

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

(Updated 8.22.2020)

8.22.2020 update reflects:

- Change in requirement for improvement of symptoms from ≥ 72 hours to ≥ 24 hours (pg 2)
- Updated language regarding wearing of cloth face coverings to mirror updated CDC recommendations (pg 2)
- Addition of “Protocol for Schools Assisting Health Department in Close Contact Identification for COVID-19 Cases,” (pg 8)
- Addition of “seasonal allergies” and “allergic rhinitis” to list of diagnosis that do not exclude the diagnosis of COVID-19 (pg 9)
- Addition of “Public Health COVID-19 Return to School Decision Support Algorithm,” (pg 10) (replaces table included in prior versions)

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 tabletop 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:

- Any student or staff who has been diagnosed with COVID-19 must isolate at home for a period of 10 days from the onset of their symptoms (or the date they were tested, if asymptomatic) AND must be fever-free (without the use of fever-reducing medications) AND have improvement in symptoms for at least 24 hours. This is not optional.
- Any student or staff who has been a close contact (within 6 feet for ≥ 10 minutes) of a person with confirmed COVID-19 must quarantine at home for a period of at least 14 days from their last exposure to that individual. This is not optional. Household contacts of COVID-19 positive individuals may be required to quarantine for a longer period of time, depending upon the circumstances. Consult CDC guidance for detailed guidance for quarantine of household contacts of COVID-19 positive individuals:
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>.
- 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.
- CDC recommends that people, including teachers, staff, and students, wear cloth face coverings in public settings as able when around people who live outside of their household, especially when other social distancing measures are difficult to maintain. 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. https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/CFC_Guide_for_School_Administrators.pdf
- 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 students off outside of 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

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 obtaining temperatures of students and staff, when needed
- Hand sanitizer (minimum 60% alcohol) and dispensers
- Disinfecting wipes and other cleaning and disinfecting supplies
(https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf)
- 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
- Clean and disinfect water bottle filling stations regularly and consider closing water fountains
- 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 cleaned and disinfected
- 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?
 - 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 if a case is identified
- Prepare staff for periods of remote learning
- Consider requiring staff to wear cloth face coverings, unless 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:

- Parents should be encouraged to screen students for symptoms of COVID-19 and temperature elevation each morning prior to sending their student to school. Students should not attend school if their temperature is ≥ 100.4 or the student has symptoms of illness. Symptoms 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
- Consider requiring 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, 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
 - People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear cloth face coverings if they rely on lipreading to communicate. In this situation, consider using a clear face covering. If a clear face covering isn't available, consider whether you can use written communication, use closed captioning, or decrease background noise to make communication possible while wearing a cloth face covering that blocks your lips.
 - Some people, such as people with intellectual and developmental disabilities, mental health conditions or other sensory sensitivities, may have challenges wearing a cloth face covering. They should consult with their healthcare provider for advice about wearing cloth face coverings.
 - Younger children (e.g., preschool or early elementary aged) may be unable to wear a cloth face covering properly, particularly for an extended period. Wearing of cloth face coverings may be prioritized at times when it is difficult to maintain a distance of 6 feet from others (e.g., during carpool drop off or pick up, or when standing in line at school). Ensuring proper cloth face covering size and fit and providing children with frequent reminders and education on the importance and proper wear of cloth face coverings may help address these issues.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>
- 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 and aid in identification of close contacts of infected individuals
- 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

- 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
- Bus drivers should wear cloth face coverings, unless contraindicated
- Students should 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 decrease 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 to assist with contact tracing and ensure physical distancing
- Keep windows open to increase air exchange, weather permitting

Developing and Communicating 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.
- 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.
- School districts should **identify one individual** who will contact the local or regional health department to report positive cases and request assistance on behalf of schools. **Schools should report their concerns to the school district, rather than individually contacting the local or regional health department.**

Action Plan: Response to 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 or 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.

