Tennessee Department of Health Recommendations for the Management of COVID-19 in Schools

(Updated 6.30.2020)

The novel coronavirus (SARS-CoV-2) which has resulted in the COVID-19 pandemic has presented challenges to every aspect of our world, including the need to prematurely close, and now struggle with reopening, our schools. The following are general guidelines and considerations as schools prepare for the return of students and staff to schools in the safest manner possible. It is critical that all district and school staff are prepared to contribute to the prevention, rapid identification, and mitigation of the spread of COVID-19 in Tennessee’s schools.

As with any significant change, advanced planning is the key to successful implementation. In addition to the carefully considering the recommendations contained in this guidance and developing policies and procedures, schools are encouraged to engage staff in table top exercises in advance of the first day of school. Such exercises are designed to reveal gaps in planning that can be addressed before students and staff return to school. Suggested exercises may be found on the Tennessee Department of Health’s webpage for educational facilities (https://www.tn.gov/health/cedep/ncov/educational-orgs.html) and at the following links. These may be adapted, as needed, to meet the specific needs of the district or school:

- COVID19 Practice Scenario for Education Facilitator Manual
- COVID19 Practice Scenario for Education Facilitator PPT
- COVID19 Practice Scenario for Education Situation Manual

Overarching Recommendations

While no single action will eliminate the risk of transmission of the SARS-CoV-2 virus within a school or school district, implementation of several coordinated interventions may significantly reduce that risk.

It is strongly recommended that the following general policies be adopted by all school districts:

- Parents should be instructed to keep their child at home if they are ill.
- Any student or staff member with a fever of 100.4 degrees or greater, or who reports symptoms of COVID-19, should not be present at school.
- Every school should have an identified location where a student or staff member who is exhibiting symptoms of COVID-19 may be taken to isolate them from others until the individual can be picked up from school.
- School districts should have human resources policies in place that empower staff to remain home when ill.
- All staff should wear a cloth face covering at all times while on campus unless medically contraindicated. (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html)
• Unless a student is unable to remove a cloth face covering without assistance, all middle school and high school students should wear a cloth face covering at all times while in the school building. Middle and high school students may remove their cloth face covering when outdoors so long as social distancing can be maintained.
• Unless a student is unable to remove a cloth face covering without assistance or is sleeping, all elementary students should wear a cloth face covering while in the school building. Elementary students may remove their cloth face covering when outdoors. Students who continuously play with, suck on, or chew their face covering should be excused from wearing one, as should students who will not tolerate a face covering.
• Preschool children under age 2 years should not wear cloth face coverings. Young children who will not tolerate wearing a cloth face covering or who continuously play with, suck on, or chew their face covering, should be excused from wearing one.
• Schools should have a policy in place for symptom and temperature screening of students and staff.
• Hand sanitizer containing at least 60% alcohol should be readily available for use by students and staff and students and staff should be reminded to frequently wash their hands with soap and water for at least 20 seconds or use hand sanitizer, especially before eating. Young children should always be supervised when using hand sanitizers and other cleaning products.
• Classrooms and high-touch surfaces such as door handles should be disinfected regularly throughout the school day. (https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html)
• Students and staff should maintain six feet between themselves and others whenever possible, and classrooms should be structured in such a way as to facilitate this distancing, to the extent possible.
• Congregating of staff in lounge areas or other shared spaces should be discouraged.
• Schools should not hold mass gatherings such as assemblies and pep rallies unless appropriate social distancing can be maintained
• Schools should not plan in-person field trips but are encouraged to plan virtual field trips, where feasible.
• Parents should drop off children external to the building. Entry of parents and other community members should be strictly limited. Pick-up and drop-off times should be staggered to limit crowding.
• Lunchtime should be restructured to allow children to eat lunch in their classrooms or outdoor spaces, rather than the cafeteria. Individuals should not wear masks while eating or drinking. Students and staff should be reminded to wash their hands or use hand sanitizer before and after eating.
• Children who ride school buses should be seated one child per seat with an empty seat between them and the next child, if possible. Students from the same household may sit together.
• Bus drivers and students should wear a cloth face covering unless contraindicated as above. Buses should be disinfected between routes.
• Schools should have policies in place that limit visitors in the school. Those that do visit should be screened for symptoms, have their temperature taken, and wear a cloth face covering while on campus.

