry. Only enter the building if you are clear! Stay home if you feel unwell.  
[www.kellerisd.net/screening](http://www.kellerisd.net/screening)

**WASH YOUR HANDS FREQUENTLY**  
Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water for 20 seconds.

**#StopTheSpread**

**HOW DO I USE A MASK OR FACE COVERING?**

**Before Putting on a Mask:**

1. Cover your mouth and nose. Make sure there are no gaps between your face and the mask.
2. Avoid touching the mask. If you do, clean your hands with alcohol-based hand sanitizer or soap and water.
3. Replace single use masks with a new one as soon as it gets dirty or damp. Wash reusable or cloth masks/face coverings after each use.

**While Wearing a Mask or Face Covering:**

1. Cover your mouth and nose. Make sure there are no gaps between your face and the mask.
2. Avoid touching the mask. If you do, clean your hands with alcohol-based hand sanitizer or soap and water.
3. Replace single use masks with a new one as soon as it gets dirty or damp. Wash reusable or cloth masks/face coverings after each use.

**Disposal of Single Use Masks:**

1. Remove the mask by the strings. Do not touch the front of the mask.
2. Discard of the mask immediately in a trash bin. Never discard on the ground or leave lying in the open.
3. Clean hands with alcohol-based hand sanitizer or soap and water.

**#StopTheSpread**

Proper hygiene stops the spread of the virus.

**Handwashing 101**

- 01 Wet your hands before applying soap.
- 02 Bring your palms together and rub: the backs of your hands, including between the fingers.
- 03 Wash your hands for at least 20 seconds.
- 04 Wipe your hands with a clean towel or paper towel and avoid rubbing too vigorously.

Source: World Health Organization

**Physical Distancing 101**

Physical distancing slows down the spread of the coronavirus, which keeps our resources available to those in need.

**Stay away** from mass gatherings

Keep a distance of **8 feet (2 meters, or about one body length)** away from other people

**Avoid touching** other people, and that includes handshakes

**ATTENTION**

**KISD RESTROOM PROTOCOL**

**No more than TWO people are permitted in the restroom at one time.**

**WEAR A MASK OR FACE COVERING**

**MAINTAIN PHYSICAL DISTANCING**

**WASH YOUR HANDS**

**ATTENTION**

**KISD ELEVATOR PROTOCOL**

**No more than TWO people are permitted in the elevator at one time.**

**WEAR A MASK OR FACE COVERING**

**MAINTAIN PHYSICAL DISTANCING**

**WASH YOUR HANDS**



# Response

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## Clinical Diagnosis vs Lab Confirmed Case

In some cases, a test to confirm a COVID-19 case through a lab may not be available. If a single family member tests positive through testing, for example, and other family members begin to exhibit symptoms, then those family members will be “probable cases” through clinical diagnosis. If a doctor clinically diagnoses any person with COVID-19, then the District approach will be similar. The strategy for clearance and return to school or work may differ depending on physician guidance and initial diagnosis; however, the protocols established in this plan with the goal of preventing the introduction of COVID-19 into the school environment must remain the same. A school nurse identifying a presumptive case through clinical assessment will also be treated the same as a positive case until proven otherwise. The primary goals of response are the prevention of introduction entirely or rapid containment of the illness to break the transmission cycle.

## Student Confirmed Case

When a student tests positive or is diagnosed with COVID-19:

- The student must remain home until completing the required isolation protocol.
  - The student may return to school after meeting the following conditions (Isolation Protocol):
    - At least 10 days have passed since either symptom onset or from the date a positive test was collected **and**
    - At least 48 hours have passed since resolution of fever without the use of fever-reducing medications **and**
    - Other symptoms have improved **and**
    - The student did not have severe symptoms at any point during their illness.
  - For students who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive viral test.
  - If a student experiences severe illness with COVID-19, is immunocompromised, required hospitalization, or if any other complication was identified by a physician that might indicate a longer period of infectiousness, then isolation for up to 20 days after symptom onset is required.
- The student should be in isolation as much as possible in the home to prevent the spread to others



- If the student has any siblings in the home, they must also remain home to minimize the risk of transmission to others. If the student's parent is an employee of the District, the employee should remain home and contact their supervisor for direction.
- As soon as illness is reported to the District, the internal contact tracing protocols for illness in school will be conducted. Student contacts with employees will initiate the integration of the employee contact tracing protocol in conjunction with student processes.
- Sanitation of all contacted areas will be conducted immediately.

