



PHILADELPHIA
FEDERATION of TEACHERS

REOPENING RECOMMENDATIONS

Critical steps that must be implemented as we consider the reopening of school buildings in Philadelphia.

July 14, 2020

Jerry T. Jordan, President | www.pft.org

Executive Summary

Introduction and Context

Ensuring the safety of students and all staff within and around our schools before, during, and after reopening is, and ought to be, the top priority of school administrators and all other stakeholders. Evidence suggests that correct protocols and compliance with mitigation techniques in schools is a major factor in limiting community spread and transmission of the novel coronavirus. Our union is deeply committed to the children we serve—and that works in tandem with ensuring that educators have what they need to do the job they love.

In Philadelphia, where the vast majority of our students are Black and Brown, and over 80% are experiencing poverty, this impact of COVID-19 has been profound. The most marginalized among us are the ones who have suffered the most during this crisis, and every single decision about reopening school buildings must address this profound inequity, including addressing the digital divide that leaves so many of our young people without internet access.

This crisis has exacerbated the structural inequity in our education system, putting Black and Brown students, students experiencing poverty, students learning English, or students with special needs at further disadvantage. Safely reopening our schools is not just important to returning to some level of normalcy, but also ensuring that no students go without the services and resources they need to thrive.

Fundamentally, planning for reopening must be based on a fundamental truth: lives are at stake. Simply stating that CDC guidance is “too expensive” is an abject failure of leadership. Further, recent national surges in COVID cases and plateauing local cases, combined with new evidence of childhood infection and airborne spread, certainly call the feasibility of in-person learning into question. As we move forward, all of us must collectively act with urgency and with an unwavering and unapologetic commitment to the young people and educators we are fortunate enough to serve every day.

Criteria & Considerations

Before school buildings can reopen, there are nine (9) critical criteria that must be met:

1. Virus Tracking

- a. **Tracking the development of the virus over the summer and analyzing trends to ensure sufficient decrease in cases in Philadelphia and surrounding counties will be crucial.** Without sufficient mitigation, reopening buildings will be unsafe. Any and all reopening efforts will be contingent upon a downward trajectory of local cases.

2. Alternatives to in-person instruction

- a. A robust alternative to in person learning must be developed to ensure that if an in-person return is not possible, that students and educators are set up for as successful a program as possible under extremely challenging circumstances.
- b. **Given the recent national surges and local plateauing of cases, this calls into question the feasibility of and safety of a return to in person learning. As such, the virus mitigation must be carefully monitored and considered in conjunction with funding availability and local, state, and national conditions and concerns.**
- c. This will also be critical in case of the need for a swift shift to remote learning.

3. Testing

- a. As per Pennsylvania Department of Health, Pennsylvania Department of Education, Centers for Disease Control, and/or by Executive Order of Pennsylvania Governor Tom Wolf, sufficient testing must be available for symptomatic individuals, high-risk populations, and health care workers and first responders.

4. Contact Tracing

- a. As per Pennsylvania Department of Health, Pennsylvania Department of Education, Centers for Disease Control, and/or by Executive Order of Pennsylvania Governor Tom Wolf, a substantial contact tracing and case investigation process must be established.

5. Facilities Evaluations and Remediation

- a. Inspection and evaluation of potentially dangerous environmental conditions, and remediation of previously documented environmental hazards must take place prior to staff and students returning to school to ensure acceptably safe and healthy conditions.

6. Decluttering, cleaning, and sanitizing

- a. Decluttering, cleaning, and sanitizing of school buildings must occur as defined in PFT's June proposal.

7. Stakeholder feedback

- a. The practical expertise and knowledge of school personnel and health practitioners, especially those who will be working in our school buildings and who are directly responsible for protecting the health, safety, and welfare of students as well as delivering high-quality academic programming, are an integral part of the planning process.

