The mission of the St. Lucie Public Schools is to ensure all students graduate from safe and caring schools, equipped with the knowledge, skills, and desire to succeed.
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Mission Statement
The mission of the St. Lucie Public Schools is to ensure all students graduate from safe and caring schools, equipped with the knowledge, skills, and desire to succeed.

COVID Management Handbook

This handbook serves as a living document, subject to amendment and revisions as circumstances change over time. All future amendments and revisions will be marked with the date.

COVID-19

The health and safety of all employees and students is a priority in SLPS. These efforts are subject to change depending on guidance from the FDOH and the CDC. SLPS COVID-19 policies and procedures will remain flexible and vigilant as circumstances change.

Transmission of COVID-19
The virus that causes COVID-19 is thought to spread from person to person through respiratory droplets when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled in the lungs. Spread of the virus is more likely when people are in close contact for an extended period. People are contagious up to two (2) days before symptoms begin and are most contagious when they are actively sick. It may be possible to become infected with COVID-19 by touching a surface that has the virus on it and then touching your mouth, nose or eyes—but this is not thought to be the primary way the virus spreads. COVID-19 is primarily an airborne virus.

Persons at Higher Risk
Persons at high risk for severe illness from COVID-19 include: persons over 65, people with chronic kidney disease, COPD, immunocompromised state from a solid organ transplant, obesity, serious heart condition, sickle cell disease, and Type 2 Diabetes Mellitus.

Symptoms of Covid-19
The new coronavirus (COVID-19) is not the same as the coronaviruses that cause mild illnesses like the common cold. Infection with COVID-19 can cause illness ranging from mild to severe and can be fatal. Based on what is currently known, symptoms may appear 2 to 14 days after exposure to the virus. Symptoms of COVID-19 typically include cough, shortness of breath or difficulty breathing, chills or repeated shaking with chills, fever (≥100.4°F), muscle pain, sore throat and, in some cases, a loss of taste or smell. Other less common symptoms include nausea, vomiting, and/or diarrhea. In some cases, infected persons have no signs or symptoms and are referred to as asymptomatic.
Stopping the Spread of COVID-19

Teachers, support staff and students can do their part to prevent the spread of COVID-19 by following these guidelines:

**Vaccines**

COVID-19 vaccines are safe and effective.
- Everyone 12 years of age and older is now eligible to get the COVID-19 vaccination.
- Fully vaccinated people can start to do some things that they had stopped doing because of the pandemic.
- Search [vaccines.gov](http://vaccines.gov), text your zip code to 438829, or call 1-800-232-0233 to find COVID-19 vaccine locations.

**Social Distancing**

All school buildings will implement social distancing protocols, where feasible. Individuals will keep a minimum 3-foot distance. All students will be trained in this protocol. Adults will need to main the 6-foot social distancing recommendation provided by the CDC.

**Face Masks or Face Coverings**

Masks are optional. Any masks worn should adhere to the guidelines established by the SLPS. The CDC recommends wearing a mask if you have not been vaccinated.

**Guidelines**

Personal face masks must adhere to the following guidelines:
- Must cover the nose and mouth to maintain effectiveness.
- Must be secured to minimize the need to adjust frequently.
- Face coverings shall not contain any offensive words or graphics. This includes, but is not limited to, words or graphics that promote violence, drugs, alcohol, sex, or other offensive or objectionable behavior or could be disruptive to the school or school facility.
- Do not need to be medical grade.
- Should be worn prior to entering a building and in shared areas of the building when social distancing is not possible.
- Cloth face coverings should not be worn if they are wet.
- Have a plastic bag to store the mask in when not wearing it. Do not leave the mask lying around.
- Never swap face coverings with someone else. Consider writing initials on masks to identify them.
- Commercially produced or home-made face coverings are acceptable for compliance. Face coverings should be made of a solid cloth material or other suitable solid material. It may not be made of lace, mesh or other largely porous material. It may not have a vent. The principal shall have final authority to determine the suitability of any face covering.
- Must be disposed of in waste containers only.
- Students should not wear “Gaiters” as new research demonstrates they offer no protection and can add to the aerolization of virus particles.
How to Remove a Mask or Face Coverings
- Clean your hands with soap and water or hand sanitizer before touching the mask.
- Avoid touching the front of the mask. Touch only the ear loops. The front of the mask is contaminated.
- Hold both ear loops and gently lift and remove the mask.

Who Wears a Mask or Face Covering?
Wearing a facemask is optional on all buses and classrooms and on school grounds. All students, staff, visitors and vendors may choose to wear a mask or face covering. If you are vaccinated, you do not have to wear a mask per the CDC.

IEP or 504 Students
For students with an IEP or 504, appropriate accommodations may be made based on the individualized needs of the students and parent guidance. If a student forgets, loses, or damages their face covering, SLPS will provide a disposable face covering for that day or provide another face mask the parent has brought in.

Face Shields
Face shields are less effective than a cloth covering. It is optional to wear a face shield.

Universal Precautions

Wear a Mask

Cover Your Mouth and Nose
When you sneeze, cover your mouth and nose with your elbow. If you use a tissue, properly dispose of it in a garbage can and wash your hands.

Stay Home When Sick
All staff and students are asked to stay home when they are sick. Call your health care provider if necessary.

Clean Frequently
All surfaces and high touch areas must be cleaned frequently with virus-killing disinfectant.

Handwashing
Handwashing is an important part of fighting the virus. Wash your hands frequently throughout the day.

Vaccinations
COVID-19 vaccines are safe and effective.

The CDC and Cleveland Clinic see these multiple steps as a crucial way to defend more staunchly against the virus.

Contact Tracing
Contact tracing is a disease control measure to identify persons who may have been exposed to an infectious disease like COVID-19 and alert their close contacts of their exposure. The goal of the tracing is to help prevent the further spread of infection, to identify hotspots of infection, and to protect friends, families, and communities from potential infection. Contact tracing is confidential. All parties involved are not identified by name or any other information. A trained St. Lucie County Department of Health staff member works with persons diagnosed with COVID-19 to help them recall who they may have been in contact with while they were infectious and alert those people immediately to prevent additional spread of the virus.

