

LAUNCH NEBRASKA



Nebraska Department of Education • Effective July 20, 2020

Planning a Safe Return to School in Nebraska





The Nebraska Department of Education would like to thank the following partners for contributing to this guidance.



Nebraska Council
of School Administrators

Disclaimer: The information provided in this and related documents does not, and is not intended to, constitute legal advice. This is intended to be a guidance document to support and inform local school districts and school systems and all information included is for reference only. Because local school board policy and unique facts make dramatic differences in analyzing any situation, the Nebraska Department of Education and the Nebraska Department of Health and Human Services advise each school district or school system to consult with the local school district or system attorney for specific legal advice regarding the impact of the COVID-19 pandemic on school operations. Additionally, the Nebraska Department of Education and the Nebraska Department of Health and Human Services encourage districts to consult their local health departments to ensure that the health and safety of all students and staff are prioritized while working to provide a high-quality education to all students. The document contains links to other resources and sites and are provided for convenience only. The links do not constitute an endorsement. It is likely that evolving circumstances will necessitate changes to this document and local plans. While this guide is not comprehensive to all needs nor static in nature, it is intended to capture the most important components necessary for school planning as of the date of release.

Introduction

The mission of the Nebraska Department of Education is to lead and support the preparation of all Nebraskans for learning, earning, and living. As Nebraska schools begin the complicated transition into the fall, it is critical to address considerations for students and attendance in the fall. *The purpose of this document is to outline protocols schools should consider given their particular level of risk as determined by their Local Health Department and/or the Department of Health and Human Services.*

Foundational Values

- **Equity:** We must ensure our students, especially those who have been historically underserved, maintain access to high quality teaching.
- **Quality:** While flexibility and innovation must be pursued, we must not back down from our standards for quality.
- **Flexibility:** We must pursue flexibilities in regulations and innovations to ensure students have access to high quality teaching.
- **Safety:** Learning cannot occur if the school community does not feel safe in their environment.
- **Decisive:** Given the size and scope of the challenge, we must move deliberately and make tough choices. We will make mistakes, and we will adapt quickly as variables on the ground change.

Process for Engaging with These Protocols

Step 1: Analyze Risk:

Work with the Local Health Department to determine level of risk (ex. Green, Yellow/Orange, Red)

Step 2: Identify and Tailor Protocols:

Consider the protocols detailed below.

Step 3: Plan around these protocols using your “Return to School” team:

Planning should occur to consider the potential pivot to remote learning or differentiated levels.

Step 4: Review and Communicate:

