![pennsylvania DEPARTMENT OF EDUCATION]

ARP ESSER Health and Safety Plan Guidance & Template

Section 2001(i)(1) of the American Rescue Plan (ARP) Act requires each local education agency (LEA) that receives funding under the ARP Elementary and Secondary School Emergency Relief (ESSER) Fund to develop and make publicly available on the LEA's website a *Safe Return to In-Person Instruction and Continuity of Services Plan*, hereinafter referred to as a *Health and Safety Plan*.

Based on ARP requirements, 90 percent of ARP ESSER funds will be distributed to school districts and charter schools based on their relative share of Title I-A funding in FY 2020-2021. **Given Federally required timelines, LEAs eligible to apply for and receive this portion of the ARP ESSER funding must submit a Health and Safety Plan that meets ARP Act requirements to the Pennsylvania Department of Education (PDE) by Friday, July 30, 2021, regardless of when the LEA submits its ARP ESSER application.**

Each LEA must create a Health and Safety Plan that addresses how it will maintain the health and safety of students, educators, and other staff, and which will serve as local guidelines for all instructional and non-instructional school activities during the period of the LEA's ARP ESSER grant. The Health and Safety Plan should be tailored to the unique needs of each LEA and its schools and must take into account public comment related to the development of, and subsequent revisions to, the Health and Safety Plan.

The ARP Act and U.S. Department of Education rules require Health and Safety plans include the following components:

1. How the LEA will, to the greatest extent practicable, implement prevention and mitigation policies in line with the most up-to-date guidance from the Centers for Disease Control and Prevention (CDC) for the reopening and operation of school facilities in order to continuously and safely open and operate schools for in-person learning.

2. How the LEA will ensure continuity of services, including but not limited to services to address the students' academic needs, and students' and staff members' social, emotional, mental health, and other needs, which may include student health and food services;

3. How the LEA will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policy on each of the following safety recommendations established by the CDC:

a. Universal and correct wearing of masks;

b. Modifying facilities to allow for physical distancing (e.g., use of cohorts/podding);

c. Handwashing and respiratory etiquette;

d. Cleaning and maintaining healthy facilities, including improving ventilation;

e. Contact tracing in combination with isolation and quarantine, in collaboration with State and local health departments;

f. Diagnostic and screening testing;

g. Efforts to provide COVID-19 vaccinations to school communities;

h. Appropriate accommodations for children with disabilities with respect to health and safety policies; and

i. Coordination with state and local health officials.

The LEA's Health and Safety Plan must be approved by its governing body and posted on the LEA's publicly available website by July 30, 2021. * The ARP Act requires LEAs to post their Health and Safety Plans online in a language that parents/caregivers can understand, or, if it is not practicable to provide written translations to an individual with limited English proficiency, be orally translated. The plan also must be provided in an alternative format accessible, upon request, by a parent who is an individual with a disability as defined by the Americans with Disabilities Act.

Each LEA will upload in the eGrants system its updated Health and Safety Plan and webpage URL where the plan is located on the LEA's publicly available website.

The ARP Act requires LEAs to review their Health and Safety Plans at least every six months during the period of the LEA's ARP ESSER grant. LEAs also must review and update their plans whenever there are significant changes to the CDC recommendations for K-12 schools. Like the development of the plan, all revisions must be informed by community input and reviewed and approved by the governing body prior to posting on the LEA's publicly available website.

LEAs may use the template to revise their current Health and Safety Plans to meet ARP requirements and ensure all stakeholders are fully informed of the LEA's plan to safely resume instructional and non-instructional school activities, including in-person learning, for the current school year. An LEA may use a different plan template or format provided it includes all the elements required by the ARP Act, as listed above.

* The July 30 deadline applies only to school districts and charter schools that received federal Title I-A funds in FY 2020-2021 and intend to apply for and receive ARP ESSER funding.