8. Fidelity of implementation

- a. Components of the plan outlined in this document must be included in any District protocols prior to reopening *and* must continue to be followed and implemented for the duration of school session. If recommendations regarding screening, social distancing, cleaning, and other critical measures outlined in the following pages are not implemented with fidelity, any reopening plan will likely be ineffective and put the health and safety of students and staff in jeopardy. **As such, a functional feedback mechanism, such as a hotline, a reporting form, or other such method, must be in place before reopening.**

9. Resources

- a. Without the resources needed to implement the need for increased personnel, purchase of PPE, addressing digital needs of students and staff, and all expenses associated with the implementation of any reopening plan, the reopening of schools is again jeopardized.
- b. The PFT will continue to advocate for the passage of the federal HEROES Act, which will bring billions of dollars in education funding to Pennsylvania.
- c. Further, we urge the Governor to dedicate the \$100M in yet-unspent discretionary education funding from the CARES Act to facilities investments across the Commonwealth.
- d. CARES allocation, and future funding allocations, should take place using the Fair Funding Formula.
- e. It is impossible to overstate the inequity that is further exacerbated by the COVID-19 crisis, and our response as a District, City, and Commonwealth must address the profound inequity permeating our education system and society at large. Part of the conversation around resources must address the mental health needs of staff and students.

Report Recommendations

The report that follows outlines recommendations regarding a number of critical topics, **each of which are contingent upon the aforementioned nine considerations:**

Part I: Proposed educational framework

Given the percentages of support for a staggered weeks model compared to the others, and given the overall preference for a hybrid model of returning to schools, we believe that some form of the staggered weeks model is likely best suited for the School District of Philadelphia.

Part II: Physical distancing program

A comprehensive and implementable Physical Distancing Program is an essential component of any effort to reopen our public schools. It is crucial that district-wide and school specific planning be urgently done now and with meaningful involvement and participation by stakeholders in order to be able to safely open school for the 2020-2021 SY.

Part III: Hand washing and sanitizing

Frequent hand washing is a key element in the Infection Control Plan [ICP] that needs to be in place prior to the return to school. Different strategies will need to be employed and made available to ensure that all staff and students have adequate access to hand washing and sanitizing.

Part IV: Personal Protective Equipment (PPE)

Personal protective equipment is a critical “last line” of defense and is necessary to help ensure mitigation of COVID-19 transmission and staff and student illness. Use of PPE is recommended.

Part V: Decluttering, Deep Cleaning, & Disinfecting

The Decluttering, Deep Cleaning, and Surface Disinfection/Sanitizing Program is only one part of a comprehensive District “Infection Control Plan” (ICP) that must include clear, implementable, protocols, practices and procedures for steps to take in protecting the health, safety and welfare of all school students and staff from the risks and hazards associated with exposure to, and illness from, the COVID-19 virus.

Part VI: Medical Screening/Testing, Contact Tracing, Isolation, & Quarantine

Comprehensive routine screening of staff and students will reduce the potential for COVID-19 spread through early identification of new cases and immediate isolation of affected individuals, as well as continued isolation of those who are recovering from illness, until tests indicate that they are unlikely to transmit the virus to others.

Part VII: High-Risk Staff and Students

The District must identify all [high-risk](#) staff and students in order to develop and implement special precautions to reduce their opportunity for exposure. Guidance for identification of high-risk individuals should be based on [CDC reports](#). The District must develop and implement a process for allowing school staff to self-identify as being in a high-risk group and specific accommodations and strategies that allows high risk staff and students to minimize in-person instruction should be established.

Appendix A: [Cleaning, sanitizing, & decluttering report](#)

Appendix B: [Reopening survey #1 report](#)

Appendix C: [Reopening survey #2 report](#)

Appendix D: [AFT reopening report](#)

Part I: Educational Framework

Given our research and two membership surveys (accessible [here](#) and [here](#)). We believe that some form of the staggered weeks model is likely best suited for the School District of Philadelphia. The “hybrid” educational model currently proposed by PFT is an A/B model in which students and staff are in-school for 5 consecutive days of instruction every other week with remote learning being conducted on the opposite weeks. This results in five (5) days in school [M-F] followed by nine (9) days out of school [including weekends] every 2 weeks.

However, given the recent national surges and local plateauing of cases, this calls into question the feasibility of and safety of a return to in person learning. As such, the virus mitigation must be carefully monitored and considered in conjunction with funding availability and local, state, and national conditions and concerns. This will also be critical in case of the need for a swift shift to remote learning.

There will be a number of critical steps that will need to be taken in order to utilize this model, including analyzing to whom and how it applies. We know that a one size fits all model will not work, but we also know that district-wide decisions and protocol will be necessary. Further, we know that online learning can be particularly challenging for students with special needs, English Language Learners, as well as very young students (PreK-2). As such, special attention needs to be made to bring vulnerable students back into buildings full-time (or as close to full-time as possible) in a safe way. Every effort must be made to ensure that our vulnerable students get the services they need to thrive.