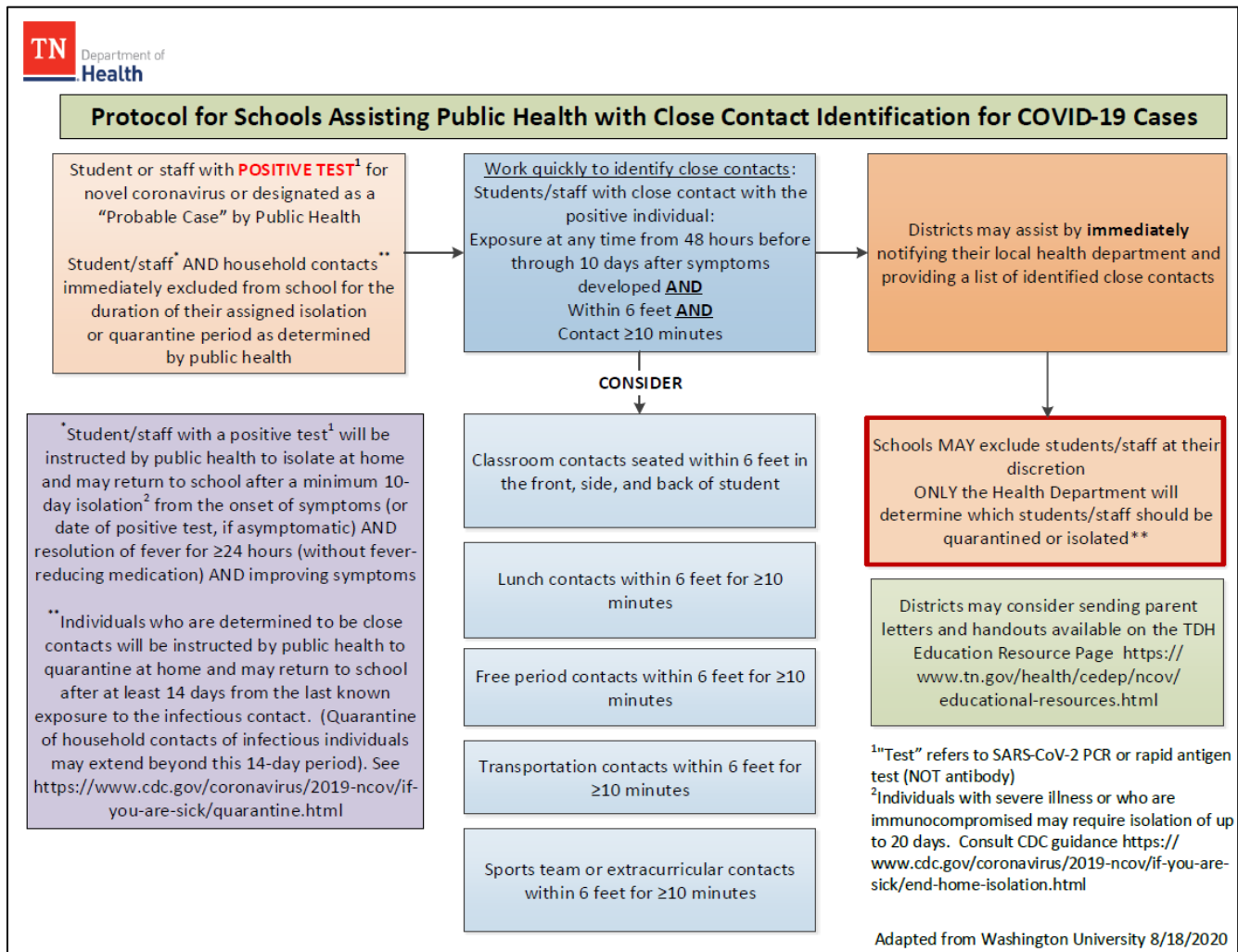
Common Signs and Symptoms

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose

- Nausea or vomiting
- Diarrhea

When someone becomes ill:

- If not already in place, immediately place a cloth face covering or a surgical mask on the ill individual (unless contraindicated) 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.
- Notify the school district to contact the public health point of contact.
- With public health, 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. ***If the ill individual is determined to be a confirmed/probable case by public health***, public health will require those individuals to self-quarantine for 14 days from their last exposure to that individual.
- Close the area(s) where the ill individual was present for ≥ 10 minutes for 24 hours and then clean and disinfect those areas according to CDC and EPA guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>)



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.