Additional Resources

LEAs are advised to review the following resources when developing their Health and Safety Plans:

- CDC K-12 School Operational Strategy
- PDE Resources for School Communities During COVID-19
- PDE Roadmap for Education Leaders
- PDE Accelerated Learning Thorough an Integrated System of Support
- PA Department of Health - COVID-19 in Pennsylvania

Health and Safety Plan Summary: Troy Area School District

Initial Effective Date: June 15, 2021

Date of Last Review: June 15, 2021

Date of Last Revision: June 15, 2021

1. How will the LEA, to the greatest extent practicable, support prevention and mitigation policies in line with the most up-to-date guidance from the CDC for the reopening and operation of school facilities in order to continuously and safely open and operate schools for in-person learning?

    The Troy Area School District will continue to implement, to the maximum extent possible, prevention and mitigation efforts, and develop policies and procedures that are aligned with the health and safety guidance from the Centers for Disease Control, Pennsylvania Department of Health, and the Pennsylvania Department of Education to ensure a safe reopening of schools for any summer programming and re-entry into school for the 2021-2022 school year. The plan is to continue operating five days per week for in-person instructional learning, unless we are required to pivot to remote instructional learning through the direction of the Pennsylvania Department of Health.

2. How will the LEA ensure continuity of services, including but not limited to services to address the students' academic needs, and students' and staff members' social, emotional, mental health, and other needs, which may include student health and food services?

    The Troy Area School District will continue to monitor the allocations of resources to students and families while the students are in school and within the community. The district will use ESSER funds to address the unfinished learning needs of our students both academically and socially/emotionally. The district will continue to provide meal support for our students in the same fashion of the previous school year if we would have to pivot to remote learning due to the pandemic. Additional resources will be added to the budget over the next three years to address the effects that the pandemic has had on students within our district.

3. Use the table below to explain how the LEA will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policy on each of the following safety recommendations established by the CDC.

ARP ESSER Requirement	Strategies, Policies, and Procedures
a. Universal and correct wearing of masks;	*As it pertains to the SARS-CoV-2 pandemic, the Troy Area School District will abide by, to the maximum extent possible, the current recommendations for schools as issued by the*

ARP ESSER Requirement	Strategies, Policies, and Procedures
	Center for Disease Control, the Pennsylvania Department of Health, the Pennsylvania Department of Education, and other applicable laws and regulations.
b. Modifying facilities to allow for <u>physical distancing</u> (e.g., use of cohorts/podding);	*As it pertains to the SARS-CoV-2 pandemic, the Troy Area School District will abide by, to the maximum extent possible, the current recommendations for schools as issued by the Center for Disease Control, the Pennsylvania Department of Health, the Pennsylvania Department of Education, and other applicable laws and regulations.*
c. <u>Handwashing and respiratory etiquette</u>;	*As it pertains to the SARS-CoV-2 pandemic, the Troy Area School District will abide by, to the maximum extent possible, the current recommendations for schools as issued by the Center for Disease Control, the Pennsylvania Department of Health, the Pennsylvania Department of Education, and other applicable laws and regulations.*
d. <u>Cleaning</u> and maintaining healthy facilities, including improving <u>ventilation</u>;	*As it pertains to the SARS-CoV-2 pandemic, the Troy Area School District will abide by, to the maximum extent possible, the current recommendations for schools as issued by the Center for Disease Control, the Pennsylvania Department of Health, the Pennsylvania Department of Education, and other applicable laws and regulations.*
e. <u>Contact tracing</u> in combination with <u>isolation</u> and <u>quarantine</u>, in collaboration with the State and local health departments;	*As it pertains to the SARS-CoV-2 pandemic, the Troy Area School District will abide by, to the maximum extent possible, the current recommendations for schools as issued by the Center for Disease Control, the Pennsylvania Department of Health, the Pennsylvania Department of Education, and other applicable laws and regulations.*
f. <u>Diagnostic</u> and screening testing;	*As it pertains to the SARS-CoV-2 pandemic, the Troy Area School District will abide by, to the maximum extent possible, the current recommendations for schools as issued by the Center for Disease Control, the Pennsylvania Department of Health, the Pennsylvania Department of Education, and other applicable laws and regulations.*
g. Efforts to provide <u>vaccinations to school communities</u>;	The district is considering offering a vaccination site this summer for students, families, faculty & staff if the opportunity arises from any of the surrounding clinics.