Adapted From Source: [CDC](#)

\*Test based strategy was removed from CDC guidelines on 7/20/20. The District has adopted a 48-hour fever-free standard as an additional safeguard in addition to the standard return to school/work requirements.

## Employee Confirmed Case

When an employee tests positive or is diagnosed with COVID-19:

- The employee must remain home until completing the required isolation protocol.
- The employee will immediately contact their supervisor who will inform Human Resources.
- As soon as illness is reported to the District, the internal contact tracing protocols for illness in school will be conducted. Building activity and health screening logs for employees will be accessed to identify potential contacts and cross functional activities to expedite this process.
  - The employee may return to work after meeting the following conditions ([Isolation Protocol](#)):
    - At least 10 days have passed since either symptom onset or from the date a positive test was collected **and**
    - At least 48 hours have passed since resolution of fever without the use of fever-reducing medications **and**
    - Other symptoms have improved **and**
    - The employee did not have severe symptoms at any point during their illness.
  - For employees who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive viral test.
  - If an employee experiences severe illness with COVID-19, is immunocompromised, required hospitalization, or if any other complication was identified by a physician that might indicate a longer period of infectiousness, then isolation for up to 20 days after symptom onset is required.
- The employee should be in isolation, as much as possible, in the home to prevent the spread to others.



- If the employee has any students or other District employees in the home, they must also remain home to minimize the risk of transmission to others.

Adapted From Source: [CDC](#)

\*Test based strategy was removed from CDC guidelines on 7/20/20. The District has adopted a 48-hour fever-free standard as an additional safeguard in addition to the standard return to school/work requirements.

## Family Member Confirmed Case

Families have close contact, shared environments, and increased risk of transmission within a home environment as compared to many other settings. When a family member receives a positive COVID-19 test then:

- The family member should follow the isolation protocol provided by their medical professional.
- All members of the household should quarantine and remain away from the school and other congregate settings until the patient is cleared.
- The student or employee remains away from school or work until the family member is cleared by the standard isolation protocol or a doctor's release and will begin quarantine protocol starting from the end of the positive family member's infectious period (when the patient is cleared.)
  - The virus that causes COVID-19 is highly infectious and despite best practices, the risk of contracting it is higher in the home due to prolonged familial proximity and the necessity for caring for those who are ill.
  - Most children and some adults demonstrate few, if any, symptoms of COVID-19 but they can carry and transmit the virus. The quarantine period allows others in the home to monitor for any symptoms from contracting the virus in the home. When returning to school or work, if no symptoms were ever presented and the virus was contracted and unknown, the 10-day period significantly reduced the viral load and dramatically reduced the risk of transmission to others - especially when paired with the school's mitigation protocols using face coverings and distancing.

## Student Illness Detected in School

Teachers will be provided a recognition training for signs and symptoms of COVID-19 for quick detection in the classroom and on campus. This will reduce over alerting when seasonal allergies and other factors are present, such as seasonal flu. Teachers and staff are NOT meant to diagnose but to be a reporter of concern for COVID



like symptoms as needed and trained nurses will provide clinical assessments. If a concern is present in the classroom or on campus, then:

- The student will calmly be escorted to the door and will wait just outside the classroom while all other students will remain in place.
- The nurse or campus designee will be contacted, and a procedural mask will be placed on the student if one is not already in place. The nurse will escort the student to an isolation area in or near the clinic when a student has displayed symptoms of COVID-19 and will provide a clinical assessment to determine if and when a student needs to be sent home.
- Students who are ill should be picked up within 30 minutes and no later than 1 hour from the time the campus contacted the student's parent/guardian.
- If the clinical assessment of the student determines the student needs to be sent home and there are indicators of potential COVID-19 risk, the other students will be removed from the classroom and taken to an alternate location on campus (e.g. go on a walk outside, move to a different classroom, etc.) so that the classroom can be disinfected. District electrostatic sanitation machines can rapidly apply cleaning solution and allow the product to remain in place for the required time to properly sanitize. Individual case assessment will determine if the classroom requires closure for further sanitation.
- Thorough sanitation will be conducted of all surfaces and locations in exposed environments identified through contact tracing.
- Contact tracing and risk assessment will be conducted for each student.
- Upon confirmation of a diagnosed case, District communication will be provided to the parents of students who came in contact with a COVID-19 positive student or staff member.

