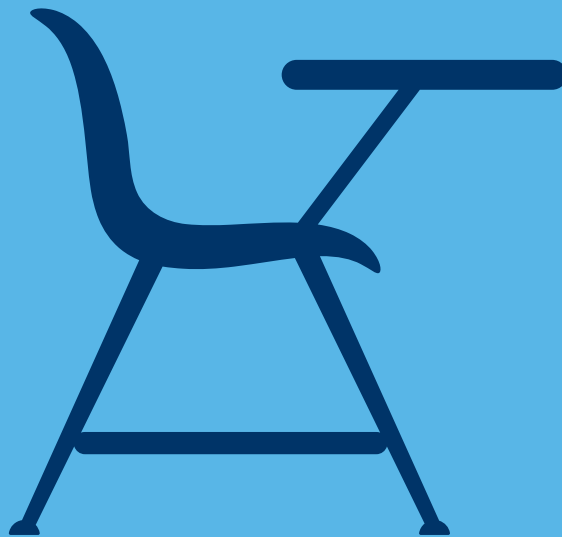




A Union of Professionals

Case studies on how AFT affiliates have laid the groundwork for reopening schools safely

Leveraging Collective Bargaining, and Educator and School Staff Voice, to Reopen Schools Safely



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Our Mission

The **American Federation of Teachers** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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A Blueprint for Safely Reopening Public Schools

AFT leaders are navigating troubled waters. The COVID-19 pandemic forced many schools to switch to remote learning and shuttered large segments of the economy. The failure of the Trump administration left states, cities and school districts with inadequate funding and a limited capacity to mitigate COVID-19 transmission. Remote learning remains a poor substitute for in-person learning, a view the AFT repeatedly stressed before the pandemic. The pandemic has deepened inequities in public education; without in-person school, children and families have experienced profound learning, emotional and social issues resulting from the lack of social and academic interaction. Administrators, under pressure to reopen, too often make decisions about reopening in haste, without the appropriate safety guardrails.

The AFT believes reopening in-person public schooling is critical, and we have been working hard, since we issued our original reopening plan in April 2020, to safely reopen our schools. As AFT President Randi Weingarten laid out in a November op-ed titled “A Blueprint to Safely Reopen Schools,” (bit.ly/Reopen-Blueprint) we have followed the science and have a road map for what it takes to reopen schools safely. What is often lacking is the political will and the financial resources. Public health measures backed by science—like face coverings, physical distancing, sufficient ventilation, disinfection and broad testing—need to be put in place in our public schools. But even with those measures in place, school districts must recognize that the risk of returning to in-person learning is not a risk equally shared among all teachers and school staff. Staff at higher risk of serious illness, or those caring for family members at higher risk, should be given the option to work remotely or to enter early retirement, something even the conservative American Enterprise Institute has recommended.

Because even the best-laid reopening plans cannot guarantee zero transmissions, schools must have clear and consistent protocols in place to guide staff, students and families, so they understand

when individual staff and students must stay home, when they can return to school, and when entire classrooms or school buildings must close. Educators and school staff must be treated as equal partners, not bystanders, in decisions about how and when to reopen. Without collaboration and transparency, school districts cannot reasonably expect staff to trust that reopening plans will be designed and implemented with their best interests in mind. For example, many school districts and states have been silent about the new variants of the virus that are more contagious and potentially more dangerous. Silence, denial and “magical thinking” are barriers to trust—and collective bargaining is the best vehicle to establish collaboration and trust. With the resources and commitment of the Biden administration, we may have a path to putting the necessary safety measures in place to reopen schools safely.

The recently released Centers for Disease Control and Prevention guidelines provide a road map based on science that advises districts to take a layered mitigation approach to safely reopening schools. This is an informed plan that prioritizes protecting students and staff from COVID-19 by employing multiple strategies concurrently to reduce the risk of transmission. The guidelines include essential elements of safe reopening: consistent use of layered mitigation strategies, compulsory masking, physical distancing, hand-washing, cleaning and adequate ventilation, diagnostic testing, and contact tracing. In addition, the CDC stresses the importance of providing accommodations for teachers and school staff with medical conditions that put them at high risk for COVID-19.¹

The AFT has worked with our affiliates nationwide to develop safe reopening plans. There is considerable consistency between AFT affiliate agreements and the recently released CDC guidelines for reopening schools. This document highlights some of the agreements AFT affiliates have reached with school districts to reopen schools safely and put into practice many of the guidelines

¹ Centers for Disease Control and Prevention, “Operational Strategy for K-12 Schools through Phased Mitigation,” updated Feb. 12, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>: “At all levels of community transmission, employers should provide reassignment, remote work, or other options for staff who have documented high-risk conditions or who are at increased risk for severe illness from COVID-19 to limit the risk of workplace exposure.”

issued by the CDC.² These case studies are evidence that passage of the Biden administration's \$1.9 trillion American Rescue Plan is necessary to support the goal of reopening schools safely and to create a culture of trust and collaboration with educators and parents to get us there.

