

# COVID-19 Prevention Guidance for Youth and Student Programs

This guidance document outlines the practical application of prevention strategies to reduce the spread of COVID-19 in youth and student programs. **This guidance is applicable to programs authorized to operate by [Executive Order 20-74 \(mn.gov/governor/assets/EO%202020-74%20Final\\_tcm1055-437539.pdf\)](https://mn.gov/governor/assets/EO%202020-74%20Final_tcm1055-437539.pdf).** Programs may operate with a maximum number of 15 people per group or room for indoor programs and up to 25 people per group for outdoor activities. Youth programs include: certified child care centers, youth enrichment programs, and school-age programs exempt from licensure. Examples include community education classes, YMCAs, school age care programs operated by public and private schools, parks and recreation programs, Boys and Girls Clubs, sports programs, art programs, camps, those operated by non-profits, and 21st Century Community Learning Centers.

Resources for child care providers are noted on the last page of this document.

Public health guidance is based on:

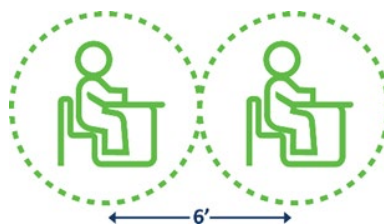
- [Centers for Disease Control and Prevention \(CDC\): Schools and Childcare Programs \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html).

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.

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## 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 any setting where there is close contact of people whose symptom status may be hard to monitor.



Small, closed groups that serve a consistent set 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.

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## Have a plan and prepare

- CDC and MDH recommends that all youth and student serving programs identify program coordinators who are responsible for COVID-19 issues and preventive activities.
- Develop and implement a COVID-19 Preparedness Plan in accordance with state guidance. Plan templates are available at [StaySafeMN: Stay Safe Guidance for All Business Entities \(staysafe.mn.gov/industry-guidance/all-businesses.jsp\)](https://staysafe.mn.gov/industry-guidance/all-businesses.jsp).
- Programs should communicate with families prior to sessions beginning to set expectations for program participation. Communication should include what strategies will be implemented to mitigate the risk of COVID-19 exposure in the 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 programming.

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## Promote a safe program environment

- Adapt practices to allow physical distancing of at least 6 feet whenever possible.
- Within the program, create consistent groupings of the same staff, volunteers, and participants. The maximum number of participants per group would be dependent upon the location of the activity, with a maximum number of 15 people per group or room for indoor activities and up to 25 people per group for outdoor activities. Organizations should not feel pressured to go up to 25 people in the outdoor settings, taking time to feel comfortable about bringing kids together is the first priority.
- Whenever possible, implement programming that refrains from intermixing groups. If intermixing of groups is necessary, limit the number of groups 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.

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## Maintain safe program spaces

- Modify programs where participants are likely to be in very close contact.
  - Bring in specialist staff (e.g., music, art, physical education) to individual classrooms or program spaces versus rotating all kids through a shared space that is not able to be cleaned with each new participant introduction.
  - Weather permitting, hold specialist lessons 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.
  - Offer staff who cannot be at work due to their own high-risk conditions 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](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html) ([www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html)).

## Require face coverings

In general, as of July 25, 2020, people in Minnesota are required to wear a face covering in all public indoor spaces and indoor businesses, per Executive Order 20-81.

- The Executive Order's face covering requirement does not apply to children 5 years old and younger and does not require wearing a face covering when a person is unable to tolerate wearing a face covering because of a medical condition, mental health condition, or disability.
- Children 2 years old and younger should never wear face coverings.
- The Executive Order allows people to temporarily remove face coverings in certain circumstances, provided that social distancing is maintained, including:
  - When eating or drinking.
  - When swimming or participating in another activity that would get the face covering wet (a face covering should never be worn in the water or when wet).
  - When participating in an organized sport or other physical activity when the level of exertion would make it difficult to wear a face covering.
  - When communicating with a person who is deaf or hearing impaired or has a disability, medical condition, or mental health condition that makes communication with a face covering difficult.
  - When performing or public speaking, or playing an instrument that cannot be played with a face covering.
  - When staff are working alone, including when alone in an office, a room, a cubicle with walls that are higher than face level, a vehicle, or an enclosed or separated work area.
  - When sleeping or going to sleep.

Child care settings are subject to their own unique requirements and recommendations, and more detail about these requirements and recommendations can be found in the Executive Order (see [Executive Orders from Governor Walz: mn.gov/governor/news/executiveorders.jsp](https://www.mn.gov/governor/news/executiveorders.jsp)) and [Masking Recommendations for Child Care \(www.health.state.mn.us/diseases/coronavirus/schools/masks.html\)](https://www.health.state.mn.us/diseases/coronavirus/schools/masks.html).