Contacts must stay at home and maintain social distancing from others they live with up to 14 days after their last exposure. Contacts should self-monitor for symptoms, avoid contact with high risk persons, and take their temperature if these symptoms develop:

- Fever, especially with severe onset headache
- Cough
- Chills
- Muscle Pain
- Shortness of Breath/Difficulty Breathing such as new uncontrolled cough that causes difficulty breathing (for students with chronic allergic/ asthmatic cough, a change in their cough from baseline)
- Sore Throat
- New loss of taste or smell
- Diarrhea, vomiting, or abdominal pain

**Exposure to a Positive Case After Having COVID**

Contact tracing will take into account if an exposed person has had COVID within the last 90 days. If the exposure happened within 90 days of the person’s last day of isolation for COVID, then that exposed person will not have to quarantine. Any exposures to a positive case that occurs after that ninety day window will require a person to quarantine.

**Exposure to a Positive Case After the First of a Two Shot Vaccination Series**

Should someone be exposed to COVID after the first shot of a two shot series, then they must quarantine.

**Exposure to a Positive Case Post Vaccination for COVID**

If someone is exposed to a positive case after they have taken the final vaccination shot (or only required shot), then contact tracers must determine if the vaccination shot was a minimum of two weeks prior to the exposure. If the exposure occurs before two weeks after the last vaccination shot (or only required shot), then a person will need to quarantine. If someone is exposed to a positive case more than two weeks after their last vaccination shot, then that person will not be require to quarantine.

**Students Waiting on the Results of a COVID Test**

Students waiting on the results of a COVID Test must remain at home until they receive their results. Students may return to school with a copy of a negative test and then must be cleared by the Department of Health. Students with a positive test must remain isolated and not come to school until the Department of Health clears them to return.
**Summer School Programs 2022 and Quarantines**

Students in elementary school who become positive and must isolate or students who must quarantine will be able to sign up for the next session of summer school after their quarantine has ended. High school students working on Edgenuity courses who must quarantine can continue to work on their classes from home with a laptop.

An employee or student reports positive for COVID-19 or as been notified by DOH that they need to quarantine for possible exposure.

Building COVID Lead completes Skyward form for student reporting positive, and/or form for Staff reporting positive. Data captured in Power BI for Quarantine Dates.

COVID Lead notifies Executive Director ESE/SS Bill Tomlinson for staff and Administrator Bridgette Hargadine for students. Department Head in District Administration alerts Mr. Tomlinson. OTL reports on any new hires pre-orientation to Mr. Tomlinson.

Deputy Superintendent Jon Prince

Superintendent E. Wayne Gent

Chief Academic Officer-Prepare for MySchool Options

Chief of Operations Terence O’Leary

Facilities will determine the necessary means to clean and disinfect based on current CDC guidelines and risk of exposure.

Chief Information Officer Lydia Martin.

SLPS Communications will provide pertinent information to students, families, public.

Executive Directors Adrian Ocampo, Latricia Woulard, Dan Frank-School Supervision

St. Lucie County Health Department will provide further guidance and begin contact tracing.

The district will follow FDOH guidelines for mitigating COVID-19 in schools. All cases will be examined individually with guidance from the Department of Health in St. Lucie County.
Quarantine for 14 days for sports, 10 days for school. The student may take a PCR test on the 6th day after exposure and if it is negative and they have no symptoms, they may return to school on day 8 of their quarantine (but not sports). If a person is vaccinated fully and has no symptoms, then they do not have to quarantine.
**Transportation**

All busses must maintain a current seating chart in the event of contact tracing.

<table>
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<td><strong>Bus Arrival and Dismissal</strong></td>
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<td>- Implement standard operating procedures.</td>
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<td>- Explicitly teach students to stay three feet apart while waiting for the bus.</td>
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<td>- Staff may notice a sick student in class at the start of the day and refer them to the clinic for a temperature check.</td>
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**Parent Drop-Off and Walkers**
- During Arrival and Dismissal, students will be trained to stay three feet apart.
- Students must keep moving upon arrival to designated areas such as the cafeteria in the morning.

**Parent Pick-Up and Walkers**
- Parents will follow standard procedures for early pick up
- Parents for early pick up must bring ID to the door of the front office. Staff will check ID using Skyward and RAPTOR and send the student outside for early dismissal.
- Parent pick-up students must stay socially distant (3 feet) while waiting for their rides.
- Walkers, skateboarders and cyclists, student drivers must not linger and must leave immediately.

**Facilities**

Classrooms and shared areas are cleaned first and then disinfected with hospital-grade disinfectant. The disinfectant that SLPS uses is on the recommended EPA list per CDC guidelines. COVID-19 is primarily an airborne pathogen. We need to focus on ensuring students minimize their risks by hand washing, good hygiene and healthy habits.

Deep cleaning may be required if a student or staff member has been on campus within the last 24 hours. Deep cleaning when needed will require the use of e-mist machines. These are a combination of an electrostatic sprayer with Clorox disinfecting and sanitizing solutions to provide chemical coverage quickly and easily. The Clorox 360 solution is also an EPA approved solution per CDC guidelines.
## Facilities

### Main Offices
- All visitors, vendors and district personnel will review the self-check guide for COVID upon entering the building. Volunteers may come on campus, if they are cleared through HR and complete the self-check guide.
- It is optional for parents to wear a mask into the building.
- Parent conferences can be conducted either virtually or in person.
- Encourage visits by appointment only.
- Tardy notes and absence notes may be accepted by email or be handwritten.

### Classrooms
- Hand sanitizer or soap will be present in all classrooms.
- Ensure ventilation systems operate properly.
- Teachers must use a seating chart for contact tracing purposes.
- Avoid clutter. All surfaces should be wipeable and spray-able.
- Avoid sharing of common items – scissors, tape, glue, pens, pencils when possible. When it cannot be avoided, have students use hand sanitizer or hand wash frequently.

### Transition Spaces
- Prohibit congregation in hallways and lunchrooms.

## Child Nutrition

Meals will be served per USDA guidelines so that both students and staff remain safe. Specific meal service procedures are located on our district website at [www.stlucieschools.org](http://www.stlucieschools.org) under the parent/student tab. All cafeterias will follow CDC guidelines and FDOH guidelines.

## Breakfast and Lunch
- Implement standard operating procedures.
- Provide hand sanitizer to staff.
- Prohibit students from sharing utensils and foods.
- Transactions will be touchless at the point of sale. Cafeteria workers will enter any lunch numbers.
- All high-touch areas must be cleaned with disinfectant after use.
- Mark spaced lines to enter the cafeteria and serving lines for K-8; designate entrance and exit flow paths; stagger use.
- Use spaced seating (three feet per student) where feasible.
- The goal is to minimize, not eliminate risk.
- To conduct contact-tracing more easily, there must be a seating chart for breakfast and lunch K-8. High School classrooms will need a seating chart, but high school students must report to the Department of Health their contacts at lunch time when asked.
Athletics

Vaccinations

Vaccinations are available for student-athletes ages 12 and up from local providers. Vaccinations are optional for school. Students who have completed the vaccination process will not be required to quarantine should they be exposed to another athlete who is positive, provided the vaccinated student exhibits no symptoms.