The AFT plan focuses on six key pillars that must be part of reopening plans:

- 1 Robust testing is critical.** Widespread, regular testing remains critical to school reopening. With robust testing, when combined with the right steps and federal support—even before the vaccines are widely available—we can return to in-person learning. Districts should make testing available at no cost to school staff. The United Federation of Teachers in New York City has negotiated one of the most—if not the most—comprehensive COVID-19 testing policies in the nation, including diagnostic and surveillance testing. Still, more emphasis needs to be placed on rapid testing, which is generally cheaper and easier to perform while still effective for detecting the virus in people when they are the most infectious.³
- 2 Public health metrics like the test positivity rate must guide reopening decisions.** Decisions about how to reopen safely must be informed by public health metrics that speak to the level of community spread. The Boston Teachers Union negotiated agreements with the district that ratchet up the level of protections for staff working in person, based on the positivity rate in the community. The BTU and the district settled on a phased-in reopening that prioritizes in-person learning for high-needs students and students in grades K-3. Since younger students face more challenges with remote learning and seem to transmit the virus less, bringing them back into the classroom first is both more beneficial and less risky.
- 3 Safe reopening can happen with core mitigation and safety strategies in place.** School buildings must be prepared to mitigate the risk of transmission by being outfitted with the right equipment (e.g., for ventilation) and arranging space to allow for physical distancing. . The Washington Teachers' Union in Washington, D.C., negotiated an agreement establishing stakeholder walkthrough teams

tasked with ensuring that every school building is prepared to reopen safely using a School Building Readiness Checklist, an approach similar to the health and safety checklist used by the UFT (see Appendix). The WTU walkthrough teams include school principals, teacher representatives, health professionals, maintenance staff and parents. And in San Francisco, the United Educators of San Francisco negotiated an agreement that aligns with the most current guidance from city, state and national public health authorities to layer mitigation strategies for in-person learning, like universal masking, physical distancing, hand-washing stations and improved ventilation.

- 4 Accommodations for educators and school staff who are high-risk, or who have a high-risk household member, are a must.** The Americans with Disabilities Act provides insufficient protections for those at high risk of serious illness related to COVID-19. The Albuquerque Federation of Teachers and the Albuquerque Federation of Classified Professionals negotiated an agreement covering ADA protections in the collective bargaining agreement and extending eligibility for an accommodation to staff with conditions not covered by the ADA, including those with household members at high-risk for serious illness from COVID-19.
- 5 Teachers and school staff must be prioritized in vaccine administration.** Vaccine distribution should align with school reopening, targeting disparities across districts in their ability to implement the above public health measures, and within districts to vaccinate teachers and school staff returning to in-person learning sooner. The Chicago Teachers Union negotiated a hard-won agreement that guarantees a definite number of doses for teachers and school staff each week, and prioritizes vaccines for those working in person, scheduled to return to in-person learning, and/or living in neighborhoods hardest hit by COVID-19. This builds on similar efforts in New York City, where the UFT is running a vaccine distribution program to ensure members receive timely access to vaccines.

2 CDC, "Operational Strategy for K-12 Schools."

3 Daniel B. Larremore et al., "Test Sensitivity Is Secondary to Frequency and Turnaround Time for COVID-19 Screening," *Science Advances* 7, no. 1 (Jan. 2021), <https://advances.sciencemag.org/content/7/1/eabd5393>.

6 Safety committees, situation rooms and building walkthroughs build trust and help to abate fear about reopening.

Districts must counter mistrust and fear with collaboration and transparency in all aspects of their reopening plans. In New York City, the UFT and the district established a “situation room” to monitor progress toward implementing health and safety measures and to quickly resolve issues related to COVID-19. It’s not only educators and school staff who are reluctant to return, but a large percentage of students and families remain fearful of exposure. Only genuine, active involvement of these key stakeholders—in monitoring the situation, ensuring mitigation strategies are in place, and making decisions to pause and resume in-person learning—will be an antidote to that pushback.

School districts can tap into CARES Act funding to support these measures, which included \$13.2B for K-12 education. In addition, the Coronavirus Response and Relief Supplemental Appropriations Act, passed in December 2020, provided an additional \$54.3 billion.⁴ Funds can be spent on any use under any federal education law including Title I of ESSA, in addition to some specific uses related to health and safety, and the socioemotional and academic needs of students.⁵ The Biden

administration has proposed an additional \$130B in the American Rescue Plan for K-12 schools, which, if signed into law, would ensure that the pandemic does not separate school districts into the haves and have-nots in terms of their ability to reopen safely.

Mounting evidence across all sectors of the economy shows that the protections unions negotiate not only benefit their members but also those they serve and ultimately the broader community. According to a recent poll of AFT members, 88 percent of educators favor the AFT schools reopening plan, and 85 percent say they would feel comfortable returning to their classrooms if these recommendations were followed, including 73 percent of those who are more comfortable in remote settings. Additional research has shown that unionized workers are more likely to assert their health and safety rights in the workplace.⁶ Other research has shown that, in nursing homes, which have accounted for a disproportionate share of COVID-19-related deaths, unionization is associated with lower mortality rates.⁷ It is clear that the work of AFT affiliates to safely reopen schools protects our members, and the students and families we serve.