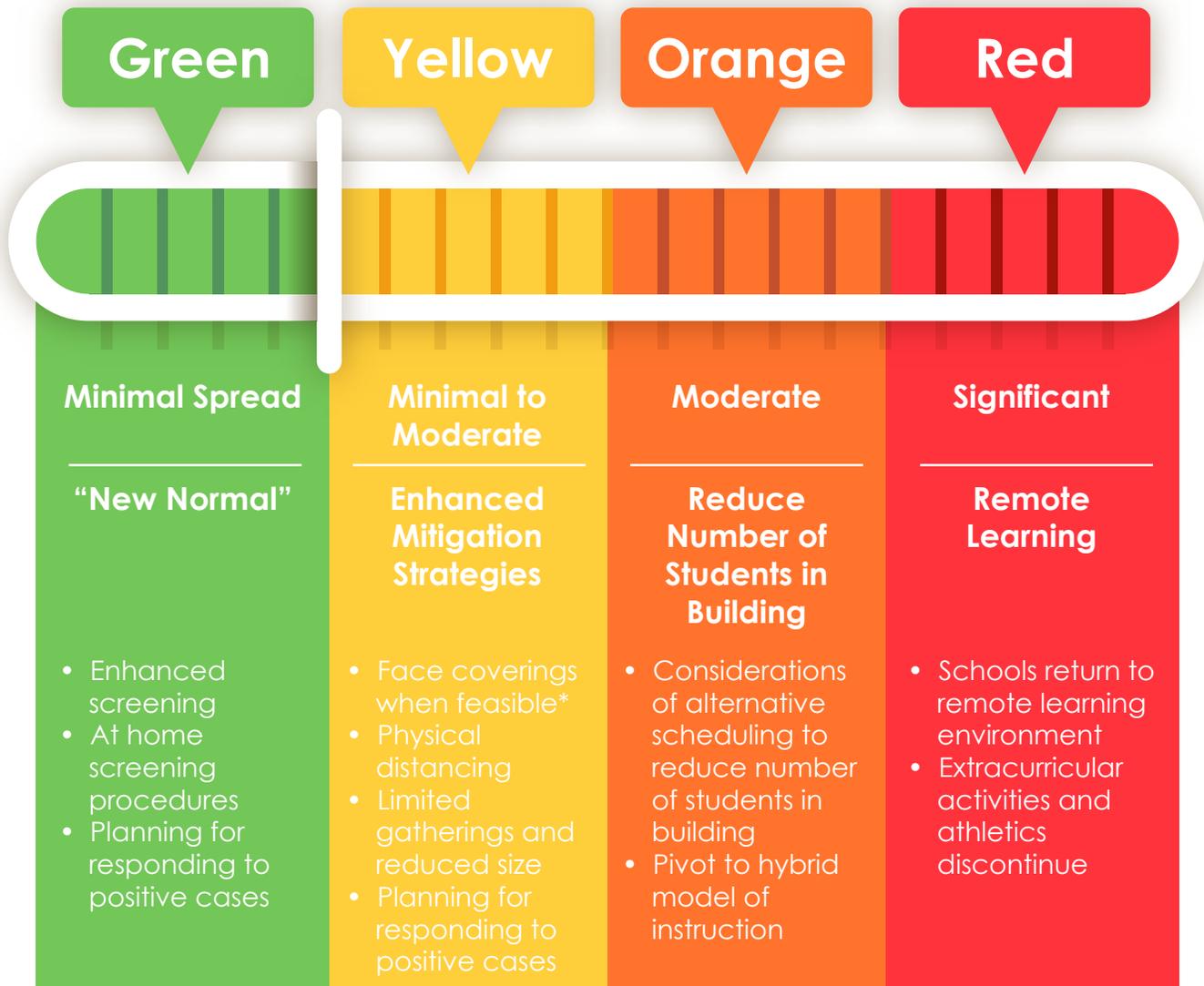
Continue conversation with your Local Health Department as they review and approve your plan. Finally, communicate the steps with all stakeholders including parents and family, community, and students.

School policies and planning must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working. Additionally, the actions and guidelines below acknowledge are intended to mitigate, not eliminate, risk.

Additional Support

The American Academy of Pediatrics (AAP) provides additional, helpful guidance which starts with the goal of having students physically present in school, while ensuring safety and providing age-appropriate guidance. The AAP provides high-priority and lower-priority strategies, which are in alignment to the guidance below. More information can be found [here](#).

Overview:



All Schools: Enhanced cleaning; increased emphasis on social-emotional supports; education materials on handwashing, coronavirus, etc.

*CDC recognizes that wearing cloth face coverings may not be possible in every situation or for some people. In some situations, wearing a cloth face covering may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns. Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading if it is not possible to wear one. For more information, see CDC "Feasibility and Adaptations" section of Cloth Face Cover Guidance.

Scenario 1: Minimal Community Spread (Green)

Virus Status	<ul style="list-style-type: none"> • Local Health Departments analyze risk using variables such as number of positive cases, percent of positive cases, hospitalization rate (situationally factored in), and the increase in positive cases from previous rolling averages. • In this level, few, if any, active COVID-19 cases locally. • Risk level corresponds to late Phase III or IV of DHMs. • Future statewide, regional, or local DHMs may necessitate additional requirements.
How to Keep School Communities Safe	<ul style="list-style-type: none"> • School preparedness activities primarily focused around awareness and updating emergency operations plans. • Close and continuing communication between school and local public health leaders focused on local epidemiology and any changes in disease surveillance that would necessitate a change to “minimal to moderate spread” community spread status. • Evaluate whether there are students or staff at risk for severe illness and/or students or staff living with a high-risk individual and develop or refine plans for remote work and education if necessary. • Encourage sick students and staff to stay home and consider waiving requirements for doctor's excuse notes. • Clean and disinfect work and school areas regularly (between groups of students, between school day and after school programs, etc). • Embed teaching of hygiene practices into regular routines.
School Operating Status	<ul style="list-style-type: none"> • Open for in-person instruction.

