m **DEPARTMENT OF HEALTH**

Guidance for Social Distancing in Youth and Student Programs

UPDATED 5/13/2020

This guidance document outlines the practical application of prevention strategies to reduce the spread of COVID-19 in youth and student programming. **This guidance is applicable to programs authorized to operate by Executive Order 20-56 including youth programs, K-12 schools, colleges, universities, and day camps. Other youth serving organization such as overnight camps can use this to start planning should programming be allowed to resume at a later date.**

Specific guidance for licensed and certified child care providers is noted on the last page of this document.

Public health guidance is based on:

▪ Centers for Disease Control and Prevention's Guidance for Schools and Child Care Programs (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html)

▪ Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission (PDF) (www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf)

MDH recognizes that each program setting is unique, and it may be difficult for the proposed strategies to be implemented in every setting. Administrators are encouraged to think creatively about ways to increase the physical space between staff and program participants while limiting interactions in large group settings.

What is social distancing?

The term "social distancing" refers to measures being taken to restrict where and when people can gather in order to stop or slow the spread of infectious disease. In general, 6 feet of separation is the distance that should be kept between people interacting within their community. This recommendation is most important in the setting of a large gathering where there is intermingling of people whose symptom status may be hard to monitor.
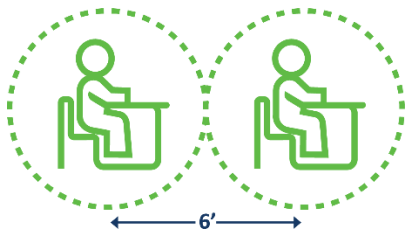
Small, closed pods that serve a consistent group of participants and staff offer the opportunity to more closely control the environment through monitoring of symptoms and adherence to policies for people who are ill. Additionally, staff can build routines for participants to wash hands upon

entering and leaving the classroom or program space, and create regular cleaning practices for frequently used items such as desks, program equipment, writing utensils, and other programmatic materials. Social distancing guidance will support a **3-foot radius** around each participant, resulting in a 6-foot total distance between any two people.

Have a plan and prepare

- CDC and MDH recommends that all businesses identify program coordinators who are responsible for COVID-19 issues and preventive activities.

- Summer programs should communicate with families prior to sessions beginning to set expectations for participating in programming this summer. Communication should include what strategies will be implemented to mitigate the risk of COVID-19 exposure in the summer program community, and acknowledge that strategies may change if the level of community transmission increases to the point where programming must be disrupted.

- Families should understand what actions they need to take should their child become symptomatic or be exposed to COVID-19 while participating in summer programming.

Promote a safe program environment

- Adapt practices to allow physical distancing of at least 6 feet whenever possible.

- Try to adhere to a staff (or volunteer) to participant ratio of 1:9. If social distancing cannot be attained with the group size, then the number of participants must be reduced.

- Within the program, create consistent pods of the same staff, volunteers, and participants with a maximum number of 10 people in each pod.

- Whenever possible, implement programming that refrains from intermixing pods. If intermixing of pods is necessary, limit the number of pods that intermix and keep records of staff, volunteers, and participants that intermix.

- Have a plan for back-up staffing in case a staff member or volunteer becomes ill during the day/program.

- Wherever possible, hold activities outdoors and encourage participants to spread out.

- If social distancing cannot be adhered to for some activities, cancel the activity.

- Avoid having areas easily accessible that would allow staff, volunteers, or participants to easily congregate in a limited space.

- Reduce the number of people on transportation buses to allow them to spread out. Consider using visual cues to illustrate where participants may sit to adhere to social distancing.

- When helping participants apply sunscreen, ensure staff and volunteers are washing hands between applications.

How can programs practice social distancing in an indoor environment?

Maintain safe program spaces.

- Modify classes where participants are likely to be in very close contact.

    - Bring in specialist staff (e.g., music, art, physical education) to individual classrooms versus rotating all kids through a shared space that is not able to be cleaned with each new participant introduction.

    - Whenever possible, hold physical education and music classes outside and encourage participants to spread out. Consider using visual cues to demonstrate physical spacing.