ARP ESSER Requirement	Strategies, Policies, and Procedures
h. Appropriate accommodations for students with disabilities with respect to health and safety policies; and	*As it pertains to the SARS-CoV-2 pandemic, the Troy Area School District will abide by, to the maximum extent possible, the current recommendations for schools as issued by the Center for Disease Control, the Pennsylvania Department of Health, the Pennsylvania Department of Education, and other applicable laws and regulations.*
i. Coordination with state and local health officials.	*As it pertains to the SARS-CoV-2 pandemic, the Troy Area School District will abide by, to the maximum extent possible, the current recommendations for schools as issued by the Center for Disease Control, the Pennsylvania Department of Health, the Pennsylvania Department of Education, and other applicable laws and regulations.*

Health and Safety Plan Governing Body Affirmation Statement

The Board of Directors/Trustees for Troy Area School District reviewed and approved the Health and Safety Plan on June 15, 2021.

The plan was approved by a vote of:

___9__ Yes

___0__ No

Affirmed on: June 15, 2021

By:

_____Sheryl Angove_____
(Signature* of Board President)

_____Sheryl Angove_____
(Print Name of Board President)

*Electronic signatures on this document are acceptable using one of the two methods detailed below.

Option A: The use of actual signatures is encouraged whenever possible. This method requires that the document be printed, signed, scanned, and then submitted.

Option B: If printing and scanning are not possible, add an electronic signature using the resident Microsoft Office product signature option, which is free to everyone, no installation or purchase needed.

CDC Guidance for COVID-19 Prevention in K-12 Schools

This page was created on July 16, 2021 and last updated on August 13, 2021.

The Centers for Disease Control and Prevention (CDC) recently released updated

Guidance for COVID-19 Prevention in K-12 Schools ↗
(https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html)

.

The guidance developed by the CDC continues to highlight the importance of public health prevention strategies. Schools should continue to utilize prevention strategies such as masking, physical distancing, testing, ventilation, handwashing, and staying home when sick to prevent the spread of infectious diseases.

Resources

Flowchart: What to do if a student becomes sick or reports a new COVID-19 diagnosis at school ↗
(https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/student-becomes-sick-diagnosis-flowchart.html)

While previous public health guidance recommended alternative instructional models to prevent transmission, the recently updated CDC guidance prioritizes layered prevention strategies that can be implemented by schools to maintain full in-person instruction.

The information below highlights some of the more significant changes the CDC has made to its public health guidance to support in-person learning while implementing strategies to prevent transmission of COVID-19 among students and staff. **Schools should refer to the**

full CDC guidance [↗](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html) (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html) **to plan for the upcoming school year, as the Pennsylvania Departments of Health and Education will not be releasing separate state guidance or recommendations at this time.**

The CDC information below is current as of August 13, 2021.

Responding to Cases

When a case of COVID-19 is identified in a school setting, schools should refer to the Centers for Disease Control and Prevention (CDC) protocol outlining

what to do if a student be-
comes sick or reports a
new COVID-19 diagnosis
at school
 (https://www.cdc.gov/coronavirus/2019-ncov/com
 munity/schools-childcare/student-becomes-sick-
 diagnosis-flowchart.html)

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In addition to following the above CDC flowchart, schools should continue to work with the Pennsylvania Department of Health (DOH) or county or municipal health departments (CMHD) to complete contact tracing for individuals diagnosed or exposed to COVID-19. As part of the contact tracing process, DOH and CMHDs will continue to work with schools to gather information about potential close contacts.

For more details on case
reporting and outreach to
DOH, access the training
webinar
 (https://youtu.be/4ZwSQa4g7qQ)

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Access the slides featured in the webinar.
 (/Documents/K-12/Safe%20Schools/COVID/Guida
 nceDocuments/Plans%20and%20Process-
 es%20for%20K-12%20Schools%20During%20-
 COVID-19.pdf)
(PDF) As a reminder, all school to DOH outreach will be channeled through self-report link for streamlined communication as well as tracking purposes.