4 For state-by-state CARES allocations, see: <https://oese.ed.gov/files/2020/04/ESSER-Fund-State-Allocations-Table.pdf>;

For state-by-state CRRSA allocations, see: https://oese.ed.gov/files/2021/01/Final_ESSERII_Methodology_Table_1.5.21.pdf

5 The Learning Policy Institute outlines several strategies school districts should consider to address inequities, including reducing class sizes, meeting the social and emotional needs of students and staff, and creating new learning opportunities. See <https://learningpolicyinstitute.org/blog/using-federal-stimulus-funds-advance-equity-opportunity>

6 Aaron Sojourner and Jooyoung Yang, “Unionized Workers Are More Likely to Assert Their Right to a Safe and Healthy Workplace,” *The Conversation*, Sept. 2, 2020, <https://theconversation.com/unionized-workers-are-more-likely-to-assert-their-right-to-a-safe-and-healthy-workplace-144718>.

7 Adam Dean, Atheender Venkataramani, and Simeon Kimmel, “Mortality Rates from COVID-19 Are Lower in Unionized Nursing Homes,” *Health Affairs* 39, no. 11 (Sept. 10, 2020), <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.01011>.

COVID-19 Testing Protocol:

New York City Local's Surveillance Testing in Schools

Key Takeaways:

- In addition to making diagnostic testing available to symptomatic staff, the UFT agreement with the city calls for surveillance testing of 20 percent of staff and students each week in every school.
- Classroom and school closures are triggered following investigations into the circumstances of multiple confirmed cases.
- A union-management committee oversees implementation issues with expedited resolution.

Schools can help protect students, families and staff, and slow the spread of COVID-19, by having a testing program in place. While testing must be part of a comprehensive plan to reduce transmission that focuses on promoting healthy behaviors, ensuring safe working conditions, and responding effectively to positive cases, it provides invaluable information for decision-makers on how to assess risk and respond to workplace outbreaks.

The first task is to ensure that diagnostic testing is available to those exhibiting symptoms. New York City provides free testing at 22 city-run locations across the city, all available to walk-ins.

Surveillance testing serves a different purpose than diagnostic testing by monitoring community outbreaks. Recognizing the importance of surveillance testing, the UFT negotiated a testing policy with the New York City Department of Education. Once in-person learning began, the district implemented a surveillance testing program, the Random Sample Survey of COVID-19 in Schools program. In order to attend in-person learning, staff and students are required to sign a consent form to participate in the randomly selected sample. Staff who refuse to consent to random-sample testing are placed on unpaid leave, and students in families who refuse to consent are placed in the remote learning cohort.

The New York City public school system opened in December 2020 to students in prekindergarten and elementary school, and students with complex special needs. That resulted in roughly 200,000 students in those categories returning to in-person learning, with the remainder of students remaining enrolled in remote learning. In-person learning

for NYC middle school students will resume on February 25th.

As more information has become available on COVID-19, the UFT and the city's Department of Education have amended the policy to reflect new information and address concerns about the rising number of positive cases in the city. At first, the program tested between 10 percent and 20 percent of every school population on a monthly basis. More recently, the random sample testing policy tests 20 percent of all students and staff in a school building every week. Results are generally returned within three days.⁸

The department maintains a wealth of data on its website showing the number of tests conducted and confirmed cases for every school in the city, critical information to enable UFT and district leaders to engage in fact-based discussions about classroom, school and district closures. As of Jan. 4, the district has conducted nearly 260,000 tests through this program. Of those tests, 1,100 returned a positive result, a positivity rate of less than half of 1 percent (0.42 percent).⁹

Triggering Classroom and School Closures

School and classroom closures are based on the positive cases confirmed through the random sample testing program and the testing of symptomatic staff and students. The current policy triggers the closure of individual classrooms and schools. While discussions are still ongoing about the protocol for districtwide closure, the UFT and the department developed a rubric based on

⁸ Read more about the UFT testing agreement with the New York City Department of Education here: <https://www.uft.org/your-rights/safety-health/coronavirus/school-year-2020-21-faq/testing-tracing>.

⁹ For citywide testing reports, see <https://testingresults.schools.nyc/> and <https://www.schools.nyc.gov/school-year-20-21/return-to-school-2020/health-and-safety/daily-covid-case-map>.

the circumstances of confirmed cases in school buildings. For every confirmed case, there is an investigation that determines the source of the spread. During the investigation, the classroom or school will be closed. Based on the findings of the

investigation about the nature of the spread, a classroom or school may be closed for 14 days. The district recently shortened the quarantine period from 14 to 10 days based on new guidance from the CDC.