### ***Contact Tracing***

Contact tracing of students is initiated by the trained staff of Health Services Department. Nurses will lead this effort and will be supported by campus administration, District emergency response staff, and will be coordinated with Tarrant County Public Health.

#### **Contact tracing team:**

- The contact tracing team (nurse or campus admin) will pull seating charts in a classroom environment.
- Attendance rosters will be reviewed to ensure that all possible contacts that may have been present are reviewed.



- Contacts will be made with the student, teacher, coaches, trainers, or staff dependent on the context and nature of the exposure.

**For the ill student:**

- Their identity and health information will be protected.
- They will be assured they are not in any trouble but must be honest in answering the questions asked.
- The nurse will begin with the current day and ask the student to walk them through their day from the time they woke up.
- The student will be asked about who they talked with and sat near.
- The student will be asked about mitigation protocols:
  - Whether they wore their mask and wore it properly.
  - Whether or not they maintained distance from others.
  - If there was anything else, they needed to share that was important related to themselves or others being sick.
  - Tracing for the previous two days will be obtained in a similar manner.

**For the teacher:**

- The teacher will verify any of the mask / distancing questions asked of the ill student based on their own observations.
- When the contacts are identified by the nurse, the teacher and nurse will collaborate to ask the identified students, or the students based on the teacher's observations in proximity to the ill student about their mask / distancing protocol.

**Risk of exposure:**

- If the ill student and other students were all maintaining full distancing protocol, then the contact will be categorized as "low risk."
- In a typical low risk situation, there will not be any automatic exclusions of others unless other indicators of illness or exposure are presented.
- If any breach in protocol exists (removing masks, not physically distancing, etc.), then the contact will be categorized as "elevated risk."
- If a broad level of exposure in a classroom or area exists, or if protocol compliance cannot be determined related to a positive or presumptive case, then the case will be escalated to a status evaluation of a classroom, area, or school.



If risk is present, then anyone with a risk exposure will be required to quarantine to monitor for symptoms. They may seek doctor's advice or testing at their own discretion. Restrictions on this protocol would only apply if symptoms are presented, another COVID-19 close contact occurs, or someone in the home is diagnosed. Quarantine protocols will be initiated at the closest level possible

## Close Contact Defined

Close contact is defined by CDC as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic people, 2 days prior to the date a positive test specimen was collected) until the time the patient is isolated. A close contact is determined by distance and time with an infectious person. The risk reduction that cloth face coverings provide does not eliminate all risk and is contingent on both parties properly and consistently applying coverings, the quality of materials in both face coverings, and acknowledging that they are not fit-tested medical N95 protective masks. For this reason, face coverings do not exclude a person from being identified as an exposed close contact for the purposes of applying quarantine guidelines. These protocols are in alignment with the guidance of the Tarrant County Public Health Department, Texas Department of State Health Services, and Centers for Disease Control and Prevention.

## Quarantine Protocol

A close contact should not return to school, work, or interact with others during the period of quarantine. The purpose of quarantine is to break the transmission cycle of disease by removing potentially infected persons from the environment to prevent further exposures and infections. After an exposure, it can take up to 14 days for the virus that causes COVID-19 to replicate in the body and make a person ill and/or infectious.

Quarantined individuals should monitor for any symptoms for the full 14 days; however, the CDC has updated its guidance to allow for an earlier release from quarantine based on its available data. This is a reduction from the previous 14-day quarantine guideline using symptom monitoring and diagnostic testing. All days are calendar days, and the date of exposure is Day 0 with the first full day of quarantine being Day 1.

### Quarantine Protocol:

- Quarantine may be released after Day 10 if:
  - No clinical evidence of COVID-19 is observed by daily symptom monitoring during the entirety of quarantine up to the time at which quarantine is discontinued; **and**,
  - Daily symptom monitoring continues through Day 14; **and**,



- The person adheres strictly, through Day 14 and beyond, to all recommended masking, distancing, and handwashing.
- An individual has the option to continue their quarantine through the standard 14-day period without testing per existing recommendations. This option maximally reduces risk of post-quarantine transmission risk and is the strategy with the greatest collective experience at present.
- The District may apply an optional 7-Day quarantine release with diagnostic testing for teachers and staff as it requires essential workforce / critical infrastructure employees to be safe, healthy, and available for continued operation. This requires the submission and review of tests and places all quarantines under individual case management. Diagnostic testing is required to be taken on Day 5 or later and the individual must have a negative test, no symptoms, and continue monitoring for symptoms throughout the full 14-period, even after their return.