Preventing COVID-19 in Your School

Revised 6.30.2020
Preparation is the key to reducing the impact of COVID-19 upon your school. The following steps should be taken to prepare for the return of students and staff:

Supplies:

- Touchless thermometers for daily screening of students and staff
- Hand sanitizer (minimum 60% alcohol) and dispensers
- Disinfecting wipes and other cleaning and disinfecting supplies
- Cloth face coverings for students and staff
- Tape to mark floors for traffic flow and reminders to distance
- Surgical or N95 masks, face shields, gloves and gowns for nursing staff

Environmental Preparation:

- Determine student pick-up and drop-off plans that limit crowds or entry into the building
- Post signage to communicate and remind students, staff and parents of policies and procedures
- Consider staggered start times, alternating days, or block scheduling by grades to decrease the number of students in the building at one time
- Designate one-way foot traffic patterns
- Arrange classroom seating to permit social distancing
- Disable water fountains and sanitize water bottle filling stations regularly
- Make hand sanitizer readily available for use by staff and students
- Consider moving teachers from room to room instead of having students change classes
- Consider how to best limit crowding in hallways as students move from one area of the school to another. Consider eliminating the use of student lockers or assigning them by cohort to reduce student travel through the building
- Determine how to provide lunch for students in their classrooms or outdoor spaces
- Determine schedules for the regular cleaning and disinfection of workstations, restrooms and high-touch surfaces throughout the day
- Eliminate high-touch surfaces, where possible. e.g., leave doors open, remove toys and materials that cannot be easily sanitized
- Routine cleaning practices should be used for indoor areas that have not been used for seven or more days, for outdoor equipment (except for high touch surfaces), for indoor surfaces that are not high touch (e.g. bookcases, window coverings, wall decorations) and for floors and carpeted areas
- Utilize outdoor spaces when possible
- Do not use UV light-emitting devices as they are not safe for children or adults and may cause skin and eye damage

Staffing Considerations:

- All staff should have temperatures checked with a touchless thermometer upon arrival to school and answer COVID-19 screening questions:
  - Have you been in close contact with a confirmed case of COVID-19 within the past 14 days?

Revised 6.30.2020
Are you experiencing a cough, shortness of breath, sore throat, or stomach symptoms?
- Have you had a fever in the last 48 hours?
- Have you had new loss of taste or smell?
- Have you had vomiting or diarrhea in the last 24 hours?

- Provide training for new policies and procedures and the importance of modeling expected behavior
- Provide education around identifying signs and symptoms of COVID-19 and implementation of the school’s response plan in the event that a case is identified
- Prepare staff for periods of remote learning
- Require staff to wear cloth face coverings unless medically contraindicated
- Develop human resources policies and modified work opportunities that empower staff to remain at home if ill
- Prepare for increased staff absenteeism and limited substitute teacher pools
- Prepare for increased numbers of staff who will retire or otherwise not return to school this fall

Considerations for School Health Staff:
- Staff should be provided with appropriate medical personal protective equipment (PPE) to use when caring for students and staff
  - Surgical masks or N95 masks (with appropriate fit test)
  - Gloves (non-sterile)
  - Disposable gowns
  - Face shields or other eye protection
- Asthma treatments should be provided via metered dose inhaler (MDI) with a spacer or spacer and mask rather than a nebulizer, when possible. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Staff should wear an N95 face mask, gloves, and eye protection. Rooms should be well-ventilated or treatments should be performed outside. The room should undergo routine cleaning and disinfection after the use of a nebulizer
- Peak flow meters should not be used unless student health staff are wearing gloves, an N95 face mask, and eye protection
- Staff should be trained on the proper donning and doffing of PPE

Student Considerations:
- All schools should have a plan in place for symptom screening and temperature checks. School policies must balance the practicality of performing these screening procedures for large numbers of students with the potential for early detection of a symptomatic student. Methods to allow parental report of symptom screening and temperature checks performed at home may be considered. Symptom screening should include the following questions:
  - Have you been in close contact with a confirmed case of COVID-19 within the past 14 days?
  - Are you experiencing a cough, shortness of breath, sore throat, or stomach symptoms?
  - Have you had a fever in the last 48 hours?
  - Have you had new loss of taste or smell?
  - Have you had vomiting or diarrhea in the last 24 hours?
- Communicate the school’s preparation, policies, and procedures to families well in advance of the beginning of school
- Require students to wear cloth face coverings unless under age 2, sleeping, or unable to remove their face mask without assistance. For individuals who have difficulty with wearing a cloth face covering, Revised 6.30.2020
behavior techniques and social skills stories (https://www.autismresourcecentral.org/social-stories-for-young-and-old-on-covid-19/ and https://www.yai.org/news-stories/blog/using-social-stories-support-people-idd-during-covid-19-emergency) may be used to assist in adapting to wearing a face covering