UFT-NYC Education Department Classroom/School Closure Protocol

Conclusion of Investigation	During Investigation	Post-Investigation
1 confirmed case	Close classroom	Classroom remains closed for 14 days; students and staff in close contact with positive case self-quarantine for 14 days
At least 2 cases linked together in school, same classroom	Close classroom	Classroom remains closed for 14 days; students and staff in close contact with positive cases self-quarantine for 14 days
At least 2 cases linked together in school, different classrooms	Close school	Classrooms of each case remain closed and quarantined, additional school members are quarantined based on where the exposure was in the school (e.g., the locker room)
At least 2 cases linked together by circumstances outside of school (i.e., acquired infection by different setting and source)	Close school	School opens post-investigation, classrooms remain closed for 14 days
At least 2 cases not linked but exposure confirmed for each one outside of school setting	Close school	School opens post-investigation, classrooms remain closed for 14 days
Link unable to be determined	Close school	Close school for 14 days

Monitoring Public Health Guidance:

Boston Local's Enhanced Protections Based on Test Positivity Rates

Key Takeaways:

- Unions and districts should consult public health metrics on community spread when making decisions about how to reopen safely.
- The BTU negotiated an agreement providing a strong baseline set of protections when the positivity rate is low, and an enhanced set of protections when the positivity rate rises above a certain threshold.
- The agreements are subject to the contractual grievance procedure. The BTU also reserved the right to impact bargain around health and safety issues if the positivity rate exceeds a certain threshold.

Decisions about how and when to reopen must be informed by public health metrics measuring the extent of community spread. Many districts have taken an all-or-nothing approach to making decisions based on these metrics: i.e., if a metric indicates that there is too much community spread, then close schools; if a metric shows that community spread is under control, open schools.

The Boston Teachers Union built on this basic construct by negotiating language with the district that provides an enhanced set of health and safety protections if and when community spread—measured by the test positivity rate—rises above a certain threshold. While there is no single perfect metric to assess the extent of community spread, relying primarily on one metric carries with it the advantage of being simple and easy to communicate to students, families and school staff. Depending on the circumstances, that may be a tradeoff worth making.

The BTU negotiated for a phased reopening in September. The agreement stated that the district would go fully remote when the COVID-19 test positivity rate rose above 4 percent. On Oct. 1, the district began phased in-person learning, and less than a week later, COVID-19 positivity rates rose above 4 percent. However, the district and the Boston Public Health Commission determined that it was safe to keep schools open for high in-person priority (HIPP) students, which includes special education students, English language learners, students experiencing homelessness, and students in the care of the state. Later that month, the district went fully remote.

In mid-November, the BTU and the district reached an agreement providing enhanced health and safety conditions to reopen for schools for HIPP students (see table). However, in early December, the district announced it would return to in-person learning for an additional 28 schools with HIPP students, without extending those same enhanced health and safety protections to staff working in those schools.

At this point, the BTU leadership faced a difficult decision about what its public position should be on reopening. To inform their decision, the BTU surveyed its membership to gain a better understanding of what level of protections members preferred. The survey results showed that members overwhelmingly supported extending the enhanced health and safety protections initially negotiated for the four HIPP schools in November to cover all schools in the district.

Ratcheting up Health and Safety Protections

The BTU reached an agreement in early January that bases the level of health and safety protections on the test positivity rate in the community throughout the phased reopening of schools. The agreement did not fix a hard rule for when schools must close, but the BTU, in collaboration with the district and public health officials, will push to postpone the phased reopening if community spread trends upward into unsafe territory.

If the test positivity rate remains below 4 percent, staff would receive a strong baseline set of health and safety protections based on the September

agreement. If the rate rises above 5 percent for two consecutive weeks, then staff receive the enhanced protections initially provided only to those schools providing in-person instruction for HIPP students. The BTU also got the district to agree to impact bargain if the positivity rate rose above 10 percent for two consecutive weeks, ensuring that the union can adjust its demands to suit more dire conditions.

The baseline protections the BTU negotiated check the health and safety boxes recommended by public health officials—what the CDC calls promoting healthy behaviors, maintaining healthy environments, maintaining healthy operations, and preparing for when someone gets sick.

The enhanced health and safety protections contain two noteworthy enhancements over the baseline set of protections: testing and staffing.

Nationwide, limited access to testing has been one of the biggest barriers to safely reopening schools, with districts lacking the funding and/or the expertise to carry out a testing program. The BTU-negotiated baseline protections indicate that the city of Boston will provide free tests throughout the city. In addition, the district agreed to conduct surveillance testing of up to 5 percent of BTU bargaining members, but teachers were not eligible for retesting within a two-week period. However, if and when the positivity rate rises above 5 percent

for two consecutive weeks, it triggers free weekly testing for staff working in person. The district also agreed to pursue rapid testing options.

The enhanced protections also give the BTU an opportunity to provide critical input on staffing plans. If a school leader determines they need additional in-person staffing when the enhanced protections are in place, school leaders must submit those plans to the Reopening Task Force, which consists of management, union and parent representation. The task force has the right to consider a “wide range of personal, family and equitable circumstances when assessing which teachers and staff” should report for in-person learning. Only after school administrators have gone through that process can they invoke management rights to assign staff as needed.

The BTU and the district ultimately settled on a phased reopening. Schools will first open for high-needs students followed by students in grades K-3 a month later. Two weeks after, schools will open for students in grades 4-8 and then in grades 9-12, assuming the public health metrics do not warrant a modification to the schedule. Since younger students seem to have the most difficulty with remote learning and transmit the virus less, reopening classrooms for them first is both more beneficial and less risky.