Any symptoms that appear during quarantine or positive test results received should be reported immediately to a medical professional and positive test results should be reported to the District through the [online case self-reporting tool](#).

Source: Adapted from [CDC Guidelines](#)

## **Employee Illness at Work**

If an employee becomes ill at work, they should immediately isolate themselves and contact their healthcare provider. If fever or other symptoms of a communicable illness are present, they must leave work and contact their supervisor. Supervisors will coordinate with Human Resources to conduct internal contact tracing as needed and make notifications to those who should quarantine from the work environment. Anyone who may have been exposed will be notified through a contact tracing protocol. There will be communication to individuals who are in the same building as someone who has tested positive and any necessary community communication upon confirmation of a diagnosed case. The identity of the individual who is ill or tests positive cannot and will not be shared with anyone in the contact tracing process. The determinations on employee quarantine will be made based on the exposure risk.

If exposures to students are identified in this process, then the student and employee contact tracing processes and communication procedures will be integrated. Sanitation of all areas contacted will be conducted immediately.



## Campus Events – Spring 2021 and Onward

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To promote a safe environment within the Keller Independent School District, all Spring and early Summer 2021 events during the active COVID-19 pandemic are expected to follow the guidelines/restrictions below. The District understands that the situation, policies, and procedures may change based on the time of a submission and the time of the event. Event planners should, to the best of their ability, plan to the conditions and be ready for adjustment in either expansion or contraction of the event.

### **Does the event need to be in-person?**

Virtual events are always the safest option. Event organizers should ask if the event can be successful in a virtual environment via Zoom, Facebook Live, or other streaming or interactive venue. If this is a possibility, then they should choose that option in order to eliminate in-person contacts. If the event cannot be held successfully online, then move to the in-person guidelines.

### **The event must be in-person.**

If a virtual event is not feasible then the following guidelines are in place for **all** in-person events, indoor or outdoor:

- Face Coverings – Cloth face covering, N95, procedure mask, or other approved material worn at all times. Some athletic activity may permit temporary removal while active but the covering must be reapplied immediately when on the sideline, off-stage, or not active, etc.
- Physical Distancing – 6' minimum distancing at all times
- Screening – Self Screening through Veoci
  - Employees/Visitors: [www.kellerisd.net/Screening](http://www.kellerisd.net/Screening)
  - Students: [www.kellerisd.net/StudentScreening](http://www.kellerisd.net/StudentScreening)

### **Will the event be held indoors or outdoors?**

If an in-person event must take place, outdoor venues are encouraged. Event organizers should always consider the Spring weather for these events and decision support is needed for weather, contact Emergency Management.



## Outdoor Events

Many campus events are unique and situation specific. Drive-through events are encouraged whenever possible, if conducting family or campus celebrations outdoors or for distribution type activities, to isolate individual family units and limit contacts and congregations. Anyone working an event or lining up individually along a route should maintain 6' distancing and maintain face coverings. These protocols should be maintained during setup and tear-down, not just during the event, to maintain consistency and continuity of the safety measures.

- Outdoor events should be limited to a maximum of 150 people
- Face coverings and distancing of 6' should be maintained
- The use of shared items is not permitted unless special consideration is given to sanitation between use
- If groups are unable to find appropriate space, the meeting or event will need to be held in a virtual or hybrid environment
- Contingency plans should be developed.
- If the event can be successfully held outdoors, then organizers can bypass the indoor event step below.

### **The event must be held indoors.**

If an in-person event must take place, outdoor venues are encouraged. If this is not possible, then the following guidelines are in place:

## Indoor Events

There are specific measures of COVID-19 community spread and district-level virus monitoring that will influence the guidelines. These may be modified or adjusted if the situation or new information becomes available.

- The two-week average of the virus reproductive rate in the District ( $R(t)$ ), and;
- The ISD virus transmission rate per 100,000 population.

The District  $R(t)$  is the effective reproductive rate of the virus and is calculated daily within Keller ISD. It is averaged over two weeks to account for non-reporting on weekends and anomalies in data over holidays. This is the internal measure of the growth or decline of the spread of the virus among our student/staff population. A



number below 1 indicates the virus spread is slowing, 1.0 is continual steady spread, and above 1 indicates growing spread.