Schools within a CMHD jurisdiction should work with their local health department when responding to cases of COVID-19 in a school setting.

Vaccination

- Some prevention strategies outlined in the CDC guidance vary by COVID-19 vaccination status. The CDC guidance indicates K-12 schools that maintain documentation of student and school staff COVID-19 vaccination status may use that information, consistent with applicable laws and regulations, to inform masking, physical distancing, testing, and contact tracing efforts, as well as quarantine and isolation protocols.
- If a school plans to request voluntary submission of COVID-19 vaccination status,
  <u>standard protocols that are used to collect and store health status or immunization information from students should be followed</u> ☑ (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/contact-tracing.html)

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Face Coverings and Masks

- Given new evidence on the B.1.617.2 (Delta) variant, the CDC has updated the guidance for fully vaccinated people. CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.
- The CDC also highlights that schools may consider

universal masking based on the needs of the school
community, such as level of community transmission*
and local vaccination coverage.

- In general, people do not need to wear masks when
  outdoors.
- Per the
  CDC's order ↗ (https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html)
  on wearing masks on public transportation, regardless
  of the school mask policy, masks are required to be worn
  by passengers and drivers on school buses.

Physical Distancing

- The CDC recommends maintaining at least 3 feet of
  physical distance between students in classrooms, with
  additional layered mitigation efforts employed if
  distance recommendations would prevent a school
  from fully reopening.

Contact Tracing, Isolation, and Quarantine

- Schools should continue to work with DOH or county or
  municipal health departments (CMHD) to complete
  contact tracing for individuals diagnosed or exposed to
  COVID-19. As part of the contact tracing process, DOH
  and CMHDs will continue to work with schools to gather
  information about potential close contacts.
- The CDC guidance adds the following exception to the

definition of close contact:

- In the K–12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) where:
  - both students were engaged in consistent and correct use of well-fitting face masks; and
  - other K–12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K–12 school setting.
- This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

Sports and Extracurricular Activities

- Per the CDC guidance, individuals who are fully vaccinated no longer need to wear masks or physically distance when participating in sports and extracurricular activities.
- CDC recommends K-12 schools implement prevention strategies, including masking and physical distancing, during sports and extracurricular activities for those who participate and are not fully vaccinated.
- The CDC recommends that schools consider screening testing for those participating in sports who are not fully vaccinated to facilitate safe participation and reduce the risk of transmission of COVID-19. The

CDC's Screening Testing Recommendations for K-12 Schools by Level of Community Transmission [↗]

(https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#screening-testing)

provides recommendations for screening testing by level of community transmission. As outlined in the table, when a community exhibits a high level of community transmission, the CDC recommends canceling or holding high-risk sports or extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.

* In alignment with CDC guidance, categories for level of community transmission include low, moderate, substantial, and high. School leaders and communities can use the

CDC's COVID-19 Data Tracker [↗]

(https://covid.cdc.gov/covid-data-tracker/#county-view)

to determine the level of community transmission in their county.

