8/25/20 BTU Proposal to BPS
Facilities Expectations and Guide to a Safe Return to Schools
As part of our commitment to bargaining for the public good, members of the Boston Teachers Union are laying the groundwork for a safe return to in-person learning. Here are policies and practices we need to see in place before educators and students can safely return to school buildings.

**Community transmissions are important to follow:** Policies for allowing in-person instruction should be based on how COVID-19 cases are spreading in the community and on whether school buildings are proven to be safe. The district needs to establish the parameters based on agreed-upon scientific and medical data.

- An accurate testing system that yields results in no more than 24 hours must be functioning throughout the City and the overall positive test rate will be only one of several calculations in use, including rates disaggregated by neighborhoods and that accurate documentation of the effects of transmission within the building that occur when staff and students return to school buildings is made public to help inform decisions by parents, staff and students about the level of safety this plan can provide and the possible effects of community spread prior to beginning in-person instruction.
- For in-person instruction to occur, the overall positive test rate for the City of Boston as measured by the BPHC must be below 3% if it is citywide and the overall positive test rate in any Boston neighborhood must be below 4%. Remote teaching accommodations must be given to bargaining unit members and families in a school or living in a neighborhood where the positive test rate is above 4%.
- The city and district must publicly post statements of these assessments daily, in multiple languages. It matters to know what’s happening in the community we live in and the community we work in.
- Unions must be included in the discussions with the local health departments, which must establish a transparent process on communicating community and neighborhood transmissions.
- We must have benchmarks plus routine reporting on adherence to them. The Boston Teachers Union will be included in the setting of benchmarks and apprised of adherence. Local health departments must assess whether the disease is under control in the community and throughout all neighborhoods, including the success of phased reopening and information about hospital and health care resources.

**WE NEED BUILDINGS TO BE SAFE FOR ALL**

**Pre-entry training and real-time reporting:** Widespread, age-appropriate training is necessary. People of all ages need to know what COVID-19 is, how it spreads, how preventive measures change the way schools operate, and
how to determine whether they have been met. The district needs to have a clear plan that identifies who in the city and/or central office is responsible for implementing training as well as working with the union on when and how. As per the recommendations of the CDC, each school should develop a plan for conducting initial and periodic hazard assessments of the school to identify COVID-19 risks, prevention strategies (e.g., engineering and administrative controls and personal protective equipment (PPE)), and to identify new or recurring hazards.

**Develop and deliver training to:**

- Students
- Students’ families
- Teachers
- Staff

The BTU should be involved in determining training curricula, how training will be delivered, deciding length of training and frequency of training, who trainers will be, and training must be in the languages of participants, and must be on the clock for school staff

**Provide to all BTU members:**

- Comprehensive daily compliance logs in every room within the school, with clear definitions of what the agreed upon practices and standards are.
- Weekly reports on incidents of infection by school.
- Access to free rapid testing

**Provide safe indoor air quality:**

The real goal for good indoor air quality and reducing transmission of the virus is making sure the air is clean (adequate fresh air, adequate air changes per hour, proper filtration and possibly UV to disable the virus) --rather than installing structures that may prevent air circulation. If desks are at least 6 feet apart and students are wearing masks, that should address the large droplet transmission. The partitions won't contain airborne/aerosol micro-droplets, and could interfere with the air circulation needed for filtration, etc. Plexiglass and vinyl curtains are not sufficient and we have concerns about who will be cleaning them each day and how. We need air quality inspections before staff return.

**For buildings with HVAC Systems:**

Prove that the HVAC systems are capable and air quality is healthy and safe. For each classroom, independently test and publicly post the results.

Follow ASHRAE’s Position Document on Infectious Aerosols including: "Reopening of Schools and Universities," "Building Readiness, updated 5-21-2020," and "ASHRAE Epidemic Task Force - Schools and Universities, updated 7-17-2020". HVAC system benchmarks to establish:
● Provide the maximum amount possible of fresh outside air and exhaust air constantly. If only provided while the building is occupied, then the system must be purged two hours before and two hours after the building is occupied.
● Fans in Bathrooms should run 24 hours a day.
● The demand-controlled ventilation systems should be disabled and dampers should maximize outside air.
● Maintain relative humidity levels between 40% and 60%.
● Maintain temperature levels between 68 and 78 degrees.
● The system should maintain CO2 levels at a preferred 600 ppm (to a maximum of 800 ppm) (MA DPH) when the space is occupied.
● The system should provide 20 cfm per person of fresh air.
● Install MERV 13 filters or greater to capture infectious aerosols where recirculation is required.
● Install UVGI (ultraviolet germicidal irradiation) in ductwork to destroy infectious aerosols where recirculation is required.
● Install UVGI/HEPA filtration units in each classroom where building HVAC systems are nonfunctional to the guidelines above and cannot be upgraded in a timely manner.
● Windows should operate properly.

For Buildings without HVAC Systems:
● CO2 levels must be below 800 ppm.
● A “portable air cleaner with HEPA filter-the size and number of units appropriate for the size of the room-must be provided for all classrooms and work spaces.
● All windows must operate properly and be able to be opened.
● Educators who are currently assigned to teach from classrooms that do not have windows or adequate air ventilation must be given an alternate work space that is suitable and safe. No one can be required to work in a room or office without windows and air ventilation and filtration.

Testing and contact tracing:
If you can’t prove it’s safe, it isn’t. Students, staff and faculty need to be tested for infection. Testing needs to be widespread and the results need to be fast.