Mental and Social Emotional Health

- » Assess social-emotional and mental health resources (personnel, existing partners) to determine if there is a need for additional external support, and reach out to the existing mental health provider community to assess the potential for expanded clientele and services.
- » Designate a school-based mental health liaison to work with the school district, mental health providers, local public health agencies, and community partners.
- » Establish a mental health crisis response team that includes school administrators, school nurses, mental health practitioners, students, and parents, to focus on student and staff mental health and wellness using trauma informed, evidence-based models.
- » Evaluate staff mental health readiness utilizing questionnaires, surveys, screening tools, and direct outreach. If any screening does occur, it should comply with privacy laws and requirements.
- » Where feasible, institute evidence-based universal mental health screening tools appropriate for school staff and students in different grades. If any screening does occur, it should comply with privacy laws and requirements.
- » Provide resources for staff self-care, including resiliency strategies.
- » Consider additional resources designed for populations with special needs that are developmentally, culturally, and linguistically appropriate.

Hygiene

- » Provide adequate supplies to support healthy hygiene behaviors (e.g. , soap, hand sanitizer with at least 60% alcohol for safe use by staff and older children, paper towels, and tissues).
- » Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol by staff and older students.
- » Systematically and frequently check and refill hand sanitizers
- » Encourage staff and students to cough and sneeze into their elbows, or to cover with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds. If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- » Limit sharing of personal items and supplies such as writing utensils.
- » Keep students' personal items separate and in individually labeled cubbies, containers or lockers.
- » Limit use of classroom materials to small groups and disinfect between uses or provide adequate supplies to assign for individual student use.
- » Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a cloth face covering over the mouth and nose).

Spacing, Movement, and Access

- » Changes to class sizes and spacing unnecessary; can resume normal seating.
- » No changes in movement between classes is required.
- » Parents are not allowed in the school building except under extenuating circumstances determined by district and school officials; adults entering the building should wash or sanitize hands prior to entering.
- » Only one parent per child should be allowed to enter except under extenuating circumstances determined by district and school officials.
- » Strict records, including day and time, should be kept of visitors entering and exiting the building. If resources allow, any visitors should be temperature screened and, ideally, asked about symptoms, close contact with a known or suspected case, and recent travel history.

Screening Students

- » Children who become ill at school should be placed in a designated area of quarantine with a surgical mask in place until parents/guardians arrive. Students should not be placed in a mask if developmentally unable to remove it.
- » The preferred PPE for nurses or other health staff who care for the student showing possible symptoms of COVID-19 or a student who has been potentially exposed to COVID-19 is an N95 or equivalent or higher-level respirator as well as gown, gloves, and eye protection (goggles or face shield). Staff should be fit-tested for N95s before use. An acceptable alternative would be a surgical mask along with gown, gloves, and face shield. (See CDC Guidance).
- » Students sent home from school should be kept home until they have completely recovered according to CDC guidelines or DHM requirements.
- » Students are allowed to enter the building at only 1-2 sites and must egress from other exits to keep traffic moving in a single direction.
- » Parents are encouraged to check student's temperature at home every morning using oral, tympanic, or temporal scanners; students with a temperature of 100.4 or greater should stay home and consider coronavirus testing if no other explanation is available. Consider providing thermometers for families who do not have one and need to monitor their child's symptoms.
- » Parents are encouraged to ask their children or monitor for symptoms of COVID-19, including cough, congestion, shortness of breath, loss of taste or smell, or gastrointestinal symptoms every morning. The presence of any symptoms should prompt the parent to keep the student home from school.
- » If resources allow, temperature checks on students can be performed once per day by staff; febrile students should be sent to the quarantine area, nurse's office, or other area isolated from other students and staff until safe transport home by parents/guardians.

Testing Protocols for Students and Responding to Positive Cases

- » Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility.
- » Parents should be notified of the presence of any positive cases in the classroom and/or school to encourage closer observation for any symptoms at home.
- » Students sent home from school should be kept home until they have completely recovered according to CDC guidelines. Consider providing thermometers for families who do not have one and need to monitor their child's symptoms.
- » In the event that a student tests positive, schools should immediately call their Local Health Department to report it, and work with them to contact any close contacts (those who spent more than 15 minutes in close proximity to the student) so that they can be quarantined at home. Classmates should be closely monitored for any symptoms. At this time, empiric testing of all students in the class is not recommended, only those that develop symptoms require testing.

