What is social distancing?
The term “social distancing” is commonly used in today’s media, but it can be difficult to know what it actually means. 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.

Why are the guidelines within a school setting different than those out in the community?
The overall goal of social distancing is to increase the physical space between members of the school community to reduce unintended exposures. However, within the more limited setting of a school classroom, more flexible arrangements are allowed. Small, closed classroom groups that serve a consistent group of students and teacher(s) offer the opportunity to more closely control the environment through monitoring of symptoms and adherence to ill-student policies. For example, it is easier to enforce processes that do not allow students into the classroom if they become ill. Additionally, classroom teachers can build routines for students to wash hands upon entering and leaving the classroom, and create regular cleaning practices for desks, equipment, writing utensils, and other classroom materials.

In these situations, social distancing guidance will support a 3-foot circumference around each student, resulting in a 6-foot total distance between any two students.


MDH recognizes that each school community is unique, and it may not be possible for the proposed strategies to be implemented in every setting. Many strategies that are feasible in
primary or secondary schools may be more challenging in child care settings. Administrators are encouraged to think creatively about ways to increase the physical space between staff and students while limiting interactions in large group settings.

**How can schools practice social distancing?**

**Maintain safe classroom spaces.**

- Modify classes where students are likely to be in very close contact.
  - Bring in specialist teachers (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 student introduction.
  - Whenever possible, hold physical education and music classes outside and encourage students to spread out.

- Rearrange student desks to maximize the space between students.
  - 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).

- Encourage and reinforce social norms and health etiquette.
  - 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 students and staff.
  - Reinforce handwashing routines. Ask staff and students to wash hands upon entering and leaving classroom or other spaces in the school building.
  - Educate students on the importance of avoiding touching their faces throughout the day, and washing their hands when they do.
  - Consider ways to reinforce good hand hygiene. For example, provide incentives (e.g., classroom recognition or special responsibilities) for proper and thorough handwashing.
  - Ensure sick policies are supportive of students and staff staying home when sick.
  - Consider engaging the school community in developing communications or creative strategies to limit the spread of COVID-19 (e.g., develop a competition to design posters addressing COVID-19 prevention tactics).

- 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 school due to underlying medical conditions of those in their home.
  - Staff who cannot be at school due to their own high-risk conditions can provide distance learning instruction to those students who are also unable to attend.

Practice distance learning.

Practice distance learning methods in the classroom to test connectivity and understanding to allowing for an easier transition should longer-term dismissals be recommended.

Promote a safe workplace for school staff.

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

Encourage non-essential school planning and preparatory activities be conducted outside of the school environment.

Consider allowing staff to use alternate spaces (e.g., telecommute) for discretionary preparation time.

Conduct professional development virtually whenever possible.

Ensure school policies are supportive of students and staff 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 who cannot be at school due to their own high risk conditions or those of their family members to complete work utilizing 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 students and staff throughout the building.

Arrange classrooms to allow teachers to practice social distancing.

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

Ensure daily cleaning of the school environment.


Dedicate individual classroom and office materials.

Do not share writing utensils, classroom, and office supplies between students or staff (when possible).
MDH GUIDANCE FOR SOCIAL DISTANCING IN SCHOOLS

▪ Frequently clean office materials or equipment that cannot be designated.
▪ Place hand hygiene supplies in close proximity to equipment.

Avoid student mixing outside of the classroom.
▪ Stagger arrival and/or dismissal times.
    ▪ Consider dividing up student entry points rather than funneling all students through the same entry space. These approaches can limit the amount of close contact between students in high-traffic situations and times.
    ▪ MDH recognizes that bussing times are tightly scheduled. Consider making arrival schedule changes for students who walk or are dropped off at school by a parent or caregiver.
▪ Cancel field trips, assemblies, and other large gatherings.
    ▪ Cancel activities and events like field trips, student assemblies, athletic events, practices, special performances, school-wide parent meetings, or spirit nights.
    ▪ Consider transitioning field trips to free virtual opportunities.
    ▪ Consider changing in-school events to a virtual format.
▪ Explore the use of alternate spaces (e.g., classroom) for eating lunch and breakfast.
    ▪ If alternate spaces are not available, ensure classroom groups sit together in lunchrooms.
    ▪ In child care or elementary school settings, consider staggering playground use rather than allowing multiple classes to play together. Limit other activities where multiple classes interact.
    ▪ Consider allowing flexibility in recess policies and the use of teacher time to allow for supervision of classroom recess.
▪ Avoid taking multiple classes to bathrooms at once (e.g., avoid having all classes use the bathroom right after lunch or recess).

Promote health checks.
▪ Reduce congestion in the health office.
    ▪ Use the health services office for children with flu-like symptoms and, if possible, create a satellite location for first aid or medication distribution.
    ▪ Allow for flexible administration of health care tasks for students who are able to independently manage needs.
▪ Create clear communication for families who have a child with a condition listed within the CDC’s Implementation fo Mitigation Strategies for Communities with Local COVID-19 Transmission (www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf). Page 10 lists underlying medical conditions that may increase the risk of serious COVID-19 for people of any age.
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▪ Emphasize the importance of daily health checks.
  ▪ This includes temperature checks and respiratory symptom screening for students and staff to ensure those who develop symptoms are not attending school.
  ▪ 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 who do not have one.
    ▪ Use existing school outreach systems to provide text and email reminders to staff and families to check for symptoms of household members in the morning and evening.

Limit interactions outside school.

▪ Limit nonessential visitors.
  ▪ Limit the presence of volunteers for classroom activities.
  ▪ Move parent-teacher conferences, 504 and individualized education program (IEP) meetings to phone conference or a virtual format.
  ▪ Use virtual formats for guest speakers and reading programs.

▪ Limit cross-school transfer for special programs.
  ▪ Consider using distance learning, or recording any live competitions from your own school.
  ▪ For individual sports, record and share times, distances, or heights.

▪ Promote staff, students, and their families to maintain distance from each other in the school.
  ▪ Educate staff, students, and their families and explain why this is important.
  ▪ Provide reminders about the importance of not sharing food or drinks.

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