We are encouraged by the guidance provided by the [Department of Education's Mathematica Report](#), and we believe it should be utilized in conjunction with our previous survey, this report, and the AFT report on reopening. The development of the virus over the summer or the presentation of new research could lead us to a different conclusion.

There are several reasons that we are recommending this approach being a primary method for organizing educational instruction during school reopening:

- We believe it is the strongest and most effective model from both a health and academic standpoint. It allows for an extended period of contiguous in-school time and educational instruction, scheduling, and planning.
- This model helps interrupt the way the virus moves from person to person in an attempt to prevent it from entering the schools and to stop it from spreading as easily in schools.
- Because of the nine [9] day period away from school, this scenario offers advantages with respect to contact tracing, isolation, and treatment for those who might be potentially infected.
- The same students remain at the same desks for 5 days in a row; the next student would not sit at the same desk as the previous student for at least 65 hours later [from 3 pm Friday until 8 am Monday].
- When implemented correctly, while using small cohorts or pods of students and staff, this strategy limits the numbers of different people each individual comes into contact with and therefore effectively limits virus transmission. In the event there is a COVID-19 positive case or symptoms, the numbers potentially infected

are much smaller and it is easier to conduct effective contact tracing, screening, isolation, and treatment.

Part II: Physical Distancing Program

A comprehensive and implementable Physical Distancing Program is an essential component of any effort to reopen our public schools. It is crucial that district-wide and school specific planning be urgently done **now** and with meaningful involvement and participation by stakeholders in order to be able to safely open school for the 2020-2021 SY.

Several mitigation strategies to limit transmission of the virus will need to be implemented as part of the physical distancing and related educational model planning efforts. In addition to ensuring sufficient distance is maintained between all occupants throughout the school day and lowering the numbers of students and staff in the building at the same time [by developing COVID-19 building capacities for each school and room], the notion of utilizing a small, intact groups ["cohorts"] of staff and students is suggested to further limit the numbers of different people that come into contact with each other thereby lowering the potential scale and scope of COVID-19 spread.

A comprehensive and detailed Physical Distancing program must include at least the following steps:

1. District should provide total building SF and enrollment and capacity numbers for all schools, prior to the closure of school buildings. Measurements must define/list all interior spaces and provide detailed SF and CF measurements for all current and potential instructional and other school building spaces.
 - a. Calculate/provide total SF for each school.
 - b. Provide a list of all building spaces that will be used by students and staff.
 - c. Calculate/provide total and useable SF for each listed individual space
 - d. Specific, detailed measurement and evaluation of large common student and staff occupied spaces including gyms, cafeterias, IMC/libraries, auditoriums, etc. for their being repurposed as instructional /educational purposes should be conducted and provided. For modeling, COVID-19 capacity calculations should be made at 25%, 50%, 75%, and 100% use levels for these spaces.

2. Determine, calculate, and provide new capacities for every space to be used by students and staff prior to reopening schools. Calculations **must apply a minimum space value of 44 SF per student** (as per National Council on School Facilities guidelines and recommendations) and should apply to all occupied spaces.
 - o Gross level, initial calculations for capacities using a minimum average of 6' of physical distance between all students and staff, assume that school corona capacity will likely be about 45 % - 60% of "normal" school capacity [National Council on School Facilities].
 - o Calculate/provide total and usable educational SF (UESF) for each listed individual space in order to define the COVID-19 student capacity for the room. Useable educational square footage is derived by assuming an approximately 2' perimeter inside the classroom walls is necessary to accommodate for bookcases, shelving, media equipment, staff

desks/spaces etc]. A sample calculation is provided below for a basic, medium to large size (30' x 30') classroom:

- $30' \times 30' = 900$ Total Classroom SF room (TCSF)
- Deducting 2' from each wall yields "useable educational" dimensions of 26' x 26'
- $UESF = 26' \times 26' = 676$ SF
- Using a **minimum** value of 44 SF of space for each student is the **maximum** classroom capacity which would be 15 students (i.e. $676 \text{ SF} / 44 \text{ SF}$).

3. Using the recalculated space allowances, develop educational modeling guidelines and approaches that describe and define the main options for hybrid education.

4. Assess movement patterns and to develop plans and approaches for school arrival, drop-off, pick-up and student "assembling" as needed and to develop plans and approaches for the physically distant and "one way" use of stairwells and hallways.

5. Assess and develop a plan for the location and placement of additional nurse station[s], and other necessary health/counseling services to ensure accessibility, the ability to separate possible COVID-19 from non-COVID-19 cases and to protect on site health staff. Calculations for nurse/health room and counselor's office spaces must take into account, and make allowances for, additional locations that will be needed.