- Teach and reinforce the importance of hand hygiene (especially before eating), respiratory etiquette, and social distancing
- Consider assigned seating and cohort classes to minimize crossover among children and adults
- Consider cohorting middle and high school students with students enrolled in a similar academic track (e.g., students taking Advanced Placement classes also take other classes together)
- Discourage sharing of supplies and equipment
- Avoid close physical proximity when students are engaged in activities that result in forced exhalation (singing, shouting, exercise). These activities are best conducted outdoors and with increased physical distancing
- Consider cohorting students during recess and limiting the size of groups participating in playground time and clean equipment between cohorts
- Prepare for increased numbers of children who will be brought to school via private auto rather than school buses
- Anticipate the needs of students with special health care needs, who may be unable to wear a cloth face covering or socially distance. These children should be routinely monitored for signs and symptoms of COVID-19
- Plan for the needs of children with identified health care needs that may place them at higher risk for complications, if infected. This includes plans for short or long-term remote learning, depending on the needs of the child

Transportation Considerations:
- Prepare for increased absenteeism of bus drivers and limited substitute driver pools
- Provide approved cleaning materials and develop cleaning schedules and protocols
- Require bus drivers to wear cloth face coverings
- Require students to wear cloth face coverings unless contraindicated (see Student Considerations)
- Provide drivers with gloves and face shields for cleaning and to wear when working with students who may transmit respiratory secretions
- Consider smaller routes to decreases crowding on buses
- Position students one per seat and with an empty seat between students, when possible. Students from the same household may sit together
- Consider assigned seats
- Keep windows open to increase air exchange, weather permitting
- Consider symptoms screening of students as they step off the bus in order to limit crowding during this process

Identifying COVID-19 in Your School

Revised 6.30.2020
When you suspect or are notified of a case of COVID-19 in your school:

**Know the signs and symptoms of COVID-19:** It is critically important that staff are aware of the signs and symptoms of COVID-19 and are well-aware of the school’s planned response when someone in the building is exhibiting signs or symptoms of COVID-19. School nurses or aides should be equipped to measure the temperature of any student of staff who may become ill during the school day and should have an identified area to separate or isolate students or staff who exhibit signs or symptoms of COVID-19.

- **Most Common Signs and Symptoms**
  - Temperature > 100.4°F
  - Cough
  - Shortness of breath

- **Other Possible Signs and Symptoms**
  - Diarrhea
  - Abdominal pain (especially in children)
  - Malaise
  - Fatigue
  - Rash
  - Loss of taste or smell

**Develop and communicate a plan of action:** Staff and families should be aware of the school’s plan of action when an individual in the school is showing signs or symptoms or has been diagnosed with COVID-19. The following are important elements of such a plan:

- Immediately place a cloth face covering or a surgical mask on the ill individual and move them to the place your school has identified as a safe area to isolate that individual.
- Anyone assisting the individual should put on a cloth face covering or a surgical mask, eye protection, a gown and gloves, if possible. Limit the number of people who are in direct contact with the ill individual.
- Ensure the individual is safe and does not need emergent medical attention. If the individual appears to be seriously ill, call 911 and inform them that you are calling about a possible/confirmed case of COVID-19.
- Notify the emergency contact of the ill individual. If the individual is deemed stable, ask that they be picked up from school. If the individual requires emergency medical attention, call 911 and inform them of the situation.
- Contact your county health department to notify them of a suspected or confirmed case of COVID-19.
- Identify those who have been within six feet of the individual for 10 minutes or more at any time within 48 hours before the individual’s onset of symptoms until the individual has left school property. Those individuals will be required to self-quarantine for 14 days from their last exposure to that individual.
- Clean and disinfect areas where the ill individual has been while in the building (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)

Revised 6.30.2020
Develop a communication plan: draft call messages and letter templates to use to communicate with parents and staff after a case has been confirmed in the school. Ensure communications conform to HIPAA and FERPA regulations.