Minimizing Risk: Managing Schedules and Team Training Sessions

- Students are required to let coaches know if they themselves, family members, or those they have had contact with are experiencing or have experienced any signs or symptoms of Covid-19. Students should stay home if sick or if they have had contact with those who have Covid-19 or Covid-19 symptoms.
- Adhere to CDC and FDOH social gathering and distancing policies during your indoor and outdoor activities (three feet apart).
- Group size counts should include both athletes, staff, and account for transition periods between sessions.
- Use small group rotations under the supervision of different coaches. This includes drills and stations outside the weight room setting.
- Schedule mid- and post-workout cleaning periods, allowing a 10-15-minute buffer between teams or groups.
- Stagger training groups throughout workout blocks and/or alternate training days. (i.e. it is recommended if you have 90 students, create groups of thirty and have kids divided into small groups that move in stations).
- Avoid person-to-person contact while spotting with use of bar catches and the 2-spotter technique. We suggest two partner lifts for bench press and incline press.
- Consider grouping athletes based on conditioning status.
- Maximize air flow in the weight room.
- Use outdoor training spaces whenever possible. Students do not have to wear their masks outside when running or actively engaged.

Facility and Equipment: Cleaning and Sanitation Procedures

- Clean all weight room surfaces with germicidal disinfectant. DO NOT USE BLEACH.
- Wash hands frequently. Mask wearing is optional.
- Educate on weight room Covid-19 upkeep expectations during meetings with athletes.
- Promote hand washing before and after workouts and provide hand sanitizer. We suggest having a handwashing / sanitation station outside the building entrance.
- Keep extra bottles of disinfectant for wiping down equipment after use.
- Avoid the sharing of cloth towels or rags.
- Ensure cleaning and sanitation procedures include restrooms, locker rooms, carpet and flooring, exercise mats, and water fountains.
- Ensure all pieces of equipment are cleaned: Medicine balls, dumbbells, kettlebells, weight belts, bars and plates, etc.
Have separate laundry baskets for clean and dirty items.

**Training Safety: Risk Factors Following Periods of Inactivity**

- Avoid high volume submaximal exercises to fatigue or performed within a limited time frame inside the gym in a mask. Outside exercisers may be maskless and continue as normal.
- Plan and adjust workouts to match environmental factors, especially in cases of high heat and humidity.
- DO NOT perform physically exhausting drills for developing “mental toughness.”
- Students must have completed athletic packets on file and have viewed the three required NFHS learn safety courses (Athletic Waiver, Concussion in Sports, Sudden Cardiac Arrest, and Heat Illness Prevention) PRIOR to any participation.
- Any violations of these procedures may cause suspension of all activities at the violating school. Principals and Athletic Directors are responsible for following these guidelines and for making sure that coaches adhere to them.
- Recommendations and restrictions are fluid and subject to change.
- Safety is our top priority.

**Mosaic Digital Academy Athletes**

Student athletes will be permitted to participate in athletics **at the school they are zoned for** if all athletic paperwork has been completed and the athlete has been cleared by the athletic office.

**When might athletic competitions begin?**

Practice or try outs will begin starting August 2, 2021. Games will not start any earlier than Aug 20th, 2021.

**If a student athlete wants to wear a face shield, will they be able to do so?**

Only football players will be allowed to wear face shields, as it can attach directly to their helmet. It is not safe for other sports to wear a face shield.

**How will locker room procedures change because of COVID-19?**

Students will be three feet apart for social distancing. Locker rooms will be cleaned daily with CDC approved disinfectants.

**Risk Categories by Sport:**

**Lower Risk:** Sports that can be done with social distancing or individually with no sharing of equipment or the ability to clean the equipment between uses by competitors. Examples: Individual running events, throwing events (shot put, discus), individual swimming, golf, weightlifting, sideline cheer, cross country running (with staggered starts).

**Moderate Risk:** Sports that involve close, sustained contact, but with protective equipment in place that may reduce the likelihood of respiratory particle transmission between participants OR intermittent close contact OR group sports OR sports that use equipment that can’t be cleaned between participants. Examples: Basketball, volleyball*, baseball*, softball*, soccer, tennis*, swimming relays, high jump*, long jump*, 7 on 7.
football. Sports designated with *could potentially be considered “Lower Risk” with appropriate cleaning of equipment and use of masks by participants.

Higher Risk: Sports that involve close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants. Examples: Wrestling, football, competitive cheer.

**Band Camp Procedures**

**Pre-rehearsal procedures**
- Attendance will be taken in compliance with district Security and COVID – 19 safety procedures.
- Prior to camp all required paperwork and INCLUDING a pre- participation exam to be completed and turned in
- Any person with positive symptoms will not participate in rehearsal and should see their primary care physician.
- Parent meetings will be held to accommodate completion of paperwork.
- Students must complete all paperwork to participate in camp and/or after school co-curricular activities.

**Rehearsals**

**Check-In/Dismissal and Set-Up**
- Students will check in and wait outdoors in a designate area, at an acceptable social distance (3 feet minimum).
- Students will get instruments and return to their check-in spot.
- Students will wash hands/use hand sanitizer before and after each session of rehearsal.
- Students must have their own water bottles, towels, mouthpieces, sticks, mallets, music, cell phones, or anything else used during marching camp or rehearsal. (No Sharing.)
- Students will wash their mouthpieces before and after each rehearsal.
- Students will exit and wait for parent pick-up at safe social distance (three feet minimum).
- Dealing with spit valves: Use puppy sanitation pads that each student could have and then dispose of. Each student could have their own beach bucket with paper towels at the bottom. They would be responsible for disposing of them at the end of the session.

**Outdoor Instruction**
- Masks are optional.
- Students will be assigned to groups that encourage socially distancing and allow for contact tracing.
- Students will have breaks and meals at prescribed social distance.
- All outdoor activities will be spaced at three feet minimum intervals.
- The outside portion of camp will take place during a time and temperature that safe as prescribed by the Zachary Martin Act and have a predetermined location for students to go to in a bad weather event.
Band, Orchestra or Music Classrooms

Action Steps:

☐ Students may share percussion instruments, wind woods, if students sanitize their hands before and after play, and the instruments are wiped down before sharing with a new student. Instruments that require blowing into the instrument should not be shared.