6. Assess outdoor spaces for possible use [in part and/or for some weeks/months of the school year].

7. Evaluate the operational status - at the room and school level - heating and air conditioning ventilation [HVAC] systems. Based on results, system repair, maintenance, and related upgrades [e.g. increased amounts of fresh air provision, air exchange and exhaust rates, improved air filtration, increased humidification, and other similar measures] as recommended by CDC and included in the District's Maintenance planning document] are needed.

8. Assess and provide a listing of current operational status at the room and school level for windows for all occupied buildings and spaces. Inoperable windows should be repaired to ensure as much fresh air circulation as possible is provided to occupied schools [as recommended by CDC and included in the District's Maintenance planning document].

Part III: Hand-Washing & Sanitizing

Frequent hand washing is a key element in the Infection Control Plan [ICP] that needs to be in place prior to the return to school. Different strategies will need to be employed and made available to ensure that all staff and students have adequate access to hand washing and sanitizing.

A robust hand-washing program should include the following:

- The District must perform a survey of all available, operational, and able to be used handwashing stations, outlets, sinks, etc., and identify their specific locations, operational status, and expected capacity – this information should be shared with stakeholders.
- The District must ensure that hand washing and/or hand sanitizing stations are available upon entry to schools either outside the building or as close to the entranceway, inside the building, as possible.
- Additional hand washing stations and outlets should be established in schools to the extent feasible to facilitate effective and frequent hand-washing access and availability.
- Students and staff should wash hands when getting off buses and prior to entering the school building or immediately after they come into the building.
- Wash hands before preparing or eating food or drinking, after touching a potentially contaminated surface or object, after sneezing, coughing or blowing your nose, before touching your eyes, nose, or mouth.
- Hand-washing “recesses” should be integrated into the daily schedule throughout the day for all students and staff.
- Practical usage of hand sanitizer [ABHR] – alcohol-based hand rubs: ABHR should contain > 60% ethanol or > 70% isopropanol according to CDC. While hand-washing is the preferred method, we also understand that use of hand sanitizers has been shown to have better compliance, and hand rubs are effective in the absence of a hand-washing station.
- Training of all occupants regarding appropriate hand hygiene and avoidance of contact with high touch surfaces [e.g. doorknobs, toilet flush handles and faucets].
- To the extent feasible, do not share writing utensils, or other classroom and office supplies between students and/or between/with school staff.

Part IV: Personal Protective Equipment (PPE)

Personal protective equipment is a critical “last line” of defense and is necessary to help ensure mitigation of COVID-19 transmission and staff and student illness. **Use of PPE is recommended as follows:**

- To protect educational staff in classroom settings, clear plastic barriers/shields should be used to separate students from educational staff. Barriers should be placed on student desks and in front of the classroom teacher. These kinds of barriers are effective in reducing coronavirus transmission and still permit excellent visual connection between administrative staff and others, while protecting both.
- To protect school administrative and support employees including secretarial and other office staff, limiting in-person school visitors and direct “face-to-face” time should be in place. This can be effectively done using clear plastic barrier shields to separate office staff from other staff members and/or visitors should be used. These kinds of barriers are effective in reducing coronavirus transmission and still permit excellent visual connection between administrative staff and others, while protecting both.
- Teachers, paraprofessionals, and all support staff [other than those specifically specified below] must be provided with, and wear, clear plastic face shields in addition to being provided with, and using surgical masks as appropriate.
- For specific educators including, but not necessarily limited to, Speech Pathologists, Occupational Therapists, Special Education Professionals and Special Education teachers and support staff who work with students with multiple disabilities and/or special needs, change diapers, may have to clean up bodily fluids, or are required to perform similar activities must at least be provided with, and wear, surgical masks, face shields, and gloves. Gowns and N-95 respirators should be provided as available and used as warranted.
- Nurses and other individuals responsible for providing health and medical care and assistance must be provided with “medical grade” protective equipment [including N-95 respirators or similar] in sufficient and adequate quantities. Nurses and other health/medical care personnel should also be provided with specific education and training about the use, wearing, and handling of PPE.
- Cleaning and custodial staff must be provided with face masks and/or face shields, gloves, and protective/work clothing and receive training on how to properly put on, use, take off, and clean them. PPE recommendations for custodial cleaning employees are included in the District’s new Draft Cleaning Plan and are adopted and recommended here by reference.
- Students should be provided with, and expected, trained, and required to wear face masks/coverings when they are in school.
- All staff should also receive training on how to properly put on, use, take off, clean, and maintain required PPE.