Boston Teachers Union Reopening Protections Based on Test Positivity Rates

Test Positivity Rate	Summary of Health and Safety Protections
lower than 5%	Strong baseline protections guaranteeing PPE, surveillance testing, improved ventilation, physical distancing, and additional leave for school-related transmissions
5% or higher for two consecutive weeks	Enhanced health and safety protections, including free access to weekly testing, better ventilation controls, more PPE, and union input on staffing needs
10% or higher for two consecutive weeks	District agrees to impact bargaining

Mitigation Strategies:

Washington, D.C., and San Francisco Local Unions Follow Public Health Guidance to Reopen Safely

Key Takeaways:

- Unions and districts should follow the health and safety guidance issued by public health authorities, including the CDC.
- Relying on a trust-but-verify approach to reopening, the WTU negotiated stakeholder walkthrough teams with the district to ensure every building meets public health guidance on reopening safely.
- In San Francisco, UESF and the union coalition negotiated an agreement that requires universal masking, physical distancing, hand-washing stations and ventilation, consistent with guidelines issued by state public health authorities.

Each mitigation strategy provides a degree of protection against the likelihood of transmission and infection. That is why the CDC recommends a layered approach to mitigation in which multiple measures are implemented concurrently and, taken together, dramatically reduce the risk of transmission and infection.¹⁰

Washington Teachers' Union Negotiates Building Walkthrough Teams

Mistrust and fear are common responses to school reopening plans. School districts must counter mistrust and fear with collaboration and transparency. Too often, school districts promulgate reopening plans without first engaging the families, teachers and school staff whose lives are directly affected—and possibly put at risk—by those decisions.

Given the health risks of reopening, the WTU took a trust-but-verify approach. The agreement establishes walkthrough teams tasked with verifying that each building is safe to reopen. The walkthrough teams include representatives of the principal, maintenance staff, teachers, health professionals and parents, ensuring that all key stakeholders are involved in certifying building readiness. The teams use a School Building Readiness Checklist containing measures mutually agreed to by the WTU and the district. A building can only reopen when it satisfies all the conditions on the checklist.

In its negotiations with the district, the WTU relied on the building readiness checklist developed by

the AFT.¹¹ The UFT in New York City developed a similar 50-item safety checklist, which was later incorporated into an agreement with the city's Education Department (see Appendix).

Information about whether each school is compliant with the School Building Readiness Checklist can be found online and is accessible to all families, students and staff. An example of the checklist at one elementary school is on page 7.

The WTU agreement also stipulates what happens if a building does not meet the conditions in the readiness checklist. In that event, the building will close, and the school district must develop a plan and timeline to remediate any issues.

San Francisco Ties Reopening to State Public Health Authority's Framework for Assessing Risk

Mitigation strategies must be embedded within a framework that assesses the level of transmission risk. As risk increases, more layered mitigation strategies should be used, including vaccines. The San Francisco reopening agreement does just this, by tying reopening to the California Department of Public Health framework for assessing the risk of community transmission. The framework has

¹⁰ CDC, "Operational Strategy for K-12 Schools"

¹¹ The AFT checklist can be found here: <https://www.aft.org/covid19-leaders>.

four tiers based on two public health indicators: the case rate and the test positivity rate. In-person learning can resume once the level of community transmission drops below the widespread tier (purple). In lower tiers, the agreement requires more mitigation, including vaccines, to match the level of risk.

The plan requires substantial district support for staff vaccinations, in partnership with the local public health department. The school-site vaccination program will include staff outreach and education, prioritize staff reporting to work in person, provide time during the workday to receive vaccination, and offer additional paid sick time for staff experiencing side effects from vaccination.

Mitigation strategies must be put in place under any in-person learning scenario, even after teachers and school staff have been vaccinated. For one, research is not yet conclusive on whether individuals can transmit the virus after vaccination, although the preliminary research is promising. For another, children under 16 are not yet approved for any COVID-19 vaccines. The San Francisco agreement includes multiple baseline safety standards that conform to the most recent city and state public health guidance to help ensure safe working and learning conditions; improving ventilation, maintaining physical distancing, making

common spaces less dense, and universal masking are all necessary elements.

The agreement stipulates that ventilation improvements will adhere to the standards set by the American Society of Heating, Refrigerating and Air-Conditioning Engineers guidance on ventilation. Staff and students will observe physical distancing outside and inside the classroom, with 6-foot distance markers to indicate proper spacing as necessary. The district will provide masks for students and staff. Critically, for staff and contractors providing specialized services in which they are in close contact with students who may have greater difficulty observing proper masking and distancing, the agreement calls for enhanced PPE. For all these supplies, the district agreed to maintain a three-month warehouse supply and guarantee monthly deliveries to every site, ensuring that they will not find themselves in a situation where schools must close due to lack of supplies.

Mitigation strategies remain an indispensable component of reopening safely and minimizing the risk of transmission. But as the San Francisco example illustrates, mitigation strategies must be embedded within a broader framework that bases decisions about in-person learning on the existing level of risk in the community.