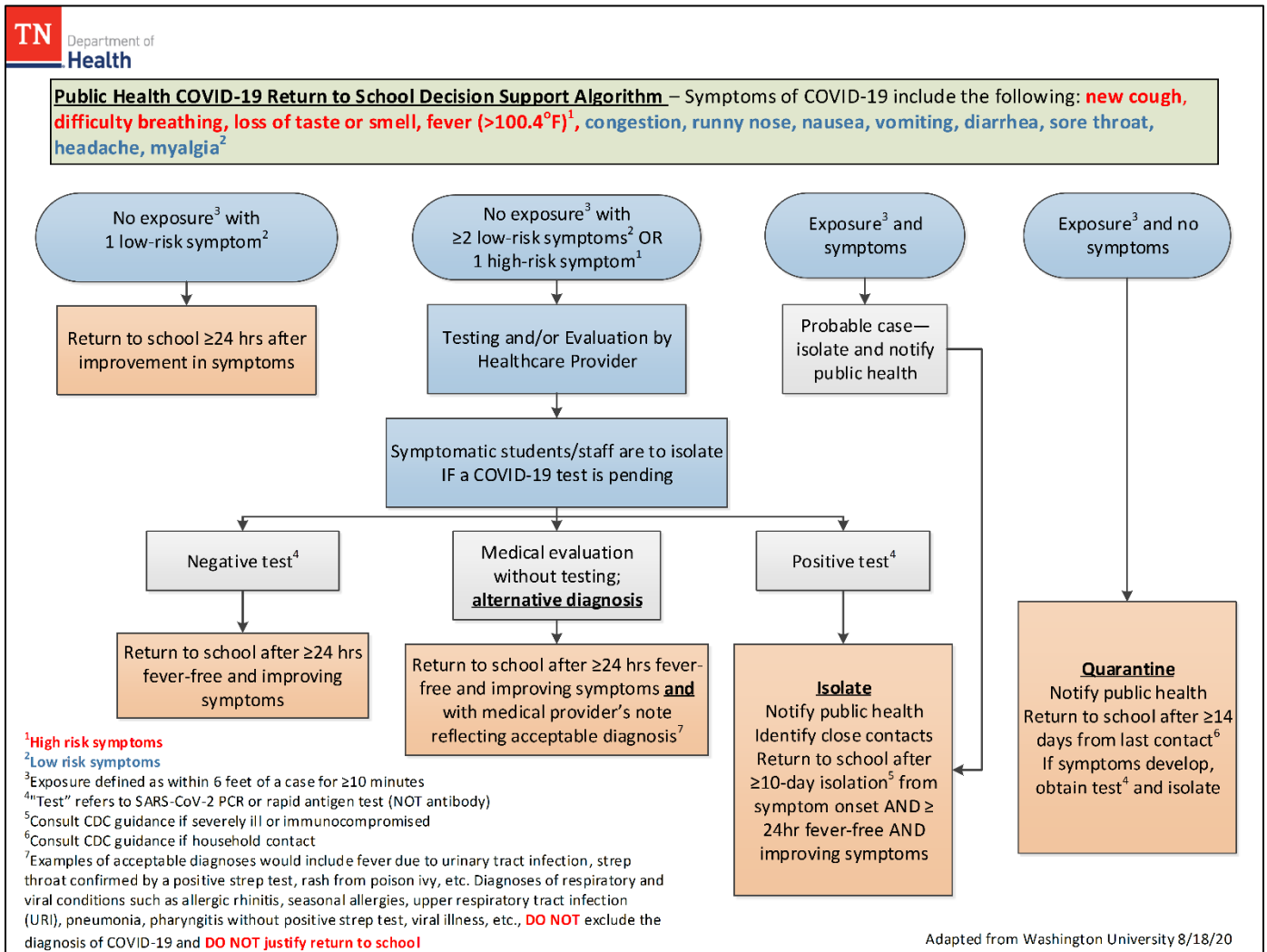
The following is recommended when considering when students and staff may attend school after illness:

- 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 who have been diagnosed with COVID-19, or whom have been in quarantine due to exposure to a confirmed/probable case of COVID-19, are NOT required to provide proof of a negative COVID-19 PCR test or a note of clearance from a health care provider or the Department of Health prior to returning to school but MUST meet ONE of the criteria below:
- Students and staff **may return to school** if the answer to **ANY** of the following questions is **YES**:
 - Did the individual have a positive COVID-19 PCR/antigen test (with or without symptoms), complete isolation for a minimum of 10 days from the onset of symptoms (or the date of

the positive test, if asymptomatic) AND have resolution of fever (without fever-reducing medication) AND improvement in COVID-19 symptoms for at least 24 hours? If so, the individual may return to school. No medical evaluation or proof of negative COVID-19 test is required. Note: individuals who were severely ill with COVID-19 or who are immunocompromised may be required to isolate for up to 20 days per CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