☐ Anyone may choose to wear a mask, unless playing an instrument that cannot be played in a mask (which the band teacher has asked the student to unmask to play).

☐ Secondary Percussionists may be required to have their own stick bags and sticks or be assigned their own. Elementary students may share their sticks, but they must be wiped down between uses.

☐ Play outside when feasible.

☐ Have students clean their instruments frequently.

☐ Students will wash hands/use hand sanitizer before and after each class.

☐ Students must have their own water bottles, towels, mouthpieces, mallets, music, or anything else used in class.

☐ Students will wash their mouthpieces before and after each class.

☐ Spit valves need emptied in on a puppy pee pad or litter bucket.

☐ The air change rate for the Band classroom should be a minimum of 3X an hour.

☐ If practicing outside, open-sided tents are appropriate

Recess at Summer School

Elementary schools can continue to provide recess. Students must be taught the expectation for social distancing at recess. Students must wash their hands or sanitize their hands at the end of recess.

Monitor for heat exhaustion for all students and students in masks may need a mask break if they become overheated. Have established areas for students to take a socially-distanced mask break, or socially distanced activities (like the swings) where students may pull their mask down to play.

Theatre, Dance, Drama, Choir, Band Performances

Outside Performances at Stadiums or Other School Spaces Such as Auditoriums and Theatres

There will be a return to full capacity at events, barring any unusual changes during the pandemic.

Sound booths

Sound booths are very small and not well ventilated. Limit the number of people in the sound booth based on 9 square feet per student (social distancing).

Length of Performance

As needed. Performances may have intermissions.
Physical Education Classes

Physical Education teachers can help lower the risk of COVID-19 exposure and reduce the spread during class by following specific practices.

- Be outside as much as possible. When outside, it is optional if students want to wear masks. They must continue to socially distance. Be extremely aware of heat exhaustion as the summer months approach. Students in masks may need a mask break.
- During times when students are not actively participating in practice or competition, attention should be given to maintaining social distancing by increasing space (3 feet) between students on the sideline, dugout, or bench.
- Discourage unnecessary physical contact, such as high fives, handshakes, fist bumps, or hugs.

Elementary Resource Classes

- Elementary resource classes, if large, should be conducted in alternative spaces (i.e. pavilion, media center, cafeteria, gym, etc.) as much as possible to socially distance students.
- Make sure any classroom space is free of clutter.
- Include handwashing or hand sanitizing as a part of the classroom procedure.
- Discourage unnecessary physical contact, such as high fives, handshakes, fist bumps, or hugs.

PTO/SAC or Other Large Meetings

PTO/SAC meetings need to take place in a space large enough to allow for social distancing (6 feet per person).

Dean’s Offices

All seats need to be three feet apart and follow social distancing guidelines. Plan a back-up office or space as needed.

Behavior Intervention Classrooms (BIC)

These classrooms will follow all classroom guidelines. A seating chart must be maintained.

Media Space

- Students must socially distance (3 feet).
- Manage furniture to allow for social distancing of three feet.
- Students may not share computers.
School Health Rooms
Schools will need to provide three different clinical spaces to meet the needs of our students. The main clinic must remain in place. Schools will also have to provide an isolation room for students who have been identified as having a fever or flu-like illness. These students must be kept separately from other students visiting the main clinic. Finally, if a school has medically fragile students or students who must use a nebulizer at school, there needs to be a Nebulizer Clinic space. Each clinical space will have different requirements.

Health Room
- Morning procedures for visiting parents: same procedures for a visit. Parents must provide ID at the door. The health paraeducator or designate will then meet the parent. To drop off medication, parents must make an appointment to do so.
- It is imperative to decrease visits to the health room so that it is for essential visits only: first aid, general sickness and medication.
- The school health room is an area designated in each school in the district to be utilized to assess the health needs of students and staff, perform prescribed treatments, administer first aid, administer medications, house student health records and perform mandated health screenings.
- Maintain physical distancing with cots. Some buildings may need an area outside the door to the clinic with chairs set 3 feet apart if feasible as the staff member processes each student.
- All students and staff must wash hands upon arrival and leaving of health room.
- Staff must declutter the main clinic and keep room free of “stuff.” Only keep what is wipeable.
- The main clinic must be stocked with masks, face shields and gloves. Disinfectants- keep locked, need to clean and disinfect after every student.
- Only utilize disinfectant products in the school health clinics that are approved by the school district. Be sure to follow the manufactures guidelines related to the dwell time of the product.

Isolation Room
- The school nurse or health paraeducator is the priority staff member in this room. When the isolation room must be staffed, back-up personnel will staff the health room.
- Students who present with a fever and any flu-like symptoms will need to be isolated, away from the main clinic and other rooms. Parents will need to be contacted and advised to pick up the child from school as quickly as possible.
- Any student with a fever must stay home for a minimum of 24 hours after the time they are diagnosed with a fever. Any student positive for COVID19 must stay home for 10 days plus 24 hours after the last day of fever.
- After any person has entered the clinic or isolation room with a fever, the clinic or isolation room must be wiped down and disinfected.
- Maintain physical distancing with cots and/or chairs.
- All students and staff must wash hands upon arrival and leaving of health room.
- Isolation rooms must be free from clutter and as sterile as possible. Items in isolation rooms should be easily wipeable with disinfectant.
- The Isolation Room must be stocked with masks, face shields and gloves. Disinfectants- keep locked, need to clean and disinfect after every student.
• Only utilize disinfectant products that are approved by the school district. Be sure to follow the manufacturer’s guidelines related to the dwell time of the product.

**Nebulizer Treatment Room**

Students with symptoms of COVID-19 should not attend school. Symptoms of asthma and COVID-19 may overlap, including cough and shortness of breath. Therefore, students experiencing acute asthma attacks should not be attending school without approval by a healthcare provider; if an asthma attack starts at school, a student may need a bronchodilator treatment before being sent home or before an ambulance arrives.

*The American Lung Association’s Model Policy for School Districts* recommends using inhalers with disposable spacers/mouthpieces and nebulizers with disposable tubing with mask/mouthpieces. Inhalers and nebulizers should be used and cleaned per the manufacturer’s instructions. During this COVID-19 pandemic, asthma treatments using inhalers with spacers (with or without face mask, per each student’s individualized treatment plan) are preferred over nebulizer treatments whenever possible. Based on limited data, use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol-generating procedure. Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious.

