



REOPENING GUIDANCE FOR K-12 SUMMER ACTIVITIES

The State of Louisiana has been focused on following the guidance of experts in public health when making decisions about the reopening of facilities and resumption of activities statewide. Louisiana’s plan for reopening outlines a set of phases that are initiated once certain public health criteria are met. Throughout these phases, restrictions will be gradually relaxed, allowing greater flexibility, including as it relates to the operation of summer programming in schools.

In Phases 1, 2, and 3, summer activities on K-12 campuses may occur with certain restrictions in place [LINK TO PUBLIC HEALTH GUIDELINES ONCE APPROVED]. The Louisiana Department of Education (LDOE), in consultation with the State of Louisiana Office of Public Health, offers the following supporting guidance in order to assist K-12 schools in adhering to public health guidelines and ensuring the health and safety of their children and staff.

NOTE: Guidance may change in accordance with updates from the Centers for Disease Control (CDC) and Louisiana’s Office of Public Health.

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CHECKLIST FOR SUMMER CAMPS, SUMMER SCHOOL, AND EXTRACURRICULAR ACTIVITIES

The following sections contain both required actions and supportive guidance for keeping children and staff healthy and safe at summer camps, summer schools, and in extracurricular activities.

Required actions that *must* be taken for safe operations per the guidance issued by the State Office of Public Health are contained in this memorandum [LINK TO PUBLIC HEALTH GUIDELINES ONCE APPROVED]. All other content is non-binding guidance to support schools in keeping students and staff well.

Category	No.	Checklist Item
Group Size and Physical Standards	1.	Implement social distancing strategies
	2.	Change parent drop-off and pick-up processes to limit contact
	3.	Ensure extracurricular and athletic activities follow established safety and hygiene protocols
Symptom Monitoring	4.	Require sick students and staff to stay home
	5.	Screen students for sickness upon arrival
	6.	Implement isolation measures if a student becomes sick, and follow with a cleaning and disinfecting processes
	7.	Address vulnerable individuals
Environmental Cleaning and Personal Hygiene	8.	Ensure healthy personal hygiene
	9.	Intensify cleaning and disinfecting efforts
Additional Operating Considerations	10.	Ensure healthy food preparation and meal service
	11.	Ensure transportation staff are following safety and hygiene protocols



Group Size and Physical Standards

NUMBER 1: IMPLEMENT SOCIAL DISTANCING MEASURES

Establish and maintain static groups for the maximum duration of any summer school, camp, or extracurricular program.

Group size	Phase 1: 10, including adults Phase 2: 25, including adults Phase 3: 50, including adults
Indoor groups	<ul style="list-style-type: none"> - Groups convene indoors in rooms enclosed by walls or partitions - Groups do not convene in shared indoor spaces unless they are cleaned before and after the group's use - Groups are separated outdoors but do not require a physical barrier <ul style="list-style-type: none"> - Phase 1 and 2: refrain from contact sports - Phase 3: contact sports are allowable within defined groups - Groups are separated in pools by lane lines or ropes - Groups pass singly through entry and exit points
Outdoor groups	<ul style="list-style-type: none"> - Must be separated, but do not require a physical barrier <ul style="list-style-type: none"> - Phase 1: refrain from contact sports - Phase 2: contact sports are allowable within defined groups - In swimming pools, individuals must be separated by lane lines or ropes

NUMBER 2: CHANGE PARENT DROP-OFF AND PICK-UP PROCESSES TO LIMIT CONTACT

Establish **curbside drop-off and pick-up** to limit direct contact between parents and staff members.

- The plan for curbside drop-off and pick-up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- If children must be met outside, an assigned staff member from the child's static group should escort the child into the facility they arrive.
- Consider staggering arrival and drop-off times to manage the flow of students into and out of the facility.

Establish **hand hygiene stations** at the entrance to the facility so that children can clean their hands before they enter.

- If a sink with soap and water is not available, provide hand sanitizer with at least 60 percent alcohol and supervise its use.

Keep hand sanitizer out of the reach of children before and after use.



NUMBER 3: ENSURE EXTRACURRICULAR AND ATHLETIC ACTIVITIES FOLLOW ESTABLISHED SAFETY AND HYGIENE PROTOCOLS

In Phase 1 and Phase 2, students should refrain from contact sports. In Phase 3, students may engage in contact sports *within their static group*. It is important to clean sporting equipment after each group's use.

There is no evidence that COVID-19 can be spread to humans through the water. Proper operation, maintenance, and disinfection (with chlorine or bromine) of pools should kill COVID-19. Individuals participating in organized water activities must be separated in pools by lane lines or ropes.