CDC Centers for Disease Control and Prevention
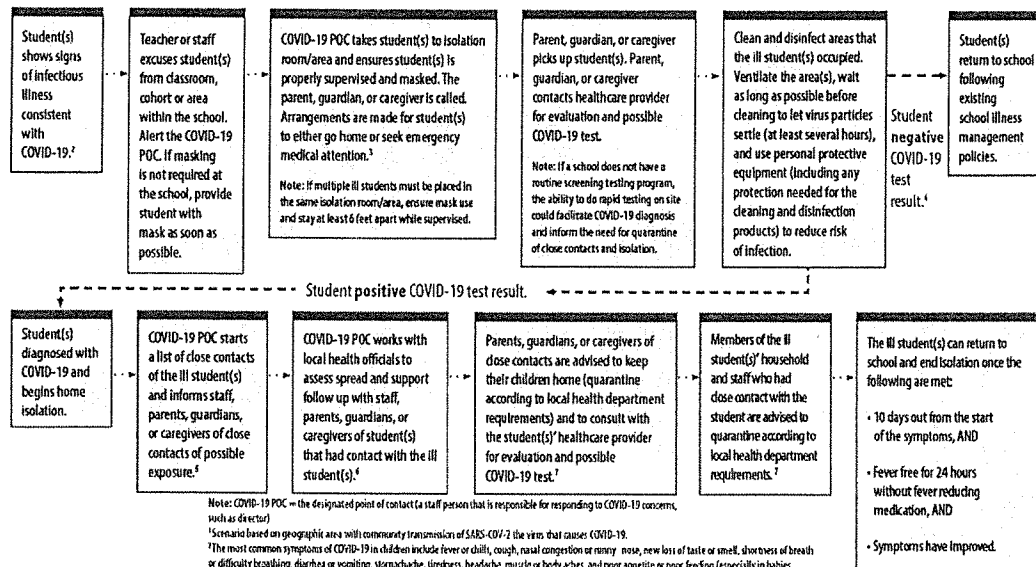CDC 24/7: Saving Lives, Protecting People™

COVID-19

To maximize protection from the Delta variant and prevent possibly spreading it to others, wear a mask indoors in public if you are in an area of substantial or high transmission.

What to do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School[1]

Updated Aug. 5, 2021   Print

WHAT TO DO IF A STUDENT BECOMES SICK OR REPORTS A NEW COVID-19 DIAGNOSIS AT SCHOOL[1]

Student(s) shows signs of infectious illness consistent with COVID-19.[2]	Teacher or staff excuses student(s) from classroom, cohort or area within the school. Alert the COVID-19 POC. If masking is not required at the school, provide student with mask as soon as possible.	COVID-19 POC takes student(s) to isolation room/area and ensures student(s) is properly supervised and masked. The parent, guardian, or caregiver is called. Arrangements are made for student(s) to either go home or seek emergency medical attention.[3] **Note:** If multiple ill students must be placed in the same isolation room/area, ensure mask use and stay at least 6 feet apart while supervised.	Parent, guardian, or caregiver picks up student(s). Parent, guardian, or caregiver contacts healthcare provider for evaluation and possible COVID-19 test. **Note:** If a school does not have a routine screening testing program, the ability to do rapid testing on site could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation.	Clean and disinfect areas that the ill student(s) occupied. Ventilate the area(s), wait as long as possible before cleaning to let virus particles settle (at least several hours), and use personal protective equipment (including any protection needed for the cleaning and disinfection products) to reduce risk of infection.	Student negative COVID-19 test result.[4] Student(s) return to school following existing school illness management policies.

- - - - - - - - - - Student positive COVID-19 test result. - - - - - - - - - -

Student(s) diagnosed with COVID-19 and begins home isolation.	COVID-19 POC starts a list of close contacts of the ill student(s) and informs staff, parents, guardians, or caregivers of close contacts of possible exposure.[5]	COVID-19 POC works with local health officials to assess spread and support follow up with staff, parents, guardians, or caregivers of student(s) that had contact with the ill student(s).[6]	Parents, guardians, or caregivers of close contacts are advised to keep their children home (quarantine according to local health department requirements) and to consult with the student(s)' healthcare provider for evaluation and possible COVID-19 test.[7]	Members of the ill student(s)' household and staff who had close contact with the student are advised to quarantine according to local health department requirements.[7]	The ill student(s) can return to school and end isolation once the following are met: • 10 days out from the start of the symptoms, AND • Fever free for 24 hours without fever reducing medication, AND • Symptoms have improved.

Note: COVID-19 POC = the designated point of contact (a staff person that is responsible for responding to COVID-19 concerns, such as director)

[1] Scenario based on geographic area with community transmission of SARS-COV-2 the virus that causes COVID-19.

[2] The most common symptoms of COVID-19 in children include fever or chills, cough, nasal congestion or runny nose, new loss of taste or smell, shortness of breath or difficulty breathing, diarrhea or vomiting, stomachache, tiredness, headache, muscle or body aches, and poor appetite or poor feeding (especially in babies under 1 year old).