Example of a DCPS School Building Readiness Checklist

DCPS SCHOOL BUILDING READINESS CHECKLIST

School KIMBALL ELEMENTARY SCHOOL

Operations Plan Complete

Personal Protective Equipment (PPE) and Hygiene Supplies

- General PPE (masks and face shields) for students and staff
- Enhanced PPE (gloves, gowns, and shoe covers) for staff
- Hand sanitizer and disinfectant wipes

HVAC Enhancements

Yes MERV-13/MERV-14 filter compatible?

- MERV-13/MERV-14 filter ready
- Portable HEPA filters placed

Plumbing Systems

- Sink maintenance, specifically to ensure hot-water delivery
- Toilet maintenance

Work orders impacting safe opening and operations

DCPS and DGS are prioritizing and addressing plumbing, HVAC, and life safety work orders

Ward 7 **Grades Served** PK3-5

Address 3375 Minnesota Ave SE

Cleaning Supplies and Procedures

- Return-to-school deep cleaning
- Daily enhanced cleaning procedures
- Cleaning supplies

Socially-Distant Space Arrangements

- Classrooms
- Hallways and staircases
- Staff spaces, including reception and security areas

Water Access

- Fountain spouts turned off
- Bottle fillers or water coolers

Signage

- Arrival spaces, hallways, and classrooms

Version
12/16/2020

STATUS Complete In Progress



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS



GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Workplace Accommodations:

Albuquerque Locals' Protections for High-Risk Teachers and School Staff

Key Takeaways:

- The Americans with Disabilities Act alone provides insufficient protections to ensure that all high-risk staff and their families can receive reasonable accommodations related to COVID-19.
- Albuquerque teachers and classified staff negotiated agreements giving them the right to grieve district violations of employees' right to the interactive accommodation process and a reasonable accommodation under the ADA.
- High-risk workers not protected by the ADA and workers with high-risk individuals at home are now eligible for remote work assignments.

The failed federal response to COVID-19 has left many workers and their families at high risk of serious illness due with little or no recourse when mandated to work in person. This example from the Albuquerque Federation of Teachers shows how union locals can protect their members against needless COVID-19 exposure by bargaining for better workplace accommodation language.

The Americans with Disabilities Act establishes the right of an individual with a protected disability and/or impairment to a reasonable workplace accommodation to allow them to perform the essential aspects of their job. In the context of COVID-19, this means that an individual with a condition that (a) makes them at high risk of serious illness due to COVID-19 and (b) is a recognized disability/impairment under the ADA can use the ADA to secure accommodations that mitigate the risk of contracting COVID-19. However, several conditions that make a person at high risk of serious illness due to COVID-19—for example, obesity and being 65 or older—are not protected conditions under the ADA. Moreover, the ADA does not protect workers who live with a high-risk person.

Understanding many members' concerns as they faced the possibility of having to return to in-person learning, the Albuquerque Federation of Teachers and the Albuquerque Federation of Classified Professionals successfully negotiated for improved workplace accommodation language in an agreement with the district. Their strategy to improving workplace accommodations was twofold:

1. Strengthening existing ADA workplace accommodation rights by making those rights subject to the grievance procedure in the collective bargaining agreement.
2. Extending eligibility for remote work assignments to staff with high-risk conditions not otherwise covered by the ADA and for those living with individuals at high risk.

The unions strengthened their members' existing ADA rights by including language affirming their rights under the ADA. When a union successfully negotiates language requiring an employer to comply with a law, rule or regulation, violations can be addressed through the grievance procedure in the collective bargaining agreement. Arbitration processes are quicker and cheaper (for the worker) than other legal avenues, making the employer's obligations easier to enforce.

High-risk members not protected by the ADA are eligible to receive remote teaching/work assignments, pending application and approval. The unions and the district developed a scheme to prioritize accommodations based on CDC guidance. Staff with high-risk conditions who also live with a person with a high-risk condition receive first priority; staff with high-risk conditions receive second priority; and staff who live with a high-risk individual receive last priority.

The decision to reopen in-person learning depends on the rate of virus transmission in the overall county. Once the county is declared "green" by the state, the district has 14 days to plan for in-person schooling, starting with elementary schools, which will likely include a hybrid model, giving families and students the option to elect in-person or

remote learning. The number of remote teaching/work assignments available in Albuquerque Public Schools will depend on demand for in-person learning. It is our experience that between 25 percent and 50 percent of families have elected in-person learning when given the option.

While remote learning will continue until at least Feb. 8, APS is surveying parents again, inquiring about their feelings about the relative risks of in-person schooling. While the school board will not mandate in-person learning while the transmission rates in the county are high, they may seek volunteers for in-person learning. Presently, the district has identified staff willing to work in person to service the needs of special education students; the program is called “Special Ed in the Red.”

While the language only establishes that such workers are eligible for a remote learning assignment, the language is buttressed by an affirmation by APS that it will comply with New Mexico public health directives. Currently, the New Mexico Department of Health requires that employers allow employees to work remotely as much as possible. While not every local may have this option, locals should investigate the possibility of invoking an executive order/agency directive in a memorandum of understanding to sharpen language.