- Rearrange desks and common seating spaces to maximize the space between participants.

    - Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).

    - Consider using visual aids (e.g., painter's tape, stickers) to illustrate traffic flow and appropriate spacing to support social distancing.

- Avoid community supplies when possible.

    - If shared supplies are necessary, consider using designated bins for clean and used supplies. Community supplies are considered high-touch and should be cleaned frequently.

    - Do not share equipment between staff, volunteers, and participants when possible.

        - For example, consider designating paddles or tennis rackets to participants or asking families to send them with participants whenever feasible.

    - Clean high touch surfaces between different groups.

- Consider ways to accommodate the needs of children and families at risk for serious illness from COVID-19.

    - Honor requests of parents who may have concerns about their children attending the program due to underlying medical conditions of those in their home.

    - Staff who cannot be at work due to their own high-risk conditions should be offered alternatives for working.

- The CDC lists underlying medical conditions that may increase the risk of serious COVID-19 for people of any age: Groups at Higher Risk for Severe Illness (www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html).

Promote cloth face coverings

- Follow cloth face covering guidance for schools and child care.

    - Staff members working in youth and participant programs are encouraged to wear cloth face coverings during the work day as much as possible.

- MDH recommends participants/children only wear cloth face coverings if they can reliably wear, remove, and handle the cloth face covering throughout the day.
- Face mask guidance is available at Masking Recommendations for Child Care and Schools (www.health.state.mn.us/diseases/coronavirus/schools/masks.html).

Strategize meal times

- Wherever feasible, encourage bag lunches from home.
- Stagger meal times to minimize the number of people dining inside at one time and keep people 6 feet apart.
    - Don't intermix pods, and maintain a consistent group of pods that are dining at the same time each day whenever possible.
    - These steps will help minimize transmission and also allow for swift contact tracing if needed.
- Clean and disinfect common surfaces between groups.
- If meals are typically served family-style, plate each meal to serve it so that multiple people are not using the same serving utensils (e.g., have staff serve food to participants).
- Serve meals outside or in alternative indoor areas as weather allows.
- Staff serving meals should follow MDH's Food Service Worker Safety Information (www.health.state.mn.us/diseases/coronavirus/schools/foodservice.pdf).

Minimize opportunities for mixing between groups

- Stagger arrival and/or dismissal times.
    - Minimize crowding at drop-off and pick-up times.
        - Designate times for families to come, consider staggering times if possible.
        - Whenever possible, participant pick-up and drop-off should occur outside.
        - Add visual cues or barriers to direct traffic flow and distancing.
        - Develop signage and processes to minimize interactions of families.
    - Consider dividing participant entry points rather than funneling all participants through the same entry space. These approaches can limit the amount of close contact between participants in high-traffic situations and times.
    - MDH recognizes that busing times are often tightly scheduled. Consider making arrival schedule changes for participants who walk or are dropped off by a parent or caregiver.
- Cancel field trips, assemblies, and other large gatherings.
    - Cancel activities and events like field trips, participant assemblies, athletic events, practices, special performances, program-wide meetings, or spirit nights.
    - Consider transitioning field trips to free virtual opportunities.

- Consider changing events to a virtual format where appropriate.
- Use private playgrounds when appropriate safeguards are in place.
  - Consider staggering playground use rather than allowing multiple classes to play together. Limit other activities where multiple classes interact.
  - Wash hands before and after touching play structures and maintain 6 feet of space from other children as much as possible. When possible, build in visual cues that demonstrate physical spacing.
  - If possible, consider cleaning high touch areas of the play structure between groups.
  - For schools, consider allowing flexibility in recess policies and the use of teacher time to allow for supervision of classroom recess.
- Avoid contact with shared public amenities like picnic tables, benches, and playground equipment.
  - Assume such equipment has not been cleaned.
  - Have staff, volunteers, and participants wash hands or use hand sanitizer if they come into contact or use shared amenities.
- Avoid taking multiple pods to the bathrooms at once (e.g., avoid having all classes use the bathroom right after lunch or recess).
- Limit nonessential visitors.
  - Limit the presence of volunteers for activities.
  - Use virtual formats for guest speakers and reading programs.
  - For schools, move parent-teacher conferences, 504, and individualized education program (IEP) meetings to phone conferences or a virtual format.
  - Do not allow the public access to indoor facilities when a program is in progress.
    - Limit access to the program's indoor facilities to staff, volunteers, and participants of the program.
- Promote staff, volunteers, participants, and their families to maintain distance from each other.
  - Educate staff, volunteers, participants, and their families and explain why this is important.
  - Provide reminders about the importance of not sharing food or drinks.
  - If possible, consider cleaning high touch areas of the play structure between groups.
- Exercise caution when using drinking fountains.
  - Think carefully about how drinking fountains are being used and how regularly they are being cleaned in making a decision to use them. Consider encouraging participants to use refillable water bottles to avoid direct contact with the fountain equipment.