[3] Schools that do not have a universal mask requirement could require masking by students, teachers, and staff if they are experiencing onset of upper respiratory infection symptoms at school while waiting to be picked up or leave the school.

[4] With no known close contact.

[5] Close contact is defined as someone who was within 6 feet for a total of 15 minutes or more within 2 days prior to illness onset regardless of whether the contact was wearing a mask. See exception in the definition for the exclusion of students in the K-12 indoor classroom: https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact

[6] To the extent allowable by applicable laws regarding privacy.

[7] CDC guidance provides that people who are fully vaccinated and do not have COVID-19 symptoms do not need to quarantine, but should get tested after an exposure to someone with COVID-19.

cdc.gov/coronavirus

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- Student(s) shows signs of infectious illness consistent with COVID-19.[2]
- Teacher or staff excuses student(s) from classroom, cohort or area within the school. Alert the COVID-19 POC. If masking is not required at the school, provide student with mask as soon as possible.
- COVID-19 POC takes student(s) to isolation room/area and ensures student(s) is properly supervised and masked. The parent, guardian, or caregiver is called. Arrangements are made for student(s) to either go home or seek emergency medical attention[3]. Note: If multiple ill students must be placed in the same isolation room/area, ensure mask use and stay at least 6 feet apart while supervised.

- Parent, guardian, or caregiver picks up student(s). Parent, guardian, or caregiver contacts healthcare provider for evaluation and possible COVID-19 test. **Note:** If a school does not have a routine screening testing program, the ability to do rapid testing on site could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation.
- Clean and disinfect areas that the ill student(s) occupied. Ventilate the area(s), wait as long as possible before cleaning to let virus particles settle (at least several hours), and use personal protective equipment (including any protection needed for the cleaning and disinfection products) to reduce risk of infection.

Student **negative** COVID-19 test result.[4]

- Student(s) return to school following existing school illness management policies.

Student **positive** COVID-19 test result.

- Student(s) found to have COVID-19 and begins home isolation.
- COVID-19 POC starts a list of close contacts of the ill student(s) and informs staff, parents, guardians, or caregivers of close contacts of possible exposure[5].
- COVID-19 POC works with local health officials to assess spread and support follow up with staff, parents, guardians, or caregivers of student(s) that had contact with the ill student(s).[6]
- Parents, guardians, or caregivers of close contacts are advised to keep their children home (quarantine according to local health department requirements) and to consult with the student(s)' healthcare provider for evaluation and possible COVID-19 test[7].
- Members of the ill student(s)' household and staff who had close contact with the student are advised to quarantine according to local health department requirements[7].
- The ill student(s) can return to school and end isolation once the following are met:
    - 10 days out from the start of the symptoms, AND
    - Fever free for 24 hours without fever reducing medication, AND
    - Symptoms have improved.

Footnotes

Note: COVID-19 POC = the designated point of contact (a staff person that is responsible for responding to COVID-19 concerns, such as director)

[1] Scenario based on geographic area with community transmission of SARS-COV-2, the virus that causes COVID-19.

[2] The most common symptoms of COVID-19 in children include fever or chills, cough, nasal congestion or runny nose, new loss of taste or smell, shortness of breath or difficulty breathing, diarrhea or vomiting, stomachache, tiredness, headache, muscle or body aches, and poor appetite or poor feeding (especially in babies under 1 year old).

[3] Schools that do not have a universal mask requirement could require masking by students, teachers, and staff if they are experiencing onset of upper respiratory infection symptoms at school while waiting to be picked up or leave the school.

[4] With no known close contact.

[5] Close contact is defined as someone who was within 6 feet for a total of 15 minutes or more within 2 days prior to illness onset,regardless of whether the contact was wearing a mask. See exception in the definition for the exclusion of students in the K-12 indoor classroom: https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact

[6] To the extent allowable by applicable laws regarding privacy.

[7] CDC guidance provides that people who are fully vaccinated and do not have COVID-19 symptoms do not need to quarantine, but should get tested after an exposure to someone with COVID-19.

Last Updated Aug. 5, 2021
Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases