

# ARP ESSER Health and Safety Plan Guidance & Template

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

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

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

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

- How the LEA will, to the greatest extent practicable, implement prevention and mitigation
  policies in line with the most up-to-date guidance from the Centers for Disease Control
  and Prevention (CDC) for the reopening and operation of school facilities in order to
  continuously and safely open and operate schools for in-person learning;
- How the LEA will ensure continuity of services, including but not limited to services to address the students' academic needs, and students' and staff members' social, emotional, mental health, and other needs, which may include student health and food services;
- 3. How the LEA will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policy on each of the following safety recommendations established by the CDC:

- a. Universal and correct wearing of masks;
- b. Modifying facilities to allow for physical distancing (e.g., use of cohorts/podding);
- c. Handwashing and respiratory etiquette;
- d. Cleaning and maintaining healthy facilities, including improving ventilation;
- e. <u>Contact tracing</u> in combination with <u>isolation</u> and <u>quarantine</u>, in collaboration with State and local health <u>departments</u>;
- f. <u>Diagnostic</u> and screening testing;
- g. Efforts to provide COVID-19 vaccinations to school communities;
- Appropriate accommodations for children with disabilities with respect to health and safety policies; and
- i. Coordination with state and local health officials.

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

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

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

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

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

#### **Additional Resources**

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

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

## Health and Safety Plan Summary: OXFORD AREA SCHOOL DISTRICT

Initial Effective Date: August 1, 2021

Date of Last Review: March 15, 2022

Date of Last Revision: March 8, 2022

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

LEA governing body will authorize the chief school administrator to implement its approved plan where required by law. Chester County Department of Health's recommendations will be reviewed by the LEA governing body.

- 2. How will the LEA ensure continuity of services, including but not limited to services to address the students' academic needs, and students' and staff members' social, emotional, mental health, and other needs, which may include student health and food services?
  - a. Flexible Instructional Plan see attachment 1
  - b. Additional mental health services for students, identification of services through LEA's insurance plan for staff.
  - c. Flexible food services with pick-up and delivery, alternate times, and bulk food packaging.
- 3. Use the table below to explain how the LEA will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policy on each of the following safety recommendations established by the CDC, pertaining to COVID 19, and where required by law.

| ARP ESSER Requirement                      | Strategies, Policies, and Procedures  |
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| a. Universal and correct wearing of masks; | Proper mask and face shield use can be discussed with those wearing such on school property and on busses. This may include the following strategies, policies, and procedures and exemptions for religious and medical reasons without exceptions.  School Staff and Visitors  Face coverings must be worn by all non-students, both staff |

#### **ARP ESSER Requirement**

#### Strategies, Policies, and Procedures

- and visitors (including parents and guardians) while on school property (indoors and outdoors), including during student drop-off and pick-up.
- Reasonable accommodations should be provided to a visitor or staff member who states they have a medical condition, mental health condition, or disability that makes it unreasonable for the person to maintain a face covering. Accommodations could include providing an alternative to a face covering, such as a face shield, or service options that do not require the individual to enter the school, such as curbside pick-up.
- Individuals must wear a face covering unless they have a medical or mental health condition or disability, documented in accordance with the Americans with Disabilities Act, which precludes the wearing of a face covering in school. However, all alternatives to wearing a face covering, including the use of a face shield, should be exhausted before an individual is granted an exception to wearing a face covering.
- The use of face coverings will be taught and reinforced among all staff.
- Face coverings may be removed to eat or drink; however, at those times, social distancing must be practiced.
- Staff are not required to wear a face covering in situations where wearing a face covering creates an unsafe condition to operate equipment or execute a task.

### ARP ESSER Requirement Strategies, Policies, and Procedures Transparent face coverings provide the opportunity for more visual cues and should be considered as an alternative for vounger students, students who are deaf and hard of hearing, and their teachers. Individuals who are communicating or seeking to communicate with someone who is hearing impaired or who has another disability, where the ability to see the mouth is essential to communication. should consider using an alternative face covering such as a plastic face shield and increase physical distancing. An adequate supply of face coverings and other personal protective equipment (PPE) should be available at each school building, and the inventory should be carefully monitored. (See Pennsylvania **COVID-19 PPE & Supplies Business-2- Business (B2B)** Interchange Directory for assistance sourcing these materials.) **Students** All students, whether indoors or outdoors, must wear a face covering that covers their nose and mouth while at school and at school-sponsored events and when they are traveling in school buses and schoolprovided transportation. Children two years and older are required to wear a face covering unless they have a medical or mental health condition or disability. documented in accordance with Section 504 of the Rehabilitation Act or IDEA,

which precludes the wearing of a face covering in school.