Responding to Positive Tests Among Staff and Students

- » In the event of a positive test among staff or a student, the classroom or areas exposed should be closed until cleaning and disinfection can be performed.
 - o If the person was in the school building without a facial covering, or large areas of the school were exposed to the person, short term dismissals (2-5 days) may be required to clean and disinfect the larger areas. This decision should be made in concert with the Local Health Department.
 - o If possible, smaller areas should be closed for 24 hours before cleaning to minimize the risk of any airborne particles.
- » The preferred PPE for staff cleaning after a confirmed COVID-19 is an N95 or equivalent or higher-level respirator as well as gown, gloves, and eye protection (goggles or face shield). Staff should be fit-tested for N95s before use. An acceptable alternative would be a surgical mask along with gown, gloves, and face shield. (See CDC Guidance). Ensure proper and adequate ventilation after cleaning and before returning students to the area.

Dining, Gathering, Athletics, and Extracurricular Activities

- » Meal activities continue per normal operating procedures.
- » Require students, teachers, and cafeteria staff to wash hands before and after every meal. If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- » When possible, students and teachers wash hands before and after every event (eg. assemblies, games, plays, etc).
- » Large scale gatherings are allowed per normal operating status.
- » Extracurricular activities and gatherings conducted normally.
- » After school programs are open and operating normally.
- » All activities are allowed to continue per normal procedures.
- » Spectator events are allowed per normal procedures.

Personal Protective Equipment (PPE)

- » Staff that may be in contact with a student with suspected COVID-19 or cleaning after a confirmed COVID-19 case should be provided with PPE, trained on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- » Cloth face coverings are not required for staff or students.
 - o However, CDC recommends that face coverings should be worn by staff and students (particularly older students) as feasible, and are most essential in times when physical distancing is difficult, so schools may also choose to recommend doing so.
 - o Face coverings should be worn over the nose and mouth.
 - o One circumstance where distancing cannot be maintained is annual school health screening. Schools should consider having students who are able to wear cloth face coverings do so during the brief time needed for screening.
 - o PPE (facemasks, eye protection, gloves) should be worn by staff responsible for delivering direct personal care where physical distancing cannot be maintained. Such staff may include, but is not limited to Health Office staff, health support staff, and special education staff who have close contact with students (within 6 ft.).
- » Regular use of hand sanitizer and hand washing is encouraged.

Cleaning

- » School campuses should undergo normal cleaning on a daily basis.
- » Strongly recommended that frequently touched surfaces including lights, doors, benches, bathrooms, etc. should undergo cleaning with either an EPA-approved disinfectant or dilute bleach solution (1/3 cup bleach in 1 gallon of water) at least twice daily.
- » Libraries, computer labs, arts, and other hands-on classrooms should undergo standard cleaning procedures per normal operating status.
- » Strongly suggested that student desks should be wiped down with either an EPA-approved disinfectant or dilute bleach solution at the beginning and end of every day.
- » Strongly suggested that playground equipment and athletic equipment can be cleaned with either an EPA-approved disinfectant or dilute bleach solution twice daily.
- » Strongly suggested that staff should wear gloves, surgical mask, and face shield when performing all cleaning activities.
 - o Store and use cleaning supplies out of the reach of children.

Busing and Student Transportation

- » School busing operations proceed normally.
- » No changes to schedules or seating patterns on the buses are required.

Medically Vulnerable Students and Teachers

- » Systematically review all current plans (e.g., Individual Healthcare Plans, Individualized Education Plans or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk for COVID-19.
- » Create a process for students/families and staff to self-identify as high risk for severe illness due to COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments.
- » Enable staff that self-identify as high risk for severe illness to minimize face-to-face contact and to allow them to maintain a distance of 6 feet from others, modify job responsibilities that limit exposure risk, or to telework if possible.