**During this COVID-19 pandemic, nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with or without spacer or face mask).**

Schools should obtain the appropriate personal protective equipment (PPE) for staff who administer nebulizer treatments and peak flow meters to students with asthma. PPE for use when administering nebulizer treatments or peak flow meters to students with asthma consists of gloves, medical or surgical facemask and eye protection. School staff should be trained on when to use PPE, what PPE is necessary, where this PPE is stored, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of used PPE.

• All persons who attend in the Nebulizer Treatment Room must be wear PPE and have been properly fitted for PPE.
• After any student has entered the Nebulizer Treatment room, it must be wiped down and disinfected.
• If a nebulizer treatment or use of peak flow meter is necessary at school for a student, the number of people present in the room should be limited to the student and the staff member administering the treatment or peak flow meter.
• All students and staff must wash hands upon arrival and leaving of Nebulizer Treatment room.
• Staff must declutter the treatment areas and keep room free of “stuff.” Only keep what is wipeable.
• Only utilize disinfectant products that are approved by the school district. Be sure to follow the manufacturer’s guidelines related to the dwell time of the product.

**Daily Reporting**

Clinics must provide a daily health report to the building principal. Information regarding the number of fevers or flu-like illnesses will also be shared with the St. Lucie Department of Health.
**ESE and Medically Fragile Students**

The American Academy of Pediatrics recommendation for Special Populations issued the following statement: *Based on current medical knowledge and in collaboration with health care providers, the risks to students with high risk medical conditions, especially mechanical ventilation-dependent children or children with tracheostomies, should inform whether individual students should continue a distance learning program or receive home or hospital instruction even after school opens.*

Students who meet eligibility criteria for hospitalized/homebound instruction will receive instruction in the home setting if appropriate social distancing and health and safety protocols can be maintained. School teams must review the educational services for all students who are considered medically vulnerable or medically fragile and determine if the child can receive FAPE with the necessary accommodations and health and safety protocols in place. Teams should make sure that any physician’s orders or statements are updated. *If an IEP team determines that a child cannot safely participate in instruction in the traditional brick and mortar setting, a determination must be made as to how the child will receive instruction in order to receive FAPE.*

**Medically Fragile Units**

- IEP teams should review all physician's medical orders, health status of the student and ensure the child will have access to a free appropriate public education.
- Decrease clutter in the classroom to as many washable/wipeable surfaces as possible.
- Remove stuffed animals or other non-washable items carpets etc.
- Keep counters clean.
- All specific individualized medical supplies must be placed in a bin with the name of student clearly identified on the bin.
- Arrange the room to promote social distancing.
- Plan for outdoor activity when possible. (Consult with adaptive PE teachers and occupational and physical therapists for appropriate outside activities.)
- Do not use washing machines to launder soiled clothing or personal student garments.
  - Send home dirty clothes
  - Use disposable bibs
  - Use disposable wash cloths
  - Parent supplies any bibs and return home to wash

**Medically Fragile Unit Disinfectant plan**

- Use CDC/FDOH recommended disinfectant. At the end of each school day, wipe down tables, toys, desks in addition to the custodial cleaning.
- Wiping down changing tables, toilets after use.
- All staff and students wash hands frequently, every 2 hours.
- Stock face shield, masks, gowns, gloves in rooms.
- Specialized feeding following physician’s orders.
Students with Intellectual Disabilities and/or Autism Spectrum Disorder

- Masks are optional for students in the classroom. If the parent asks for the student to continue wearing the mask, the teacher may have to work with the student to teach appropriate skills for wearing the mask. To reinforce this expected behavior, time must be spent with all students teaching appropriate and expected behavior. For many of these students, the use of Social Stories and appropriate social skills lessons must be integrated into the daily schedule. High level reinforcement must be utilized to achieve the expected outcomes from the instruction focusing on social behavior.
- Teachers must post classroom expectations and adhere to district recommended classroom management approach (CHAMPS).
- Specialized daily schedules must be developed with the use of assistive technology or appropriate communication devices, if required, that incorporate handwashing schedules, instruction on proper hygiene, and health and safety techniques.
- Seating arrangements must be made in classrooms that align to required social distancing measures. This may prove difficult with the large number of students in each classroom and the number of adults that provide support for academics, behavior and related services.
- For students who require removal from devices such as wheelchairs used for mobility and placed in positioning equipment, special care must be taken to clean and disinfect these items after each use.
- School teams may want to investigate options for extended learning communities where students can be divided into smaller groups with teachers and staff rotating among those groups with students remaining stationed in these extended environments.

Pre-K Students with Disabilities

SLPS currently serves students with disabilities beginning at age three (3). Most Pre-K students who enter at age three attend half-day programs and begin a full-day program at age four (4). Due to the age and developmental level of the students, special precautions must be taken to protect the students’ health and safety while in the school setting and during transport to school. Providing the option of wearing a face mask, proper hygiene, including appropriate handwashing techniques. Social stories and videos must be incorporated immediately into the instruction for Pre-K students to address proper hygiene and expected protective behaviors.

- Classrooms must be kept clean and clutter free to the greatest extent possible.
- Areas should be wiped down frequently as students move from station to station in the classroom for designated learning activities.
- All adults in the classroom may choose wear face masks when interacting with the students during instruction.
- Therapy providers such as speech and language pathologists, occupational and physical therapists must collaborate with the classroom teacher to determine how to best schedule students to participate in these activities and remain physically distanced from each other.
- Classroom environments must be assessed to determine adequate social distancing for the creation of specialized individualized learning spaces.
- Because many of these students will require assistance with daily living activities, such as toileting and feeding, special precautions must be taken to sanitize and disinfect areas where these activities will take place.
- Staff must follow all health and safety protocols when assisting students with activities of daily living.
Handwashing activities must be incorporated into the daily schedule to teach these appropriate skills. Schedules must be established for handwashing at least every two hours.

For students who require removal from devices such as wheelchairs used for mobility and placed in positioning equipment, special care must be taken to clean and disinfect these items after each use.

The use of age appropriate signage is also recommended in the classrooms to teach expected behaviors related to wearing of masks, handwashing, and social distancing.