For more detailed guidance about the Executive Order's face covering requirements, recommendations, and exemptions, refer to the following resources:

- [Masks and face coverings \(www.health.state.mn.us/diseases/coronavirus/prevention.html#masks\)](https://www.health.state.mn.us/diseases/coronavirus/prevention.html#masks)
- [Face Covering Requirements and Recommendations under Executive Order 20-81 \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](https://www.health.state.mn.us/diseases/coronavirus/facecover.html)
- [Frequently Asked Questions About the Requirement to Wear Face Coverings \(www.health.state.mn.us/diseases/coronavirus/facecoverfaq.html\)](https://www.health.state.mn.us/diseases/coronavirus/facecoverfaq.html)

- [2020-2021 Planning Guide for Schools: Health Considerations for Navigating COVID-19 \(www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf)
- [Best Practices for Masks: Considerations for People with Disabilities and Special Health Needs \(www.health.state.mn.us/diseases/coronavirus/guidemasks.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/guidemasks.pdf)

Wearing face coverings is not a substitute for frequent handwashing, avoiding touching the face, and practicing social distancing, which are our best tools to help prevent the spread of illness.

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## Strategize meal times

- Staff serving meals should follow [MDH's Food Service Worker Safety Information \(www.health.state.mn.us/diseases/coronavirus/schools/foodservice.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/schools/foodservice.pdf).
- Stagger meal times to minimize the number of people dining inside at one time and keep people 6 feet apart.
- Don't intermix groups, and maintain a consistent set of participants 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, consider plating each meal to serve it so that multiple people are not using the same serving utensils (e.g., have staff serve food to participants).
  - Weather permitting, serve meals outside or in alternative indoor areas.

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## 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 and participants.
  - 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.
- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size following current state guidance.

- Nonessential visitors, volunteers, and activities involving external groups or organizations should be limited to the extent feasible. In the event external groups and partners participate in programming, they should receive guidance and training on how to implement programming safely.
- Pursue virtual activities and events in lieu of field trips, assemblies, and special performances, as possible.
- Avoid taking multiple groups to the bathrooms at once (e.g., avoid having all classes use the bathroom right after lunch or recess).
- Follow MDH’s guidance on playgrounds, youth sports, and reopening of swimming pools.
  - Offer outdoor play in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of 6 feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating. Always wash hands immediately after outdoor playtime.
  - Keep groups together; maintain the same groups from day to day. This will help reduce potential exposures and may prevent an entire program from shutting down if exposure occurs.
  - [Playground Guidance for Schools and Child Care Programs \(www.health.state.mn.us/diseases/coronavirus/schools/playground.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/schools/playground.pdf)
  - [COVID-19 Sports Guidance for Youth and Adults \(www.health.state.mn.us/diseases/coronavirus/sportsguide.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/sportsguide.pdf)
  - [Reopening of Swimming Pool and Aquatic Facilities \(www.health.state.mn.us/diseases/coronavirus/poolreopen.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/poolreopen.pdf)

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## 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 \(www.health.state.mn.us/people/handhygiene/index.html\)](http://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 \(www.health.state.mn.us/people/cyc/index.html\)](http://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 for proper and thorough handwashing.

- Exercise caution if using shared public amenities like picnic tables and benches—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.
- Have hand sanitizer and tissues readily available for use by staff, volunteers, and participants.
- Ensure the availability of appropriate cleaning supplies for cleaning of high-touch surfaces.
- 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.
- 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.
- For licensed child care centers, follow current licensing standards regarding the use of reusable water bottles or cups.
- 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 new greetings, providing alternatives to hugs or high-fives).
- Post posters, use social media, email communication, etc. around symptoms of COVID-19 and health etiquette expectations.

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## Promote health checks

- Promote social distancing and reduce congestion where children may be receiving first aid or other health-related care.
  - Use the health services office for participants, staff, and volunteers with COVID-19 like symptoms or, if needed, create a satellite location for first aid or medication distribution.
  - Consider using visual cues to demonstrate proper social distancing.
- 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: [CDC: Guidance for Child Care Programs that Remain Open \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren\)](https://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 \(www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf\)](https://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 participants stay home when sick: [Decision Tree for People with COVID-19 Symptoms in Youth, Student, and Child Care Programs \(www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf).
  - Review sick policies to ensure they 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 have a participant or staff who is diagnosed with COVID-19 reach out to MDH or your local public health agency for further direction.

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## Be mindful of traveling

- Limit participation in programming to participants and staff who are arriving from Minnesota or bordering states.
- 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 \(www.health.state.mn.us/diseases/coronavirus/schools/clean.html\)](http://www.health.state.mn.us/diseases/coronavirus/schools/clean.html)
    - [COVID-19 Cleaning and Disinfecting Guidance for Institutes of Higher Education \(www.health.state.mn.us/diseases/coronavirus/schools/cleanihe.html\)](http://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: [EPA: Coronavirus \(COVID-19\) 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).

### Child Care Resources

- [Schools and Child Care: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/schools/index.html\)](#)
- [Child Care Information for Families and Providers \(mn.gov/childcare/\)](#)
- [CDC: Guidance for Child Care Programs that Remain Open \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html\)](#)
- [CDC: Schools and Childcare Programs \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html\)](#)



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