Scenario 2: Minimal to Moderate Local Community Spread (Yellow/Orange)

<p>Virus Status</p>	<ul style="list-style-type: none"> • Local Health Departments analyze risk using variables such as number of positive cases, percent of positive cases, hospitalization rate (situationally factored in), and the increase in positive cases from previous rolling averages. • Movement from Red to Orange/Yellow: Similar to movement from DHM Phase I to Phase II • Movement from Green to Orange/Yellow: Similar to movement from DHM Phase III/IV to Phase II • Risk level corresponds to Phase II and III of Nebraska Directed Health Measures. • Robust testing, contact tracing, and containment protocols in place. • Need for continued physical distancing, use of facial coverings, and mitigation in school and workplace settings. • Gathering sizes limited to small numbers.
<p>How to Keep School Communities Safe</p>	<ul style="list-style-type: none"> • School preparedness and response activities shift from ongoing surveillance to a series of <i>active mitigation measures</i>. • All staff and students should wear facing coverings when feasible. • Schools should be prepared to immediately implement physical distancing measures that include: <ul style="list-style-type: none"> » Reducing the frequency of large gatherings, • Altering schedules, • Limiting inter-school interactions, and • Deploying remote learning. • Short-term dismissals of 2-5 days and suspension of extracurricular activities should be expected for cleaning and contact tracing purposes <ul style="list-style-type: none"> » Students and teachers at increased risk of severe illness should be prepared to implement distance teaching and learning modalities.
<p>School Operating Status</p>	<ul style="list-style-type: none"> • Situationally dependent

Mental and Social Emotional Health

- » Assess social-emotional and mental health resources (personnel, existing partners) to determine if there is a need for additional external support, and reach out to the existing mental health provider community to assess the potential for expanded clientele and services.
- » Designate a school-based mental health liaison to work with the school district, mental health providers, local public health agencies, and community partners.
- » Establish a mental health crisis response team that includes school administrators, school nurses, mental health practitioners, students, and parents, to focus on student and staff mental health and wellness using trauma informed, evidence-based models.
- » Evaluate staff mental health readiness utilizing questionnaires, surveys, screening tools, and direct outreach. If any screening does occur, it should comply with privacy laws and requirements.
- » Where feasible, institute evidence-based universal mental health screening tools appropriate for school staff and students in different grades. If any screening does occur, it should comply with privacy laws and requirements.
- » Provide resources for staff self-care, including resiliency strategies.
- » Consider additional resources designed for populations with special needs that are developmentally, culturally, and linguistically appropriate.

Hygiene

- » Provide adequate supplies to support healthy hygiene behaviors (e.g. , soap, hand sanitizer with at least 60% alcohol for safe use by staff and older children, paper towels, and tissues).
- » Teach and reinforce handwashing with soap and water for at least 20 seconds or the safe use of hand sanitizer that contains at least 60% alcohol by staff and older students.
- » Systematically and frequently check and refill hand sanitizers
- » Encourage staff and students to cough and sneeze into their elbows, or to cover with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds. If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- » Limit sharing of personal items and supplies such as writing utensils.
- » Keep students' personal items separate and in individually labeled cubbies, containers or lockers.
- » Limit use of classroom materials to small groups and disinfect between uses or provide adequate supplies to assign for individual student use.
- » Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a cloth face covering over the mouth and nose).

Spacing, Movement, and Access

- » Spacing is six feet between desks. If not possible, consider another physical barrier such as plexiglass partitions or cardboard dividers.
- » At the Orange level, consider alternative schedules resulting in a hybrid instruction model (ex. half days or A/B days, 3/2 days etc).
- » In early grades, K-2, where tables are utilized, recommend spacing students as far apart as feasible.
- » Arrange all desks facing the same direction toward the front of the classroom.
- » Encourage outdoor lessons, when weather permits and students are able to maintain distancing.
- » Class sizes should be kept to 20 students or fewer (as afforded by necessary spacing requirements and personnel).
 - o If all students cannot fit in the classroom space available, it is recommended that a staggered school schedule that incorporates alternative dates of attendance or use of virtual teaching be implemented.
- » Teachers should try to maintain six feet of spacing between themselves and students as much as possible.
- » Assemblies of more than 50 students at a time are discouraged but allowed as long as facial coverings remain in use and 6-foot distancing implemented.
- » At the Orange level, large scale assemblies of more than 50 students should be discontinued.
- » Facial coverings should be worn at all times in hallways for grades K-12, as feasible or tolerated and/or most essential in times where physical distancing is difficult. Any one that has trouble breathing or is unconscious should not wear a facial covering. Any one that is incapacitated or unable to remove the facial covering without assistance, should not wear a facial covering.
- » Staff should continuously wear face coverings as feasible while indoors, except when eating or in closed-door environments (e.g. their empty classroom).
- » Classroom windows should be open as much as possible and conditions allow.
- » Consider having cohorts of students that stay in the same class, eat lunch together, break together, and arrive/leave at the same time. For upper classes, have teachers rotate/move rooms rather than students, as much as possible.
- » As able, schools should try to cohort groups of students to isolated hallways or areas that can be monitored if there is a COVID-19 exposure.
- » As able, specialists from laboratories, libraries, and other specialized services or locations should be brought to the classrooms instead of having students transit to those locations.
- » Flow of foot traffic should be directed in only one direction, if possible.
 - o If one way flow is not possible, hallways can be divided with either side following the same direction.