Returning Students with Disabilities to School

Use the following checklist to help your school’s ESE department organize and plan for a safe and smooth reopening:

- Communicate early and often with ESE parents about the process for reopening and any individual student issues that may need special attention.
- Review school facility plans to ensure for social distancing and make sure those plans are ADA compliant.
- Take individual student circumstances, such as wheelchair use, into consideration when planning new flow patterns around the school.
- Take note of any students with chemical sensitivities from cleaning and disinfecting with students with disabilities.
- Review IEPs to determine if transportation-related services need to be updated or added.
- Plan for the safe transportation of medically fragile students.
- Decide diagnostic assessments to determine if learning loss occurred.
- Provide support to IEP teams seeking guidance on amending IEPs, if necessary.

Service Animals

In accordance with School Board Policy 3.703 and Title II of the Americans with Disabilities Act the district will allow the use of service animals where such use is a reasonable accommodation that is necessary to allow the student to access district facilities and services. The service animal is personal property of the student and may not be brought on to any school campus without prior notice and approval by the school and/or district administration. In accordance with the Americans with Disabilities Act, service animals must be permitted to remain with their handlers.
**Countering COVID-19 Stigma and Racism**

Bullying and harassment are *never* acceptable, but they can be especially damaging when students or segments of society feel especially vulnerable. School personnel need to be prepared to prevent and to intervene quickly and effectively in the presence of abusive behaviors toward *any* students. Indeed, *schools have a legal and ethical responsibility to uphold all students’ civil rights, which includes preventing all forms of bullying, harassment, and racist intimidation or behavior.*

The CDC defines stigma as discrimination against an identifiable group of people, a place, or a nation. Stigma is associated with a lack of knowledge about how COVID-19 spreads, a need to blame someone, fears about disease and death, and gossip that spreads rumors and myths.

No single person or group of people are more likely than others to spread COVID-19. Public health emergencies, such as this pandemic, are stressful times for people and communities. Fear and anxiety about a disease can lead to social stigma, which is negative attitudes and beliefs toward people, places, or things. Stigma can lead to labeling, stereotyping, and other negative behaviors toward others. For example, stigma and discrimination can occur when people link a disease, such as COVID-19, with a population, community, or nationality. Stigma can also happen after a person has recovered from COVID-19 or been released from home isolation or quarantine.

Stigma hurts everyone by creating more fear or anger toward a person instead of focusing on the disease that is causing the problem. Stigma can also make people more likely to hide symptoms or illness, keep them from seeking health care immediately, and prevent individuals from adopting healthy behaviors. This means that stigma can make it more difficult to control the spread of an outbreak.

Some groups of people who may experience stigma during the COVID-19 pandemic include:

- Certain racial and ethnic minority students including: Asian Americans, Pacific Islanders, and black or African Americans;
- Students who tested positive for COVID-19, have recovered from being sick with COVID-19, or were released from COVID-19 quarantine.
- The children of emergency responders or healthcare providers.
- The children of other frontline workers, such as grocery store clerks, delivery drivers, or farm and food processing plant workers.
- **Students who have disabilities** or developmental or behavioral disorders who may have difficulty following recommendations.
- Students who have underlying health conditions that cause a cough.

Students who experience stigma may also experience discrimination. Discrimination can take the form of:

- Other students avoiding or rejecting them
- Verbal abuse
- Physical violence

Stigma can negatively affect the emotional, mental, and physical health of stigmatized students and the communities they live in. Stigmatized individuals may experience isolation, depression, anxiety, or public
embarrassment. Stopping stigma is important to making all communities and community members safer and healthier.

**Employees in SLPS will help stop stigma by:**
- Protecting the individual rights of all students.
- Monitoring students who may be stigmatized.
- Maintaining the privacy and confidentiality of those seeking healthcare and those who may be part of any contact investigation.
- Correcting negative language that can cause stigma by sharing accurate information about how the virus spreads.
- Speaking out against negative behaviors and statements.
- Teaching appropriate socially acceptable behavior.

**Trauma Informed Care**

Students may be worried about themselves, their families and their friends and COVID-19 upon their return to school. Dr. Scott Poland, Director of the Suicide and Violence Prevention Office at NSU, noted that there are two types of anxiety expected:

1. Fear of catching the virus upon re-entry.
2. Fear of being academically significantly behind and having missed key benchmark subject skills normally taught in the spring. This is expected to be more of a concern at the secondary level than at the elementary level.

Use these guidelines from the CDC to help students understand what COVID-19 is and how they can avoid getting and spreading the disease.

<table>
<thead>
<tr>
<th>General Principle</th>
<th>Specific Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remain calm and reassuring</td>
<td>Remember that students will react to both what you say and how you say it. They will pick up on the conversations you have with them and others.</td>
</tr>
<tr>
<td>Make yourself available to listen and talk</td>
<td>Make time to talk. Be sure students know they can come to you if they have questions.</td>
</tr>
<tr>
<td>Avoid language that might blame others and lead to stigma.</td>
<td>Remember that viruses can make anyone sick, regardless of race, ethnicity, age or neighborhood. Avoid making assumptions about who might have COVID-19.</td>
</tr>
<tr>
<td>Pay attention to what students see or hear on television, radio, or online.</td>
<td>Make sure not to spend too much time on television, radio or online. Too much focus on the topic can lead to anxiety.</td>
</tr>
<tr>
<td>Provide information that is honest and accurate.</td>
<td>Give students information that is truthful and appropriate for their age and developmental level. Remind students that some of the things they see on social media and the internet may be based on rumors and inaccurate information.</td>
</tr>
<tr>
<td>Teach children every day actions to reduce the spread of germs.</td>
<td>Remind students to socially distance away from people who are sneezing or coughing. Remind students to cough or sneeze into a tissue or an elbow, then</td>
</tr>
</tbody>
</table>
throw the tissue in the trash. Discuss any new actions that may be taken at school to help protect children and school staff.

**Action Steps for Teachers to Help Reduce Student Anxiety (Poland, 2020).**

1. Recognize every student has a story to tell and some students may have lost loved ones to the virus. Some students may have had a difficult time emotionally while quarantined. Others may have had a difficult time with online assignments.
2. Be alert for students who suffered abuse or may now be living in poverty or are homeless.
3. Refer students you are concerned about to school counselors.

**Additional Signs of Student Stress**

- Anxiety, worry, fear
- Feeling on the edge
- Changes in appetite, energy and activity levels
- Sleeping problems
- Concentration problems
- Increased irritability
- Increased use of drugs and alcohol
- Verbalizing thoughts of hopelessness and suicide.