● COVID-19 testing must be easily accessible and free to all students and staff.
● Weekly point-of-care nucleic acid LAMP and rapid antigen tests, or other jointly approved tests, which are easy to administer and produce quick results.
● Publicize communication with the Boston Public Health Commission to each school’s stakeholders.
● In the event of an infection or suspected infection, close areas (classrooms, bathrooms, etc) that the individual entered, the district will test and quarantine individuals—both staff and students (14 days) with whom the infected person came into contact within the 10 days prior to infection being detected. For BTU members, days needed for quarantine will not be counted against an individual's personal sick time and will continue to be paid time.

● Identify an isolation area to separate anyone who has COVID-19 symptoms and potential exposure, ideally with a dedicated restroom not used by others. At least one designated, trained staff member should be available at all times in case there is a need to isolate a symptomatic employee or student. When providing care for anyone with suspected or confirmed SARS-CoV-2 infection, personnel who need to be within 6 feet of a sick colleague or student should be provided appropriate PPE (including gloves, a gown, a face shield or goggles, and an N95 or equivalent or higher-level respirator or a surgical facemask if a respirator is not available).

● If two people in a room test positive within a 14-day period, the school will request a rapid-response team to come to the school for testing with parental permission for students. Parents who refuse district testing may obtain testing from their own provider and provide documentation before returning to in person learning. Students who do not obtain testing must quarantine at home for 14 days. “Cluster” is defined as two or more unrelated individuals who occupy the same confined space.

● Any educator who must stay home due to COVID-like symptoms and then returns to school after receiving a negative COVID test, will have any used sick time restored upon presenting medical documentation of the test.

**Personal protective equipment:**
Follow and enforce the law protecting public employees (OSHA 1910.132).

● Districts and campuses must provide appropriate PPE and cloth or comparable face coverings to students and staff and make its use obligatory for all students of all ages with exceptions for young children or children with special needs for which it is not possible.

● Provide appropriate PPE (at least N95 respirators and protective gear) and materials (chucks, wipes, etc.) to employees at high risk of infection. All who wear an N95 or similar respirator will be provided with the equipment, fit testing, training and related requirements of OSHA 1910.134, OSHA’s respiratory protection standard.

● Evaluate each job to determine risk. High risk may include but is not limited to nurses, special education educators who work with students who are not able to socially distance at a min of 6 ft and early childhood educators.
• Dispose of PPE and cloth or comparable face coverings as infectious materials; provide required OSHA training and guidelines.

Cleaning and disinfecting:
Follow and enforce the law protecting public employees on cleaning protocols (OSHA 1910.132), biohazards (OSHA 1910.1030), and on communicating hazards (OSHA 1910.1200). Nothing in these guidelines reduces the requirements to follow all federal, state and local laws that protect public employees.

• Ensure that protocols for cleaning and disinfecting are followed regularly, especially regarding frequently touched surfaces:
  - Clear protocols that protect students and all staff are developed and available in advance and clearly delineate responsibilities for everyone involved: students, teachers, all other staff and especially custodians. Additional staff should be hired for clearing if needed. Children should not be using disinfectants.
  - These protocols must clearly delineate who is responsible to clean what when and using what materials, and cleaning and disinfection cannot be the sole responsibility of custodians.
  - No staff shall be expected to provide their own cleaning supplies.
  - Shortage of District-provided and approved cleaning and disinfecting supplies shall be considered an emergency that requires closing of a school until sufficient supplies are made available. Sufficient custodial staff must be available daily in every school.
  - If no custodial staff is available that school cannot open for the day.
  - Custodial staff shall be included in the safety committee and planning process in every school.

• The law requires all employees using disinfectants to be trained in proper usage, as some products may contain hazardous ingredients. Safety data sheets (SDS) for all products must be available upon request. Appropriate PPE (gloves, goggles and masks) must be supplied to all staff so that they are able to clean or disinfect materials. Adequate ventilation must be provided while disinfecting is taking place.

• If you want students and staff to take hand washing and sanitizing seriously, they need age-appropriate, culturally appropriate training and signage.

• Cleaning baskets including hand sanitizer, extra soap, cleaning materials and gloves needs to be available in each classroom and office with at least 60% ethyl alcohol or ethanol and should be replenished daily.

• Sinks need to work. That means they have to deliver warm water and have automatic soap dispensers, ideally, and paper towel dispensers. All stalls and sinks shall be in working order and inspected regularly to ensure that they remain in working order.
In the event of an infection or suspected infection, close infected areas immediately and clean and disinfect appropriate areas.

Social distancing:

- Train students and staff in how to socially distance.
- Include the training protocol in the faculty manual, vetted by local safety committees.
- Maintain 6 feet of social distance and related class size limits.
- Cancel large gatherings.
- Create safe student cohort protocols.
- Design routines for maintaining the social distance in all settings and include logistically viable, properly staffed contingency plans for when it isn't achieved, including fire drills and safe mode drills.
- Provide whistleblower and anti-retaliation protections. Notwithstanding all of the provisions here-in, the employer remains responsible for complying with all federal, state and local health and safety regulations and laws.
- The district should have an enforceable plan for students who refuse to socially distance themselves, wear masks, or maintain protocols.

Additional Considerations:

- Address health conditions that place an educator or their family at increased risk by immediately creating and implementing alternative learning/teaching/work plans. [Please see BTU proposal]
- Ensure that full nurse staffing as defined by current staffing levels be available and present on-site. If regular nurse staffing is not available in a school on any day when in-person learning is scheduled for that school, the school cannot accept students. Nurses will be provided with sufficient PPE supplies and any other supplies needed to carry out other safety measures defined by BPS protocols for Health Offices including adequate ventilation/filtration systems for nurses’ offices, isolation rooms etc. When supplies are not available or other safety measures are not being met it is the Nurse's responsibility to notify the Principal, Health Services, the Superintendent, the school staff and the families in writing of the problem.