The UFT ‘Paraprofessional Classroom Manager’ Position

While some districts have agreed to consider remote assignments, most—if not all—refuse to guarantee such accommodations. A district may refuse to grant remote work assignments or other accommodations to high-risk workers not covered by the ADA, citing the demands of in-person learning. To help deal with such a situation, the UFT successfully bargained for the creation of a “classroom manager” position for paraprofessional

staff. A classroom manager is responsible for overseeing a classroom of students receiving instruction from a teacher remotely. The creation of this position provides students greater accessibility to education assistance, increased job security for paraprofessionals, and increased safety for instructional staff at high risk of serious illness from COVID-19.

Vaccinations:

Chicago Teachers Union Agreement Aligns Vaccine Distribution with Priorities for In-Person Learning

Key Takeaways:

- Vaccination distribution must prioritize teachers and school staff, especially in communities with high levels of transmission and where schools are unable to implement layered mitigation strategies.
- The CTU reopening agreement guarantees access to a definite number of first-dose vaccinations per week, with timely access to second vaccine doses.
- Vaccine distribution is aligned with the phases of school reopening, first vaccinating members already working in person and then the rest by phase-in date. The agreement also prioritizes vaccines for members living in neighborhoods hit hardest by COVID-19.

Given the shortage of COVID-19 vaccines, school districts, in partnership with teachers and school staff, must develop plans to prioritize vaccine distribution. While the goal is to make vaccines available to all teachers and school staff, immediate priority should be given to staff currently working in person or scheduled to return to in-person learning, and those at higher-risk of serious illness due to COVID-19.

The recently released CDC guidance on school reopening makes it clear that schools can reopen safely before a vaccine is widely available, as long as community transmission is low and there is consistent adherence to the suite of mitigation strategies. The CDC has stated that “[I]n areas of low or moderate community transmission, the spread of SARS-CoV-2 infection in schools is low when consistent use of layered mitigation strategies is in place, including masking, physical distancing, hand-washing, healthy facilities, and proper contact tracing and quarantining.”¹² After years of defunding, the problem is that some school districts have lacked the resources and the expertise to properly implement these measures.

Given this broader context, it is clear that the importance of vaccines in a reopening plan increases with (1) the levels of community transmission at the time of the proposed reopening, and (2) the degree to which a school district is able or willing to implement and enforce layered mitigation protocols. The Chicago Teachers

Union reached an agreement with the city that addresses both issues.

CTU Puts Health Equity Front and Center

In January 2021, the citywide COVID-19 test positivity rate in Chicago was 10.7 percent overall and a daunting 23.4 percent for Latinos. While positivity rates have decreased since then, the average test positivity rate for Latinos remains well over 10 percent. Faced with rampant community spread disproportionately affecting communities of color, the Chicago Teachers Union made vaccine access a priority. The city maintained that it would be unfair to prioritize “all teachers over other essential workers.”¹³ For context, teachers/school staff have been considered “essential frontline workers” by the CDC, as distinct from “frontline workers,” since December 2020, and in its recent guidance, the CDC urges state, territorial, local and tribal authorities to consider giving teachers/school staff priority within the category of essential frontline workers.

The CTU and the city reached an agreement about the framework that would govern the reopening of public schools in Chicago. The agreement spells out how the city will prioritize teachers and school staff for vaccination. Echoing the AFT’s own guidance, Chicago’s vaccine distribution plan is aligned with the phases of in-person learning.

¹² CDC, “Operational Guidance for K-12 Schools,” p. 16.

¹³ “Six Things to Know about Chicago’s Standoff with Teachers over Reopening Schools,” Washington Post, Jan. 28, 2021, <https://www.washingtonpost.com/education/2021/01/28/chicago-schools-reopening-covid-explainer/>.

Prioritization is only half of the equation—the other half is the availability of doses. The agreement stipulates that Chicago Public Schools will administer a minimum of 1,500 first vaccine doses per week to CTU members, with guarantees of timely access to the second dose. Vaccine priority is given to those teachers and staff who are currently working in person or are scheduled to return in accordance with the phased reopening plan. Finally, CTU members are granted paid time to get vaccinated, reflecting the CDC's point that optimal reopening plans minimize barriers for teacher/staff's access to vaccinations.¹⁴

The agreement also addresses issues of health equity. The effects of COVID-19 have been distributed unevenly, falling hardest on communities of color. This attention to equity in vaccine distribution appears in the agreement in several ways. First, the agreement allocates 2,000 vaccines immediately to members who are already working in schools. Second, the agreement imposes an additional set of priority criteria in vaccine distribution on the employer vaccination rollout, mandating that employees should be further prioritized by their vulnerability to COVID-19 if they have existing health conditions and/or reside in one of the 10 ZIP codes in the city with the highest

COVID-19 test positivity rates.

Of course, there will be many employees who reside in high-risk areas and are not slated to return to work quickly. To address this vulnerability, the agreement also mandates that Chicago Public Schools work with community partners to supply an additional 1,500 vaccines per week to teachers/staff who reside in the 15 communities most affected by COVID-19. If these measures are not sufficient to provide members with confidence in the safety of reopening, the CTU agreement allows individuals to take an unpaid leave of absence for the third quarter of the school year with a guarantee of job security upon return.