Accommodations for such

| strategies, Policies, and Procedures students should be made in partnership with the student's health care provider, school nurse, and IEP/504 team. All alternatives to wearing a face covering, including the use of a face shield, should be exhausted before an individual is granted an exception to wearing a face covering.  Students and families should be taught how to properly wear a face covering (cover nose and mouth), to maintain hand hygiene when removing the face covering for meals and physical activity, and how to replace and maintain (washing regularly) a cloth face covering. Schools may allow students to remove face coverings when students are:  Eating or drinking when spaced at least 6 feet apart, or When wearing a face covering creates an unsafe condition in which to operate equipment or execute a task, or At least 6 feet apart during "face-covering breaks" to last no longer than 10 minutes.  Transparent face coverings provide the opportunity for more visual cues and may be considered as an alternative for younger students, students who are deaf and hard of hearing, and their teachers.  Compliance The Universal Face Covering Order requires schools to do all the following: Require all people, including employees, teachers, students, |                       |   |
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| partnership with the student's health care provided; school nurse, and IEP/504 team. All alternatives to wearing a face covering, including the use of a face shield, should be exhausted before an individual is granted an exception to wearing a face covering.  Students and families should be taught how to properly wear a face covering (cover nose and mouth), to maintain hand hyglene when removing the face covering for meals and physical activity, and how to replace and maintain (washing regularly) a cloth face covering. Schools may allow students to remove face coverings when students are:  Eating or drinking when spaced at least 6 feet apart, or  When wearing a face covering creates an unsafe condition in which to operate equipment or execute a task, or  At least 6 feet apart during "face-covering breaks" to last no longer than 10 minutes.  Transparent face coverings provide the opportunity for more visual cues and may be considered as an alternative for younger students, students who are deaf and hard of hearing, and their teachers.  Compliance  The Universal Face Covering Order requires schools to do all the followlng:  Require all people, including  | ARP ESSER Requirement | Strategies, Policies, and Procedures  |
| employees teachers students  | ARP ESSER Requirement | students should be made in partnership with the student's health care provider, school nurse, and IEP/504 team. All alternatives to wearing a face covering, including the use of a face shield, should be exhausted before an individual is granted an exception to wearing a face covering.  Students and families should be taught how to properly wear a face covering (cover nose and mouth), to maintain hand hygiene when removing the face covering for meals and physical activity, and how to replace and maintain (washing regularly) a cloth face covering.  Schools may allow students to remove face coverings when students are:  Eating or drinking when spaced at least 6 feet apart, or  When wearing a face covering creates an unsafe condition in which to operate equipment or execute a task, or  At least 6 feet apart during "face-covering breaks" to last no longer than 10 minutes.  Transparent face coverings provide the opportunity for more visual cues and may be considered as an alternative for younger students, students who are deaf and hard of hearing, and their teachers.  Compliance The Universal Face Covering Order requires schools to do all the following: |

| ARP ESSER Requirement   | Strategies, Policies, and Procedures   |
|---|--|
|   | and visitors to wear a face covering and enforce the requirement;  • Mitigate or eliminate employee, teacher, student, and visitor exposure to people who cannot wear or refuse to wear a face covering;  • Post prominent signs that are visible to all people – including employees, teachers, students, and visitors – stating that face coverings are required by Order of the Secretary of Health; and  • Provide reasonable accommodations to people, including their employees, teachers, students, and visitors, who state they have a medical condition, mental health condition, or disability that makes it unreasonable for the person to maintain a face covering. Accommodations could include an alternative to a face covering, such as the use of a face shield, or providing service options that do not require an individual to enter the school, such as curbside pick-up or delivery.  All face covering mandates will follow current guidance from the Chester County Department of Health when needed. |
| b. Modifying facilities to allow for <a href="mailto:physical_distancing">physical_distancing</a> (e.g., use of cohorts/podding); | We will consider the guidance from our local state and health departments should the conditions necessitate implementing greater social distance mitigation strategies.  |

| ARP ESSER Requirement  | Strategies, Policies, and Procedures  |
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| c. <u>Handwashing and respiratory etiquette;</u>   | <ul> <li>Best practice encourages hand washing before and after meals and snacks, after using the bathroom, and after blowing nose, coughing, or sneezing.         Our schools will encourage our students and staff to follow these best practices.</li> <li>Our schools will have available hand sanitizer in classrooms, public areas, and other strategic locations.</li> <li>Our schools will post signs in buildings reminding students, staff, and visitors of proper respiratory etiquette.</li> </ul>  |
| d. <u>Cleaning</u> and maintaining healthy facilities, including improving <u>ventilation;</u>                                 | <ul> <li>There will be routine and daily cleaning of our school buildings with attention to high traffic and high touch areas.</li> <li>Our school buildings will ensure that ventilation systems operate properly.</li> </ul>  |
| e. Contact tracing in combination with isolation and quarantine, in collaboration with the State and local health departments; | <ul> <li>Our schools may report all confirmed cases of COVID-19 to the health department on the prescribed template for such instances.</li> <li>We may support and implement public health guidance on isolation and quarantines.</li> <li>Student or staff, who has tested positive for COVID-19 or is a probable case, shall notify their principal or direct supervisor immediately.</li> <li>Additional consultation provided by CDC, PADOH, and CCHD will be considered throughout the implementation of this plan.</li> <li>No difference between vaccinated and unvaccinated students.</li> </ul> |

| ARP ESSER Requirement  | Strategies, Policies, and Procedures  |
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| f. <u>Diagnostic</u> and screening testing;  | <ul> <li>Staff and students who are ill must stay home from work, programs, and schools with a temperature &gt; 98.6.</li> <li>Staff and students shall be sent home if they become ill at work, school, program, or service.</li> <li>Students and staff shall report immediately to their principal or immediate supervisor if they are COVID-19 positive or were in close contact with a person who has COVID-19.</li> </ul> |
| g. Efforts to provide <u>vaccinations to school</u> <u>communities</u> ;                                     | Our schools will provide information to staff and families on vaccine clinics and/or how to get a COVID-19 vaccine.   |
| h. Appropriate accommodations for students with disabilities with respect to health and safety policies; and | For students with disabilities with a medical diagnosis that requires a prescribed health and safety plan, the IEP team may reconvene to develop specially designed instruction or strategies to meet the needs of the student.   |
| i. Coordination with state and local health officials.   | We will consult with the health department on specific cases or issues as needed.   |

Disclaimer: All information and guidance are subject to change to reflect the recommendations of Chester County Department of Health, the Pennsylvania Department of Health, and the CDC.