- If you do use them, ensure there are hand hygiene products available right next to the drinking fountain and encourage users to perform hand hygiene before and after using one.

- Adhere to current travel restrictions

  - CDC's Travel Updates for COVID-19 (www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)

Encourage and reinforce social norms and health etiquette

- Promote materials and trainings to ensure that staff, volunteers, and participants:

  - Wash hands often with soap and water for at least 20 seconds, especially after having been in a public place or after blowing your nose, coughing, or sneezing. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.

    - Hand Hygiene (www.health.state.mn.us/people/handhygiene/index.html)

  - Always cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in the trash. If you don't have a tissue, cough or sneeze into your arm or elbow.

    - Cover Your Cough (www.health.state.mn.us/people/cyc/index.html)

- Ask staff, volunteers, and participants to wash hands upon arriving, before and after eating meals, before and after applying sunscreen, and when entering or leaving indoor spaces.

  - Consider ways to reinforce good hand hygiene. For example, provide incentives (e.g., creative summer program or camp accolades) for proper and thorough handwashing.

- Have hand sanitizer and tissues readily available for use by staff, volunteers, and participants.

- Ensure the availability of appropriate cleaning supplies (e.g., disinfectant wipes) for cleaning of high-touch surfaces (see more details below).

- Educate staff, volunteers, and participants on the importance of avoiding touching their faces throughout the day, and washing their hands when they do.

- Ensure participants aren't sharing water bottles, food, or other items.

- Avoid using other employees' phones, desks, offices, or other work tools or equipment.

- Consider engaging program participants in developing communications or creative strategies to limit the spread of COVID-19 (e.g., develop a competition around creating the new camp greeting, providing alternatives to hugs or high-fives).

- Post posters, use social media, email communication, etc. around symptoms of COVID-19 and health etiquette expectations.

Promote health checks

- Promote social distancing and reduce congestion in the health office.

  - Use the health services office for participants, staff, and volunteers with COVID-19 like symptoms and, if possible, create a satellite location for first aid or medication distribution.

- Allow for flexible administration of health care tasks for participants who are able to independently manage needs.

- Consider using visual cues to demonstrate physical spacing.

- Emphasize the importance of daily health checks.

  - This includes screening for participants, staff, and volunteers to ensure those who develop symptoms are not attending.

    - Screening process for children: Guidance for Child Care Programs that Remain Open (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren)

    - Consider using a similar system to the employee screening checklist: Visitor and Employee Health Screening Checklist (PDF) (www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf)

  - If it is not feasible to conduct health screening given the setting:

    - Provide parent education about the importance of monitoring symptoms and staying home while ill through classroom applications and other district messaging.

    - Ask about access to thermometers and consider implementing temperature checks for households that do not have one.

    - Use existing outreach systems to provide text and email reminders to staff and families to check for symptoms of household members in the morning and evening.

- Use exclusion guidance and isolate symptomatic staff and program participants.

  - Follow exclusions guidance and ensure staff and participates stay home when sick: COVID-19 Exclusion Guidance (PDF) (www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf)

  - Ensure sick policies are supportive of participants and staff staying home when sick.

  - Have a plan if staff or participants get sick.

    - Make a plan with parents prior to sessions around expectations if their child becomes ill while at the program.