Part V: Decluttering, Deep Cleaning, & Disinfecting

The recommended protocols outlined below were presented in detail to District officials and the general public and can be accessed [here](#).

What follows is a summary of those recommendations. The Decluttering, Deep Cleaning, and Surface Disinfection/Sanitizing Program must include clear, implementable, protocols, practices, and procedures for steps to take in protecting the health, safety, and welfare of all school students and staff from the risks and hazards associated with exposure to, and illness from, the COVID-19 virus.

A comprehensive and detailed cleaning program includes at least the following major elements:

- Detailed identification, listing and square foot measurements of all instructional spaces and surfaces requiring cleaning and disinfecting/sanitizing inside and outside of all buildings.
- Determination and assignment of adequate personnel resources, numbers and schedules of cleaners/custodial workers and proper and sufficient cleaning supplies, equipment, and materials as necessary to effect the level of required cleaning needed before school is reoccupied.
- Assessment and necessary upgrades to heating, ventilation, and air conditioning [HVAC] systems and repair and maintenance of windows to ensure maximum operability and the provision of adequate amounts of fresh air is provided to building spaces.
- Specific COVID-19 related training and education for cleaning and custodial personnel.
- A communication plan by the District, jointly developed in collaboration with the PFT and other stakeholders, that includes providing ongoing information and notification to all stakeholders.
- Joint and collaborative development and implementation with PFT and other public stakeholders, of comprehensive best cleaning and disinfection practices and procedures to be used to ensure that the health, safety, and welfare of all school staff, students, and other occupants are fully protected.
- Decluttering of many spaces will be required prior to cleaning and sanitizing/disinfecting activities, particularly since schools were closed in a manner that did not permit the organized packing of supplies and materials. This process will need to involve PFT and school staff in the planning and implementation of decluttering.
- Rigorous cleaning and related actions will be needed prior to the return to school as well as throughout the school year.
- Authoritative and recognized cleaning standards that define cleaning benchmarks, levels, and degree of cleanliness need to be relied upon for implementation. These standards are fully outlined in the [PFT report on cleaning here](#).

Part VI: Medical Screening/Testing, Contact Tracing, Isolation, & Quarantine

As per PA Department of Education "Preliminary Guidance for Phased Reopening of Pre-K to 12 Schools" the District must assign a "Pandemic Coordinator" and create a formal "Health and Safety Plan." **A safety plan should include, but is not limited to, the following:**

Screening

Comprehensive routine screening of staff and students will reduce the potential for COVID-19 spread through early identification of new cases and immediate isolation of affected individuals, as well as continued isolation of those who are recovering from illness, until tests indicate that they are unlikely to transmit the virus to others. Screening tests would involve daily monitoring/screening of staff and students for coronavirus-related symptoms.

- The District must develop a policy regarding symptom screening and what to do if a student or school staff member becomes sick with COVID-19 symptoms. Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments.
- The District must emphasize the importance of daily health checks at home and, at each school have "no-touch" thermometers available to check temperatures and pulse oximeters for nurses to be able to check "Pulse-Ox" levels for students and staff who are experiencing respiratory symptoms.
- Whether by an "At-Home Screening Questionnaire" or "On-Site Screening Questionnaire," designated "screeners" should ask the following questions:
 - Are you experiencing shortness of breath, fever, or cough?
 - Within the last 14 days, have you come in close contact with someone who has been diagnosed with COVID-19?
 - Is there someone in your home who has been told they may have COVID-19 and is currently in isolation or is there someone in your home who has COVID-19 related symptoms?
 - Have you been directed by a health care provider to quarantine or self-isolate? If so, when does/did your quarantine/self-isolation end?
 - No-touch thermometer screening should also be conducted with a 100.4 deg. temperature considered to be elevated.
 - *A positive answer to any of the above should be considered a "failed screening" that requires isolation. The individual should not be admitted to the school and the condition should be reported to the school principal and/or Pandemic Coordinator.*
- In the event it is determined that an "at-school" screening process will be implemented, the District must identify and use dedicated locations/spaces for daily screening either outside or as close to the school entrance as possible for arriving staff and students. Staff dedicated to screening should be provided with appropriate personal protective equipment. The District must provide for the projected enhanced staffing that will likely be required if daily at-school screening tests for students and/or staff are to be conducted at the start of the school day. When/if daily, routine screening needs to be conducted, it should be done by specifically designated screeners who should be: medical professionals; emergency response team members; and/or properly and specifically trained personnel.