Return to school: Districts will need to modify sick policies to reflect the caution that must be taken when allowing children with recent illness to return to a closed cohort environment with limited ability to mitigate the spread of infection. The following is recommended when considering when students and staff may attend school after illness:

- Any student or staff who exhibits symptoms consistent with COVID-19 are to be masked and isolated immediately and sent home as quickly as possible.
- Students and staff may return to school if the answer to ANY of the following questions is YES:
  - Did a health care provider confirm that the individual’s illness is not due to COVID-19 because another explanation was identified. e.g., fever due to urinary tract infection, strep throat confirmed by a positive strep test, rash from poison ivy, etc? (Diagnoses of upper respiratory tract infection (URI), pneumonia, viral illness, etc DO NOT exclude the diagnosis of COVID-19 and should not be considered an adequate to authorize return to school.)
  - Did the individual have a positive COVID-19 molecular/PCR test and complete isolation for a minimum of 10 days AND had resolution of symptoms for at least 72 hours? (Results of antibody tests are not reliable and should not be considered proof of immunity or lack of infection.)
  - Has the individual been well for at least 72 hours and have documentation of TWO negative COVID-19 molecular/PCR tests at least 24 hours apart during the most recent absence due to symptoms consistent with COVID-19? (Results of tests that precede the dates of the most recent absence are not acceptable, nor are results of antibody testing.)
  - In the case of an individual with symptoms that did not obtain testing, did the individual complete isolation for a minimum of 10 days AND have resolution of symptoms for at least 72 hours?

Mitigating Spread of COVID-19 in Your School

Facilitate Contact Tracing: Contact your local health department as soon as you are made aware of a suspect or confirmed case of COVID-19.

- Assist the health department in identifying contacts of the infected individual
- Contacts are to self-quarantine for 14 days from their last contact with the infected individual

Empower staff to comply with quarantine: Ensure human resources and student absentee policies allow for extended absences due to COVID-19 illness or exposure.

Determine the threshold to shift to distance learning: All policy considerations should start with a goal of having students physically present in school. However, districts are encouraged to develop criteria for the consideration of closure of school(s) and/or the district. Every effort should be made to prevent a district-wide closure, and district administrators should consider it appropriate to close one school, or even a portion of a school, when a case or small outbreak affects only a small number of students or staff. Closures should be as limited as possible to minimize spread from close contacts with the case. District administrators are strongly encouraged to consult with state or local public health officials prior to finalizing a decision to close a school or

Revised 6.30.2020
district. It is critically important that schools be able to pivot from in-person to distance learning so that disruption can be minimized while students and staff need to be away from school for extended periods of time.

- All students and staff who have been in close contact (defined as within 6 feet for 10 or more minutes) with a confirmed case will need to be quarantined at home for 14 days.
  - For younger students, this may be everyone in the classroom
  - For older students (where seating may be well defined and close contacts more easily identified) there may be individuals in the same classroom who are not close contacts and would not require quarantine
- Consider closing a school if two or more classroom cohorts are required to quarantine within a 14-day period (classroom closure periods are overlapping) or if the absentee rate student body high (see below).
- Consider closing a school if a cluster of cases (defined as two or more cases that share a common source) is identified in a middle or high school if infection spread from that cluster cannot be confidently contained. For example:
  - Two or more cases within the football team where the players are scattered through different classroom environments throughout the day
  - Two or more cases in the same math class where the students are scattered through different classroom environments throughout the remainder of the day
- Consider closing a school if there is widespread exposure of students and staff such that it is not possible to identify and quarantine contacts (e.g., if a staff member who has prolonged close contact with large numbers of students is diagnosed with COVID-19). Schools may want to close temporarily (2-5 days) to allow for contact tracing and reopen if it is determined that the threat to the school at large is low.
- Consider closing the school district if, in consultation with state and local public health officials, it is determined that community transmission is high and there is significant risk of spread through the school population or if absenteeism has impacted staff to the degree that school can no longer be conducted safely in person. Any district closure or school closure should be accompanied with remote learning plan.
- Consider closure of a school or district based upon the following absentee rates as determined from the 2009 H1N1 influenza pandemic:
  - Single-day absentee rate of ≥5% above baseline
  - Double-day absentee rate of ≥4% above baseline
  - Triple-day absentee rate of ≥3% above baseline
  https://wwwnc.cdc.gov/eid/article/15/11/09-0798_article

References:
CDC Interim Guidance for Administrators of US K-12 Schools and Child Care Programs

CDC Considerations for Schools

American Academy of Pediatrics COVID-19 Planning Considerations: Guidance for School Re-entry

Revised 6.30.2020