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Symptom Monitoring

NUMBER 4: REQUIRE SICK STUDENTS AND STAFF TO STAY HOME

Individuals who have a fever of 100.4°F or above, or other signs of illness, must not be admitted to the facility.

- Communicate to parents the importance of keeping children home when they are sick, the steps being taken to ensure the health and safety of their children, and other important information related to limiting COVID-19 exposure.
 - See this [sample letter](#) to families. The letter to families should outline all health and safety precautions taken by your facility.
 - Another sample can be found from [Child Care Aware of America](#).
- Communicate to staff the importance of being vigilant for symptoms and staying in touch with school leadership if or when they start to feel sick.
- Follow procedures to ensure that children and staff who come to summer camps, summer school, or extracurricular activities sick or who become sick while at your location are placed in isolation and sent home as soon as possible. See Section 6 for guidance on how to manage a student who becomes sick while at your location.

NUMBER 5: SCREEN CHILDREN FOR ILLNESS UPON ARRIVAL

Individuals who have a fever of 100.4°F or above or other signs of illness must not be admitted to the facility.

Participants must be screened for fever upon arrival as well as throughout the day.

- Ask the parent/guardian to confirm that the student has not taken fever reducing medication in the last 24 hours and does not have shortness of breath, sore throat, or a cough.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing, fatigue, or, in young children, extreme or unusual fussiness.

Examples of how to conduct temperature screenings are listed below.

Example 1: Reliance on Barrier/Partition Controls

1. Stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
2. Conduct temperature screening, following steps below
 - Perform hand hygiene.
 - Put on disposable gloves.
 - Check the child's temperature, reaching around the partition or through the window.
 - Make sure your face stays behind the barrier at all times during the screening.
 - If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned between each check.
 - If you use disposable or non-contact thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.



- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each child. You can reuse the same wipe as long as it remains wet.

Example 2: Reliance on Personal Protective Equipment

1. If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within six feet of a child.
2. Upon arrival wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
3. Take the child's temperature.
 - If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned between each check.
 - If you use disposable or non-contact thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
 - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client.
 - After each screening, remove and discard PPE, and wash hands.

NUMBER 6: IMPLEMENT ISOLATION MEASURES IF A STUDENT BECOMES SICK, AND FOLLOW WITH A CLEANING AND DISINFECTING PROCESSES

It is important to establish a space to isolate students who become sick, and be prepared with a cleaning and disinfecting process.

- Create an isolation room or area, such as a cot in a corner of the classroom, a small office, or an empty classroom that can be used to isolate a sick student. Ensure proper adult supervision of an isolated child as needed and based on age.
- Follow CDC guidance on how to [disinfect the building](#) if someone is sick.
- If a sick child has been isolated in the facility, clean and disinfect surfaces in the isolation room or area after the sick child has gone home.

If COVID-19 is confirmed in a student or staff member:

- Close off areas used by the person who is sick.
- Open outside doors and windows to increase air circulation in those areas.
- Wait up to 24 hours, or as long as possible, to allow respiratory droplets to settle before cleaning or disinfecting.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms and common areas.
- If more than seven days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Simply continue routine cleaning and disinfecting.
- Follow [CDC Guidance](#) on home isolation.



NUMBER 7: ADDRESS VULNERABLE INDIVIDUALS

[Federal guidance](#) indicates that elderly individuals and those with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer, might be at higher risk for severe illness from COVID-19.

Speak to the parents of children with health conditions to ensure that participation in the summer camp is approved by the child's physician.

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Personal Hygiene

NUMBER 8: ENSURE HEALTHY PERSONAL HYGIENE

Adults and children, as able, should wear cloth masks. Children under two years old and individuals with severe breathing difficulties should not wear masks

All children and staff must engage in [hand hygiene](#) at least every two hours and at the following times:

- Arrival and exit of the facility and after breaks
- Before and after using outdoor play equipment
- Before and after preparing, eating, or handling food or drinks, or feeding children
- Before and after administering medication or medical ointment
- After using the bathroom or helping a child use the bathroom
- After coming in contact with bodily fluid
- After handling animals or cleaning up animal waste
- After playing outdoors or in sand
- After handling garbage

Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60 percent alcohol can be used if soap and water are not readily available.

- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing who cannot wash hands alone. After assisting children with handwashing, staff should also wash their hands.