Isolation

The District must develop specific protocols and practices to include identifying an isolation room or area to separate students or staff who exhibit COVID-19 symptoms during the school day.

- In case a student or staff becomes ill with COVID-19 symptoms during the school day, isolate the student, ensure that the student wears a face mask, and immediately notify the parent/guardian (student) and the principal (student/staff). Establish procedures to arrange safe transport home or to a healthcare facility.
- Immediately evacuate and close off areas used by any person deemed to be ill from COVID-19 and/or who is identified with COVID-19 related symptoms and/or is isolated/quarantined because of COVID-19. Do not use the space again before deep cleaning and disinfection is performed. To reduce risk of exposure, wait at least 24 - 48 hours before cleaning and disinfecting is conducted and follow all District COVID-19 cleaning protocols and procedures.
- Increase ventilation to improve indoor air quality.

Tracing & Quarantine

- Students and staff who are found to have possible COVID-19 related symptoms as part of the screening tests would be referred for follow-up medical testing. Information about the tests being administered and on interpreting the results should be provided to the school community in a manner that can easily be understood by parents and staff.
- Nurses should report to the health department all students who have left school with COVID-like symptoms and/or illness to initiate contact tracing should testing be positive. Ensure notification and contact tracing is performed as per PDPH guidelines and regulations.
- Our recommendation related to quarantine and isolation is based on existing guidelines and regulation, summarized as follows:
 - Anyone with COVID-19 should remain at home for a minimum of 14 days and be symptom free for at least 72 hours prior to return to school.
 - Anyone experiencing symptoms consistent with COVID-19 should remain at home for a minimum of 14 days and be symptom free for at least 72 hours prior to return to school or until you are able to be tested for COVID-19 and your test comes back negative.
 - Anyone who has had close contact with any individual who has been diagnosed with COVID-19 or has coronavirus-related symptoms should remain at home for a minimum of 14 days and be symptom free for at least 72 hours prior to return to school or until you are able to be tested for COVID-19 and your test comes back negative.

*Further, **tracking the development of the virus over the summer and analyzing trends to ensure sufficient decrease in cases in Philadelphia and surrounding counties will be crucial.** Without sufficient mitigation, reopening buildings will be unsafe. Any and all reopening efforts will be contingent upon a downward trajectory of local cases.*

Part VII: High-Risk Staff and Students

Without overstating the situational risks of COVID-19 infection posed to school staff it should be recognized that in the school context, educational and support staff, as well as maintenance and custodial employees should be considered as “front-line workers” with potentially significant exposure risks.

- Approximately 67% of staff and 72% of teachers are age 50 or older and therefore considered to be part of an elevated risk cohort.
- There are significant numbers of school staff with pre-existing medical/health conditions making them more vulnerable to COVID-19 infection and illness.
- Many staff are in close, daily contact with a large number of children and some staff members in particular have direct responsibility for: [a] helping ill or potentially ill students and staff (e.g. school nurses); [b] working with children with special needs of various kinds who require diaper changes, toileting assistance, help with eating, etc. [school educational and support staff]; and [c] for wiping down “dirty” surfaces and for cleaning up spills, that may include bodily fluids.

The District must identify all [high-risk](#) staff and students in order to develop and implement special precautions to reduce their opportunity for exposure. Guidance for identification of high-risk individuals should be based on [CDC reports](#). The District must develop and implement a process for allowing school staff to self-identify as being in a high-risk group and specific accommodations and strategies that allows high risk staff and students to minimize in-person instruction should be established.

The District must identify staff members who reside in the same household and/or who are in regular close contact with high risk individuals and follow the same guidelines as listed above.

Especially because of the serious public health consequences and unpredictable nature of the coronavirus and the potential for significant transmission and spread in high density spaces [e.g. schools] the PFT is recommending that the District must grant sick leave to all employees if they: test positive for COVID-19; are directed by a medical provider to self-quarantine or remain out of the workplace due to COVID-19; are hospitalized for COVID-19; are caring for a family member who tested positive for COVID-19 or is quarantining due to COVID-19; or are caring for a child whose school or daycare has closed due to COVID-19. This leave should not count against employees' sick days and should not involve any loss of pay.