- » Efforts should be made to keep six feet of distance between persons in the hallways.
- » Staggered movements at incremental intervals should be used if feasible to minimize the number of persons in the hallways as able.
- » Floor tape or other markers should be used at six foot intervals where line formation is anticipated.
- » Provide physical distancing floor/seating markings in waiting and reception areas
- » Mark six feet of spacing to remind students and staff to always stay six feet apart in lines and at other times when they may congregate
- » Have staff monitor arrival and dismissal to discourage congregating outside the building.
- » Parents are not allowed in the school building except under extenuating circumstances determined by district and school officials; adults entering the building should wash or sanitize hands prior to entering.
- » Only one parent per child should be allowed to enter except under extenuating circumstances determined by district and school officials.
- » Strict records, including day and time, should be kept of visitors entering and exiting the building. If resources allow, any visitors should be temperature screened and, ideally, asked about symptoms, close contact with a known or suspected case, and recent travel history

Screening Students

- » Children who become ill at school should be placed in a designated area of quarantine with a surgical mask covering mouth and nose until parents/guardians arrive. Students should not be placed in a mask if developmentally unable to remove it.
 - o Larger schools that may have many students per day going to the nurse's office may have to consider entire rooms with privacy curtains or some other barriers.
 - o The preferred PPE for nurses or other health staff who care for a student with suspected or confirmed COVID-19 is an N95 or equivalent or higher-level respirator as well as gown, gloves, and eye protection (goggles or face shield). An acceptable alternative would be a surgical mask along with gown, gloves, and face shield. (See CDC Guidance)
- » Students sent home from school should be kept home until they have completely recovered according to CDC guidelines.
- » Students are allowed to enter the building at only 1-2 sites and must egress from other exits to keep traffic moving in a single direction.
- » Parents are encouraged to check student's temperature at home every morning using oral, tympanic, or temporal scanners; students with a temperature of 100.4 or greater should stay home and consider coronavirus testing if no other explanation is available. Consider providing thermometers for families who do not have one and need to monitor their child's symptoms.

- » Parents are encouraged to ask their children or monitor for symptoms of COVID-19, including cough, congestion, shortness of breath, loss of taste or smell, or gastrointestinal symptoms every morning. The presence of any symptoms should prompt the parent to keep the student home from school.
- » If resources allow, temperature checks on students can be performed once per day by staff; febrile students should be sent to the quarantine area, nurse's office, or other area isolated from other students and staff until safe transport home by parents/guardians.
- » Testing Protocols for Students and Responding to Positive Cases
- » Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility.
- » Parents should be notified of the presence of any positive cases in the classroom and/or school to encourage closer observation for any symptoms at home.
- » Students sent home from school should be kept home until they have completely recovered according to CDC guidelines.
- » In the event that a student tests positive, schools should immediately call their Local Health Department to report it. Additionally, Local Health Departments should report to the school if a student tests positive and work with them to notify any close contacts (those who spent more than 15 minutes in close proximity to the student) so that they can be quarantined at home. Classmates should be closely monitored for any symptoms. At this time, empiric testing of all students in the class is not recommended, only those that develop symptoms require testing.