    - Plan to have a room or area that can be used to isolate a symptomatic staff member, volunteer, or participants while they wait to be picked up or are able to leave on their own; ensure there is enough space for multiple people placed at least 6 feet apart (in the case more than one participant becomes ill).

    - Ensure that they have hygiene supplies available, including a cloth mask, facial tissues, and alcohol-based hand rub.

  - If you end up having a participant or staff who is diagnosed with COVID-19 reach out to MDH or your local public health agency for further direction.

Be mindful of traveling

- Limit participation in summer programming to participants and staff who are arriving from Minnesota or bordering states.

- Ask staff and participants to limit their interaction with local communities when off-site to obtaining only essential services; and only allow sparingly or find other ways to get supplies/services. Follow appropriate social distancing and health etiquette measures when interacting with the community.

- Encourage staff to limit their interactions with others on their time off.

Promote a safe workplace for staff and volunteers

- Hold staff and volunteer meetings virtually or in a large enough space to accommodate social distancing.

- Encourage non-essential planning and preparatory activities be conducted outside program facilities.
  - Consider allowing staff and volunteers to use alternate spaces (e.g., telecommute) for discretionary preparation time.
  - Conduct professional development virtually whenever possible.

- Ensure policies are supportive of participants, staff, and volunteers staying home when sick and offer options for people who are at high risk of developing serious symptoms associated with COVID-19.
  - Explore opportunities for staff and volunteers who cannot be on-site due to their own high-risk conditions or those of their family members to complete work using alternate spaces (e.g., telecommute).

- Ensure classroom access to hand hygiene products (e.g., hand sanitizer, soap, tissues, disinfectant wipes).
  - Ensure the availability of appropriate cleaning supplies (e.g., disinfectant wipes) for cleaning of high-touch surfaces.
  - Have hand sanitizer and tissues readily available for use by participants, staff, and volunteers throughout the building.

- Arrange classrooms to allow staff and volunteers to practice social distancing.
  - Turn desks to face in the same direction (rather than facing participants) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).

- Ensure daily cleaning of the program environment.
  - Routine cleaning and disinfecting is key to maintaining a safe environment for staff, volunteers, and participants. Cleaning removes dirt and most germs and is usually done with soap and water. Disinfecting kills most germs, depending on the type of chemical, and only when the chemical product is used as directed on the label.

- Adapt practices to ensure high-touch surfaces such as doorknobs, stair rails, counters, dining hall tables and benches, program equipment, and other items are regularly cleaned and disinfected.

  - Follow MDH guidance for cleaning and disinfecting:

    - COVID-19 Cleaning and Disinfecting Guidance for Schools and Child Care Programs (www.health.state.mn.us/diseases/coronavirus/schools/clean.html)

    - COVID-19 Cleaning and Disinfecting Guidance for Institutes of Higher Education (www.health.state.mn.us/diseases/coronavirus/schools/cleanihe.html)

  - Clean and disinfect bathrooms regularly, particularly high-touch surfaces, and ensure they have handwashing supplies.

  - Use EPA-registered household disinfectants recommended by the CDC – Information on Disinfectants: (www.epa.gov/coronavirus).

- Dedicate individual classroom and office materials.

  - Do not share writing utensils, classroom, and office supplies between participants, staff, or volunteers (when possible).

  - Frequently clean office materials or equipment that cannot be designated.

  - Place hand hygiene supplies in close proximity to shared equipment (e.g., printer/copier).

Resources

Schools and Child Care: Coronavirus Disease 2019 (COVID-19) (www.health.state.mn.us/diseases/coronavirus/schools/index.html)

Child Care Information for Families and Providers (https://mn.gov/childcare/)

CDC Guidance for Child Care Providers that Remain Open (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html)

CDC Guidance for Schools and Child Care (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html)

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For more information, visit Coronavirus Disease 2019 (COVID-19) (health.state.mn.us/diseases/coronavirus/index.html), or call the COVID-19 hotline at 651-201-3920 or 1-800-657-3903.

Contact health.communications@state.mn.us to request an alternate format.