The agreement's phased approach to vaccinating teachers and school staff takes into account their current level of risk, both as a result of their assignment and where they live. The agreement is tangible evidence of how union involvement in school reopening plans can create stronger frameworks that are more likely to successfully return our students, teachers and school staff to in-person learning.

Looking Ahead

We are entering a new and more hopeful phase in the battle against COVID-19. Vaccines are starting to become available to school staff, and Biden is seeking additional funding from Congress to ensure that most schools can reopen safely, backed by more robust national testing and vaccination programs. AFT affiliates will need to grapple

with how to ensure members are educated on the benefits of vaccination and how to ensure additional school funding is distributed equitably to address the most pressing needs of students, families and staff.

AFT Resources

- Resources for AFT leaders on COVID-19: www.aft.org/coronavirus.
- The AFT has compiled COVID-19-related MOUs in the contract database. You can register for the database here: www.aftlaborcontracts.org.
- To sign up for a daily newsletter on K-12 reopening news nationwide, contact Naimah Kimbrue (nkimbrue@aft.org) in the AFT's research and strategic initiatives department.
- If you need direct assistance with bargaining over health and safety issues, contact Kyle Arnone (karnone@aft.org) in the AFT's research and strategic initiatives department.

¹⁴ CDC, "Operational Strategy for K-12 Schools."

Appendix: UFT School Health and Safety Reports

Are the following PPE/supplies in the school?

- Surgical masks for adults
- Surgical masks for children
- N95 respirators
- Face shields for adults
- Electrostatic sprayer
- Cleaning supplies for daily and nightly cleaning
- Supplies of gloves, disinfecting spray (or wipes), towels, hand sanitizer in each room
- No-contact thermometers for temperature screening

Have unavailable items on this checklist been earmarked for ordering and/or are shipments expected?

Nurse's office

- Does the school have a full-time, onsite nurse?
- Is there a designated waiting area for the nurse's office that permits social distancing if more than one child arrives?
- Is there proper ventilation in the nurse's office?
- Does the nurse's office have enough space to socially distance?
- Is there a functioning sink with adequate supplies available for handwashing?
- Is there an established protocol for taking students to the nurse?
- Does the nurse's office have a phone capable of calling outside lines?
- Does the nurse have access to a computer and the ASHR [automated student health record] system?
- Isolation room—a waiting room for students with fever and symptoms. Adults leave the building if exhibiting symptoms.
- Is there a designated isolation room?
- Is the isolation room properly ventilated?
- Is the isolation room large enough to provide 6 feet between people?
- Has the school nurse been consulted regarding the appropriateness of the isolation room?
- Is there an area in which to put on and take off PPE, and a designated trash receptacle for safe disposal of PPE?

Ventilation

For windowed buildings:

- Do all classrooms have access to operable windows?
- Are the exhausters (exhaust fans) working?

For centralized systems:

- Are there any windowless rooms that rely just on the mechanical ventilation system?
- Have the filters been upgraded to MERV 13?
- Are the dampers opened to allow in maximum fresh air (75-100%)?

Hand washing in bathrooms

- Are there soap and paper towels in the bathrooms?
- Are the sinks working in the bathrooms?
- Is there a protocol for when students need to wash hands?

Hallway movement/student circulation

- Is there a plan for passing time? Briefly describe the passing plan. (We recommend limited passing.)
- Are there one-way lines in hallways?
- Has the appropriate signage for those lanes been installed?

Signage

- Is there signage where students and staff congregate, including, but not limited to, hallways, elevators, outside the building, staircases, main offices, lobbies, and the nurse's office (inside and out), to help enforce social distancing?
- Is there signage for the placement of desks or tables in the classroom?

Auditorium, cafeteria, gym and schoolyard

- Which of these spaces will be used as instructional spaces?
- Auditorium — cafeteria — gym — schoolyard
- If these rooms/spaces are used, is there signage for maintaining social distance?

Main office

- Has the plexiglass partition been installed?
- Is the main office large enough to provide 6 feet between multiple people?
- Is the main office properly ventilated?

Building Response Team (BRT)

- Do you have a BRT?
- The BRT must now include the school nurse, custodial engineer and school safety agents (SSA). Have they been added to the BRT?

Entry/Dismissal Protocol

- Is there an entry protocol for staff and students?
- Is there a visitor protocol for parents, deliveries, construction contractors, etc.?
- Is there a dismissal protocol?

Protocol for breakfast and lunch

- How will meals be delivered to the classroom?
- How will waste be removed?
- Is there a protocol for daily cleaning of classrooms that ensures all leftover food is removed?

Staff eating area

- Does the school have an area designated for staff meals?
- Is the space large enough to provide 6 feet between multiple people?
- Is the room properly ventilated?

SAVE room—a room designated for counseling or disciplinary issues

- Is there a designated SAVE room?
- Is the SAVE room large enough to provide 6 feet between multiple people?
- Is the SAVE room properly ventilated?



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