Environmental Cleaning

NUMBER 9: INTENSIFY CLEANING AND DISINFECTING EFFORTS

- Every hour, [clean and disinfect](#) surfaces, bathrooms, and objects that are frequently touched, such as doorknobs, light switches, classroom sink handles, and countertops.
- Schedule and follow additional procedures for cleaning and disinfecting, including cleaning and sanitizing toys and other shared materials. All cleaning materials must be kept secure and out of reach of children.
- Do not share toys among static groups unless they are cleaned and sanitized before and after each group's use.
- Clean and sanitize toys.
 - Reduce the number of toys in classrooms.
 - Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves.
 - Children's books, like other paper-based materials, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.



Operational Standards

NUMBER 10: ENSURE HEALTHY FOOD PREPARATION AND MEAL SERVICE

- Serve meals in classrooms, rather than in cafeteria or group settings. If meals are typically served family-style, plate each student's meal to serve it so that multiple students are not using the same serving utensils.
- Sinks used for food preparation should not be used for any other purposes.
- Teachers must ensure that children wash hands prior to and immediately after eating.
- Teachers must wash their hands before preparing food and after helping children to eat.

For school food and nutrition professionals and volunteers working in meal preparation or distribution at a summer school or camp, potential sources of exposure include close contact with others on site with COVID-19 and touching one's nose, mouth, or eyes after touching surfaces or handling items that others infected with COVID-19 have touched. Currently, there is no evidence to support transmission of COVID-19 through food.

Food and Nutrition staff should:

- Notify a supervisor and stay home if having [symptoms](#).
- Follow [CDC-recommended steps](#) if sick. Staff should not return to work until the criteria to [discontinue home isolation](#) are met, in consultation with healthcare providers and [state](#) and local health departments.
- Follow [CDC recommended precautions](#) and notify a supervisor if living with a family member with COVID-19.
- Limit close contact with others and maintain a distance of at least six feet, when possible.
- Wear a cloth face covering. These face coverings are not surgical masks or respirators and are not appropriate substitutes for them in workplaces where masks or respirators are recommended or required.
- [Clean](#), sanitize, and [disinfect](#) frequently touched surfaces such as kitchen countertops, cafeteria and service tables, door handles, carts, and trays, throughout the day. Follow the directions on the cleaning product's label and clean hands afterwards.
- Practice proper [hand hygiene](#). This is an important infection control measure. With appropriate hand hygiene, gloves are not necessary for workers who are not involved in food preparation. Wash hands regularly with soap and water for at least 20 seconds. An alcohol-based hand sanitizer containing at least 60 percent alcohol can be used, but not as a substitute for cleaning hands with soap and water.
- Key times to wash hands include:
 - Before and after work shifts
 - Before and after work breaks
 - After using the restroom
 - Before eating or preparing food
 - Before putting on and after taking off disposable gloves when preparing food
 - After touching objects with bare hands which have been handled by other staff, customers or visitors, such as tables, trays, carts, racks, dishes, cups, utensils, bags, coolers, totes, and trash
 - After blowing your nose, coughing, or sneezing
 - After putting on, touching, or removing cloth face coverings
- Avoid contact with body fluids.
- Do not touch eyes, nose, or mouth.



- Use tissues when you cough, sneeze, or touch your face. Throw used tissues in the trash, and then wash your hands.

NUMBER 11: ENSURE TRANSPORTATION STAFF ARE FOLLOWING SAFETY AND HYGIENE PROTOCOLS

THE CDC has issued [guidance for bus operators](#). For bus operators, potential sources of exposure include having close contact with a bus passenger with COVID-19, by contacting surfaces touched or handled by a person with COVID-19, or by touching one's mouth, nose, or eyes.

- Limit close contact with others by maintaining a distance of at least six feet, when possible.
- Seat passengers six feet away from the bus driver.
- Avoid touching surfaces often touched by passengers.
- Use gloves if required to touch surfaces contaminated by body fluids.
- Practice routine cleaning and disinfection of frequently touched surfaces, including surfaces in the driver cockpit commonly touched by the operator.
- Proper [hand hygiene](#) is an important infection control measure. Wash hands regularly with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer containing at least 60 percent alcohol.
- Key times to clean hands, in general, include:
 - Before, during, and after preparing food
 - Before eating food
 - After using the toilet
 - After blowing your nose, coughing, or sneezing
- Additional times to clean hands on the job include:
 - Before and after work shifts
 - Before and after work breaks
 - After touching frequently touched surfaces, such as fare boxes and handrails
 - After putting on, touching, or removing cloth face coverings
- Avoid touching your eyes, nose, or mouth