- **Was the individual quarantined for a minimum of 14 days due to exposure to a confirmed/probable case of COVID-19?** If that individual has remained asymptomatic and has completed at least 14 days in quarantine, the individual may return to school. Note that household contacts of a confirmed/probable case may be required to quarantine for a longer period, per CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>. No medical evaluation or proof of negative COVID-19 test is required. If symptoms developed during the quarantine period, the individual must complete isolation as above.
- **Does an individual who was ill with symptoms of COVID-19 have written documentation from their medical provider confirming their illness was not due to COVID-19 because another explanation was identified?** If so, the individual may return to school at the direction of their medical provider if they have been without fever (without the use of fever-reducing medications) for at least 24 hours and symptoms have been improving. Examples of acceptable diagnoses would include fever due to urinary tract infection, strep throat confirmed by a positive strep test, rash from poison ivy, etc. Diagnoses of respiratory and viral conditions such as upper respiratory tract infection (URI), pneumonia, pharyngitis without positive strep test, seasonal allergies, allergic rhinitis, viral illness, etc., DO NOT exclude the diagnosis of COVID-19 and should not be considered adequate to authorize return to school until another criterion is met. Individuals with symptoms consistent with COVID-19 who are without an acceptable alternative diagnosis are **treated as infected** and are to isolate for 10 days from the onset of their symptoms AND have resolution of fever (without fever-reducing medications) AND improvement of symptoms for at least 24 hours before returning to school unless the next criterion is met.
- **Does an individual who had symptoms of COVID-19 without documentation of an alternative diagnosis and without a positive COVID-19 test during this illness have a negative COVID-19 PCR test after the onset of their symptoms?** (e.g., individual develops a fever and cough, is evaluated by a medical provider, tested for COVID-19 while having symptoms, and the test is negative. Fever resolves and symptoms have been improving for at least 24 hours.) In this instance, the individual may return to school if fever has resolved without fever-reducing medications and symptoms have been improving for at least 24 hours. This does not apply to anyone who had a positive test at any point during the illness — that individual must isolate for a minimum of 10 days from the onset of symptoms (or the date of the positive test, if asymptomatic) AND have resolution of fever (without fever-reducing medication) AND have improvement in COVID-19 symptoms for at least 24 hours.
- **Has an individual who had any symptoms of COVID-19, but who was never tested during that illness and has no confirmed alternative diagnosis, completed isolation for a minimum of 10 days AND had resolution of fever (without fever-reducing medications) AND improvement in COVID-19 symptoms for at least 24 hours?** If so, the individual may return to school. No medical evaluation or proof of negative COVID-19 test is required.

- Does the individual who was identified as a close contact of a confirmed case have documentation of a positive SARS-CoV-2 antigen or PCR test within 90 days of the last contact with the case? If so, the individual is not required to self-quarantine.



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 case of COVID-19.

- Assist the health department in identifying contacts of the infected individual
- Confirmed contacts are to self-quarantine for 14 days from their last contact with the infected individual or unless otherwise directed by public health

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

Considerations for school building closure: All policy considerations should start with a goal of having students physically present in school. 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 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. **District administrators are discouraged from using metrics such as county active case rates as the sole determinant of school or district-level closures.**

- All students and staff who have been in close contact (defined as within 6 feet for 10 or more minutes) with a confirmed case **must** be quarantined at home for a minimum of 14 days.
 - In instances where it is difficult to clearly identify contacts, this may result in the quarantine of the entire class
 - In instances where seating may be well-defined and close contacts more easily identified, there may be individuals in the classroom who are not close contacts and would not require quarantine
- Consider closing a school building if a cluster of cases (defined as two or more cases that share a common source) is identified in one school and 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 building 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 was in contact with a large number of students for ≥ 10 minutes and was within 6 feet of those students is diagnosed with COVID-19). Schools may want to close temporarily (2-5 days) to allow for contact tracing and reopen once contacts are identified and quarantined.

References:

CDC “When You Can Be Around Others After You Had or Likely Had COVID-19

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fwhen-its-safe.html

CDC Schools and Childcare Programs: Plan, Prepare and Respond

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

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

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

CDC Considerations for Schools

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

American Academy of Pediatrics COVID-19 Planning Considerations: Guidance for School Re-entry
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>