Responding to Positive Tests Among Staff and Students

- » In the event of a positive test among staff or a student, the classroom or areas exposed should be closed until cleaning and disinfection can be performed.
 - o If the person was in the school building without a facial covering, or large areas of the school were exposed to the person, short term dismissals (2-5 days) may be required to clean and disinfect the larger areas. This decision should be made in concert with the local public health department.
- » If possible, smaller areas should be closed for 24 hours before cleaning to minimize the risk of any airborne particles.
- » The preferred PPE for staff cleaning after a confirmed COVID-19 is an N95 or equivalent or higher-level respirator as well as gown, gloves, and eye protection (goggles or face shield). Staff should be fit-tested for N95s before use. An acceptable alternative would be a surgical mask along with gown, gloves, and face shield. (See CDC Guidance). Ensure proper and adequate ventilation after cleaning and before returning students to the area.

Dining, Gathering, and Extracurricular Activities

- » Students, teachers, and cafeteria staff wash hands before and after every meal.
- » If possible, school supplied meals should be delivered to classrooms with disposable utensils, and classrooms should be utilized for eating in place, taking into consideration food allergies.
- » If cafeterias need to be used, meal times must be staggered to create seating arrangements with six feet of distance between students.
 - o Disposable utensils should be employed.
 - o Serving and cafeteria staff should use barrier protection including gloves, face shields, and surgical masks; N95 respirators are not required.
- » Assemblies of up to 50 students at a time are discouraged but allowed as long as facial coverings remain in use.
- » Outside guests are not allowed to attend.
- » Large scale assemblies of more than 50 students should be discontinued.
- » Off-site field trips discontinued.
- » For assemblies, schools should consider offering telecasting of events if able.
- » Students and teachers wash hands before and after every event (ex. assemblies, games, plays).
- » After school programs may continue with the use of facial coverings.
- » Additional guidance will be provided for programs and classes which pose higher risk due to potential for increased droplet/aerosol spread (i.e. band/choir).
- » Athletics and Extracurricular Activities
 - » Students, teachers, and staff should wash hands before and after every practice, event, or other gathering.
 - » Each district should develop a procedure and appoint a responsible person (Ex. AD or coach) for every participant to confirm that they are healthy and without any symptoms prior to any event.
 - » All equipment should be disinfected before and after use.
 - » Schools should follow guidance from the Nebraska High School Athletics Association and local public health departments when deciding which sports can be safely conducted and with any restrictions required.
 - o Spectators are allowed provided that facial coverings are used by observers at all times and physical distancing is maintained.
 - » Weight room and physical conditioning activities should follow guidance from the Nebraska High School Athletics Association.
 - » At the Orange level, sports that do not allow adequate distancing such as football, wrestling, basketball, etc. should be discontinued.
 - » Large scale spectator or stadium events are not allowed.

- » Locker rooms and group changing areas should be closed.
- » Handshakes, fist bumps, and other unnecessary contact should be minimized.
- » Any uniforms or other clothing that need to be washed/laundered at school can be washed in warm water with regular detergent. These should be single use without sharing of ice, towels, or other materials.
- » Each participant should use a clearly marked water bottle for individual use. There should be no sharing of this equipment.

Personal Protective Equipment

- » All staff and students should wear facing coverings when feasible; facial coverings may be homemade or disposable. Any one that has trouble breathing or is unconscious should not wear a facial covering. Any one that is incapacitated or unable to remove the facial covering without assistance, should not wear a facial covering.
- » PPE (facemasks, eye protection, gloves) should be worn by staff responsible for delivering direct personal care where physical distancing cannot be maintained. Such staff may include, but is not limited to Health Office staff, health support staff, and special education staff who have close contact with students (within 6 ft.).
- » Gowns, hair coverings, and shoe covers are not required.
- » Staff that may be in contact with a student with suspected COVID-19 or cleaning after a confirmed COVID-19 case should be provided with PPE, trained on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.