**Returning a Student to School After a COVID-19 Illness**

A student who is recovering from contracting COVID-19 may have emotional and physical issues that may interfere with their learning. The student’s family may also have concerns about his or her mental health and interactions with other students. Schools must create an intake process upon the student’s return to school to take these concerns into account. Each student will have a different recovery period with additional needs. To make sure a student returns smoothly:

- **Investigate the student's ability to focus on learning.** Talk with the student’s family and the student about the student's level of stamina throughout the day and whether he can return to a regular schedule or distance learning if your schools continue to be closed. What can the student accomplish physically? Does he or she need homebound instruction for a brief period working online?
- **Investigate the student's physical needs.** Is anyone concerned about the student’s weakened immune system? Then we would need to continue offering online learning. Is the student in need of any other physical accommodations?
- **Look at the student's mental health needs.** Encourage a school counselor to meet with the student and determine if he or she needs any additional mental health support either inside of the school or outside of the school.
- **Know when to increase parental support.** A student's behavior and need for related services may change after experiencing COVID-19. Revisit the student’s remote or in-person behavior plan and need for occupational therapy, physical therapy, and other related services and offer training to parents if they will need to provide more support to their student.
- **Maintain student confidentiality. It is the law.**
Appendix A: Air Condition Considerations

Outside Air Introduction into School Buildings
Several factors must be taken into consideration in regards to air conditioning in St. Lucie County and any opening of windows in buildings.

**Temperature**
Our HVAC Systems are engineered to meet the design standards for schools, including keep the temperature between 68-75 degrees in the winter and 73-79 degrees in the summer. To reach the required temperature the HVAC system must take the outside air and cool it down 25 degrees in Florida. HVAC systems are designed to do this in a confined space with air being circulated in the system to maintain the temperature. Any introduction of untreated outside air will cause an overload to the system, condensation and unfiltered air to be introduced into the building. The results would be higher temperature above the requirements, condensation that would cause wetness in the room forming mold and higher cost on cost on electric billing.

**Humidity**
The Florida State Requirements of Educational Facilities establishes the requirements for schools shall be kept below 60 percent relative humidity. Outside air is introduced into every site daily as required to eliminate excessive CO2 levels. Acceptable levels are from 400-1,000 PPM. CO2 sensors in our schools reads this level and automatically open outside dampers that allow pre-conditioned outside air in to prevent a rise in humidity and temperature while maintaining required CO2 levels.

**Indoor Air Quality**
The introduction of too much unconditioned outside air will cause adverse effect on the occupants to higher moisture levels, possible mold intrusion, unfiltered air that is not passing through our MERV rated filters would allow higher concentrations of pollen and particles to infiltrate the school cause sever health problems for those that suffer with Asthma and Allergy symptoms.

Windows and doors must remain closed to maintain the HVAC system, prevent mold, and filter the air for pollen and particles.
Appendix B: Return to Work for Employees and COVID-19

Employees Who Test Positive
When supervisors are notified that an employee tested positive, they should email Bill Tomlinson, Aaron Clements, Barbara Audette, and Lynn Louderback. The email should include the employees name, the date the employee was tested, and the name of the testing site. Mr. Tomlinson will report each case to the Florida Department of Health in St. Lucie County (DOH) who will follow up with the employee to discuss each individual situation. The DOH will also advise Mr. Tomlinson on the projected date the employee may return to work.

On July 20, 2020, the Centers for Disease Control and Prevention revised its guidance for employees returning to work. The CDC has moved from a test-based strategy to a symptoms-based strategy when determining return to work timelines for employees who test positive. Therefore, we will no longer be requiring a negative test result for employees to return to work.

When employees test positive, the following must occur before they may return to work if the employee has mild to moderate illness and are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared, and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Employees who test positive but who are not severely immunocompromised and were asymptomatic throughout their infection, also may not return to work until 10 days have passed since the date of their first positive viral diagnostic test.

Supervisors may be notified by the employee who tested positive or by district administration that the employee is unable to return to work after their initial isolation (10 day since testing positive). The following guidelines apply to these employees for returning to work:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Employees who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.

Important: Supervisors will not be responsible for determining if an employee is immunocompromised or if the employee has a severe to critical illness. The employee who tested positive will be in communication with the DOH and the DOH will consult with district administration if an employee needs to stay out longer due to being immunocompromised or if the employee has a severe to critical illness.

Employees Who Are Instructed to Quarantine
Employees may be notified by the DOH that they must quarantine due to being around someone who tested positive for COVID-19. The following must occur before quarantined employees can return to work:
• Quarantined for 14 days (DOH will notify employees of the date the quarantine will end).
• Employees did not display symptoms (e.g., cough, shortness of breath) during the 14-day quarantine.

**Employees Who Live with a Family Member That Has Tested Positive**
Employees who live with family members that have tested positive will be notified by the DOH that they need to quarantine. Employees may be asked to quarantine for 14 days after their family member who tested positive is asymptomatic. Therefore, this employee may be out longer than 14 days. Vaccinated employees who have no symptoms will not need to quarantine.

**Employees Waiting on the Results of a COVID Test**
Employees must wait on the results of their COVID test before returning to work. Employees must email Bill Tomlinson with the results and be cleared by the DOH before they can return to work.
Appendix C: Informal Observation for COVID-19

Daily Classroom Screening for Students

Teachers: Please perform this short screening each period for the students in your classroom. This is completed through teacher observation.

Observation for Symptoms

Does the student have any of the following symptoms, that indicates a possible illness that may decrease the student’s ability to learn and also put them at risk for spreading illness to others?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Student reports they have a temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Sore Throat</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Diarrhea, vomiting, or abdominal pain</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>New onset of severe headache, especially with a fever</td>
</tr>
</tbody>
</table>

If you answer yes to any of the questions above, send the student to the health clinic for further assessment.
Parents: Please complete this short check each morning with your child or children before sending them to school.

**SECTION 1: Symptoms**

Does your child have any of the following symptoms, that indicates a possible illness that may decrease the student’s ability to learn and also put them at risk for spreading illness to others? Please check your child for these symptoms.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Temperature 100.4 degrees Fahrenheit or higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Sore Throat</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Diarrhea, vomiting, or abdominal pain</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>New onset of severe headache, especially with a fever</td>
</tr>
</tbody>
</table>

If the student/parent/caregiver answers YES to any of the above questions in Section 1, the student **must stay home** until symptom-free **for at least 24 hours without fever reducing medications**.