The ISD virus transmission rate per 100,000 population is our community measure. We obtain this information from the [Tarrant County School Dashboard](#) and evaluate the ISD rate per 100,000 residents in our Keller ISD service area. This external community measure shows us the prevalence of viral spread among those living and interacting in the local community that contract and spread COVID-19. This is an important measure as community cases are introduced into Keller ISD.

Capacity guidelines are as follows:

Indoor Capacity is Limited to 50% of the event space or 90 people in large venues (whichever is less) as long as:

- District R(t) average is  $\geq 1.0$ , **or**;
- The ISD rate is  $\geq 100$  per 100,000.
- A 25% capacity is still recommended.

Indoor Capacity is Limited to 75% of the event space or 125 people in large venues (whichever is less) as long as:

- District R(t) average is  $< 1.0$ , **or**;
- The ISD rate is  $< 100$  per 100,000.
- A 50% capacity is still recommended.

### **Plan for capacity management and staffing.**

#### **How can organizers limit attendees?**

Organizers may need to limit total attendance to meet the guidelines because of the level of spread either in the community (ISD rate per 100,000) or in the District (District R(t) average).

- If parents are involved, consider limiting attendance to 2 parents/guardians and not allowing extended friends and family.



- Restrict the attendance of siblings and other students who are not intended active participants in the event.
- Place seat markers, floor markers, and other signage that provides visual representations of capacity limitations and spacing guidelines.
- Consider scheduling the event over multiple time blocks or multiple days with cleaning periods in between to limit single time block capacity. (This requires enforcement of clearing those from a previous time block from the venue before the next block begins.)

Organizers should also communicate to attendees that they should complete COVID self-reports if symptomatic or positive within 2 days of presence at an event.. [www.kellerisd.net/SelfReport](http://www.kellerisd.net/SelfReport)

### **Enforcing Protocols Required**

Strategies that organizers might use to enforce both attendance capacity and safety protocols include, but are not limited to:

- Ticketing to manage entry and groups
- Wristbands (visible management of who should be present after screening and initial compliance with protocol)
- Monitors (staff assigned to identify those who are not admitted remind attendees of mask and distancing requirements)

Do not feel limited by these strategies alone. Based on specific campus environments and events, include in the plan any strategies that might work to best support the safe enforcement of COVID-19 protocols.

### **District Staffing**

District staff members are vital to the safe and successful implementation of our events. Identify any additional needs for the event:

- Is this an outdoor or drive-through event?
  - Does the facilities department need to provide tents or other resources for the grounds?
  - Does security need to support traffic on our campus?
  - Has the police department approved any traffic impact that may affect public streets?



- Is custodial prepared for cleaning before an event, after an event, and/or between groups in the time allotted? Has the organizer included them in the campus planning discussion to ensure they have sufficient time?

### **Volunteer Staffing**

We understand that non-staff volunteers and sponsors are often used for events. There should be special considerations for non-staff volunteers:

- They are permitted for outdoor events but limited to no more than 10 total volunteers. Volunteers count toward the total event capacity.
- Volunteers indoors, if needed, should be submitted in the plan for consideration. This would be considered on a need-basis and very limited in scope based on the event and our metrics.
- Masks and Distancing Required at all Times
- Raptor Screening is Required
- COVID Self-Screening is Required (Choose Visitor Role and Yes to Event Volunteer)
- Self-Report is required through our website if COVID-Symptomatic or Positive within 2 days of Event (Exposure)

### **Are food and drinks permitted?**

Food and drinks are generally not permitted. Organizers should keep items on hand for essential hydration and packaged food items for health-related needs (diabetic situations, etc.).

### **Can organizers use locker rooms, dressing rooms, etc.?**

- Locker rooms and dressing rooms are not to be used for groups of students.
- If there is an event in which students need to dress or change for the activity, consider having them arrive dressed and prepared for the event.
  - Communication for the event should include guidance for the participants to come dressed and prepared for the event.
  - Locker rooms should allow only minimal use for special individual student circumstances.



### **Final planning and submission.**

Each area should have a responsible party, but one person could be responsible for multiple areas as needed.

Plans should show the floor plan or layout of the event and describe the screening process. Event-specific details should be included in the plan to outline how the event will be conducted and align with COVID protocols. Any documents, communications, and items organizers prepare can be submitted along with the approval form.

- The decision support dashboard with all current measures, guidelines, and the event approval form will be available to principals.