Cleaning

- » Frequently touched surfaces including lights, doors, benches, bathrooms, etc. should undergo cleaning with either an EPA-approved disinfectant or dilute bleach solution should now be cleaned every two-four hours.
- » Libraries, computer labs, arts, and other hands on classrooms should undergo cleaning with either an EPA-approved disinfectant or dilute bleach solution should now be cleaned after every class period. Efforts should be made to minimize sharing of materials between students as able.
- » Student desks should be wiped down with either an EPA-approved disinfectant or dilute bleach solution after every class period.
- » Playground equipment should be cleaned twice daily, athletic equipment should be cleaned and disinfected with an EPA-approved disinfectant or dilute bleach solution twice daily.
- » Staff should wear gloves, surgical mask, and face shield when performing all cleaning activities. Ensure proper and adequate ventilation after cleaning and before returning students to the area.
- » Store and use cleaning supplies out of the reach of children.
- » Busing and Student Transportation

- » Clean and disinfect transportation vehicles regularly. Children must not be present when a vehicle is being cleaned.
- » Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children and adequate ventilation when staff use such products. Ensure proper and adequate ventilation after cleaning and before returning students to the area.
- » Clean and disinfect frequently touched surfaces in the vehicle (eg. surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) prior to morning routes and prior to afternoon routes.
- » Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- » Clean, sanitize, and disinfect equipment including items such as car seats and seat belts, wheelchairs, walkers, and adaptive equipment being transported to schools.
- » Create a policy that if an individual becomes sick during the day, they must not use group transportation to return home and must follow protocols outlined above.
- » Create a plan for getting students home safely if they are not allowed to board the vehicle.
- » If a driver becomes sick during the day, they must follow protocols for sick staff above and must not return to drive students.
- » Encourage the use of hand sanitizer before entering the bus. Where possible, hand sanitizer should be supplied on the bus.
- » Where possible, allow for six feet of physical distancing between students, and between students and the driver, while seated on vehicles if feasible (e.g., by utilizing larger vehicles with more seats, by increasing frequency of routes to reduce occupancy, one rider per seat in every other row)
- » Consider keeping windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate and safe.

Medically Vulnerable Students and Staff

- » Systematically review all current plans (e.g., Individual Healthcare Plans, Individualized Education Plans or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk for exposure to COVID-19.
- » Create a process for students/families and staff to self-identify as high risk for severe illness due to COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments.
- » Enable staff that self-identify as high risk for severe illness to minimize face-to-face contact and to allow them to maintain a distance of 6 feet from others, modify job responsibilities that limit exposure risk, or to telework if possible.

Scenario 3: Significant Community Spread (Red)

Virus Status	<ul style="list-style-type: none">» Local Health Departments analyze risk using variables such as number of positive cases, percent of positive cases, hospitalization rate (situationally factored in), and the increase in positive cases from previous rolling averages.» Risk level corresponds to Phase I of Nebraska Directed Health Measures.» High, uncontrolled community prevalence rate.
How to Keep School Communities Safe	<ul style="list-style-type: none">» Nebraska leaders have decided to return to Phase One of the Directed Health Measures for the county/region or have ordered a complete shutdown of the state.» School preparedness and response activities shift from an ongoing surveillance footing to a series of active mitigation measures.» Schools should be closed for all in-house activities for an extended period of time
School Operating Status	<ul style="list-style-type: none">» Schools are closed for in-person instruction. Remote learning initiated.

Mental and Social-Emotional Health

- » Since learning is remote, schools should consider innovative ways to ensure the social-emotional and mental health supports for students and staff. Refer to the [Conditions for Learning](#) page on Launch NE for further resources and support.

Spacing and Movement

- » Schools are closed for in-person instruction and will implement a remote learning plan.

Screening Students

- » Schools are closed for in-person instruction.

Dining, Gathering, and Extracurricular Activities

- » Schools enact off site food programs.

Athletics and Extracurricular Activities

- » All athletics and extracurriculars are suspended.

Personal Protective Equipment and Hygiene

- » Schools are closed for in-person instruction.

Cleaning

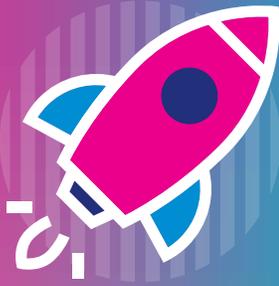
- » Schools are closed and cleaning practices adjusted to maintain school buildings in clean and well functioning order.

Busing and Student Transportation

- » All busing operations are suspended.

Medically Vulnerable Students and Teachers

- » All teaching should be moved to video conferencing platforms.



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