If the student answers YES to any question in Section 1, then:
- If positive test for COVID, student should stay home for 10 days until symptom free and at least 24 hours without fever reducing medications. If these criteria are met, the student does not need a negative test or doctor’s note to return to school.
- If student has a negative COVID test obtained during current symptoms, student should stay home until fever free for at least 24 hours and all other symptoms have gone away.

**SECTION 2: Close Contact/Potential Exposure**

| Yes | No | Had close contact (within 3 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19 |

If answered yes to the above question in Section 2, the **student must stay home for 8-14 days since exposure to COVID. The DOH will determine the number of days.**

If **student develops symptoms of COVID** during the quarantine period, student should be tested for COVID. If student does not get tested, continue quarantine period and do not return to school until symptoms have gone away. School should be notified.
Appendix E: International Travel

CDC Guidelines on International Travel

Do not travel internationally until you are **fully vaccinated**. If you are not fully vaccinated and must travel, follow CDC’s international travel recommendations for unvaccinated people. Fully vaccinated travelers are less likely to get and spread COVID-19. However, international travel poses additional risks, and even fully vaccinated travelers might be at increased risk for getting and possibly spreading some COVID-19 variants.

The COVID-19 situation, including the spread of new or concerning variants, differs from country to country. All travelers need to pay close attention to the [conditions at their destination](#) before traveling.

**International Travel Recommendations for Fully Vaccinated People**

**Have You Been Fully Vaccinated?**

People are considered fully vaccinated*:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine

If you don’t meet these requirements, you are NOT fully vaccinated

If you have a condition or are taking medication that weakens your immune system, you may NOT be fully protected even if you are fully vaccinated. Talk to your healthcare provider. Even after vaccination, you may need to continue taking all precautions.

- **Before you travel**
  - Make sure you understand and follow all airline and destination requirements related to travel, mask wearing, testing, or quarantine, which may differ from U.S. requirements. If you do not follow your destination’s requirements, you may be denied entry and required to return to the United States.
  - Check the current COVID-19 situation in your destination.

- **During traveling:**
  - Wearing a mask over your nose and mouth is required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
  - Follow all recommendations and requirements at your destination, including mask wearing and social distancing

- **Before you arrive in the United States:**
  - All air passengers coming to the United States, including U.S. citizens and fully vaccinated people, are required to have a negative COVID-19 test result no more than 3 days before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the United States.

- **After travel:**
  - Get tested with a viral test 3-5 days after travel.
  - Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
Follow all state and local recommendations or requirements after travel.

International Travel Recommendations for Unvaccinated People If you are not fully vaccinated and must travel, take the following steps to protect yourself and others from COVID-19:

- **Before you travel:**
  - Get tested with a viral test 1-3 days before your trip.
  - Make sure you understand and follow all airline and destination requirements related to travel, testing, or quarantine, which may differ from U.S. requirements. If you do not follow your destination’s requirements, you may be denied entry and required to return to the United States.
  - Check the COVID-19 situation in your destination.

- **While you are traveling:**
  - Wear a mask over your nose and mouth. Wearing a mask is required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
  - Avoid crowds and stay at least 6 feet/2 meters (about 2 arm lengths) from anyone who is not traveling with you.
  - Wash your hands often or use hand sanitizer (with at least 60% alcohol).

- **Before you arrive in the United States:**
  - All air passengers coming to the United States, including U.S. citizens and fully vaccinated people, are required to have a negative COVID-19 viral test result no more than 3 days before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the United States.

- **After you travel:**
  - Get tested with a viral test 3-5 days after travel AND stay home and self-quarantine for a full 7 days after travel.
    - Even if you test negative, stay home and self-quarantine for the full 7 days.
    - If your test is positive, isolate yourself to protect others from getting infected.
  - If you don’t get tested, stay home and self-quarantine for 10 days after travel.
  - Avoid being around people who are at increased risk for severe illness for 14 days, whether you get tested or not.
  - Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
  - Follow all state and local recommendations or requirements.
Appendix F: Domestic Travel

CDC Guidelines on Domestic Travel

Delay travel until you are fully vaccinated. If you are not fully vaccinated and must travel, follow CDC’s recommendations for unvaccinated people. People who are fully vaccinated with an FDA-authorized vaccine or a vaccine authorized for emergency use by the World Health Organization can travel safely within the United States.

CDC will update these recommendations as more people are vaccinated, as rates of COVID-19 change, and as additional scientific evidence becomes available. This guidance applies to travel within the United States and U.S. territories.

Domestic Travel Recommendations for Fully Vaccinated People

If you are fully vaccinated, take the following steps to protect others when you travel:

Have You Been Fully Vaccinated?

People are considered fully vaccinated*:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine

If you don’t meet these requirements, you are NOT fully vaccinated. Keep taking all precautions until you are fully vaccinated.

If you have a condition or are taking medication that weakens your immune system, you may NOT be fully protected even if you are fully vaccinated. Talk to your healthcare provider. Even after vaccination, you may need to continue taking all precautions.

- During Travel
  - Wearing a mask over your nose and mouth is required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
  - Follow all state and local recommendations and requirements, including mask wearing and social distancing.

- After Travel
  - Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
  - Follow all state and local recommendations or requirements.

You do NOT need to get tested or self-quarantine if you are fully vaccinated or have recovered from COVID-19 in the past 3 months. You should still follow all other travel recommendations.

Domestic Travel Recommendations for Unvaccinated People

If you are not fully vaccinated and must travel, take the following steps to protect yourself and others from COVID-19:

- Before you travel:
  - Get tested with a viral test 1-3 days before your trip.

- While you are traveling:
o Wear a mask over your nose and mouth. **Wearing a mask is required** on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.

o Avoid crowds and stay at least 6 feet/2 meters (about 2 arm lengths) from anyone who is not traveling with you.

o Wash your hands often or use hand sanitizer (with at least 60% alcohol).

- **After you travel:**
  - Get tested with a viral test 3-5 days after travel AND stay home and self-quarantine for a full 7 days after travel.
    - Even if you test negative, stay home and self-quarantine for the full 7 days.
    - If your test is positive, isolate yourself to protect others from getting infected.
  - If you don’t get tested, stay home and self-quarantine for 10 days after travel.
  - Avoid being around people who are at increased risk for severe illness for 14 days, whether you get tested or not.
  - Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
  - Follow all state and local recommendations or requirements.