TN Department of **Education**

PHYSICAL HEALTH

SCHOOL REOPENING TOOLKIT: PHYSICAL HEALTH

As districts plan and move toward school opening, student, staff, and community health safety is a paramount concern to all stakeholders as in determining school operations protocols. Developing plans aligned to local contexts, districts may need to consider adjustments to existing procedures and/or create new procedures to account for the districts preventative measures. This toolkit is designed to provide an overview of considerations related to school and public health safety. With a focus on how various strategies may be deployed in a school setting, this toolkit will be updated as evolving or additional guidance is provided from the Center for Disease Control and Prevention (CDC) and the Tennessee Department of Health related to recommended protocols.

All information in the document is non-regulatory guidance issued for general informational purposes only. This document is not intended to constitute legal advice. Because local school board policy and unique facts make dramatic differences in analyzing any situation, the Tennessee Department of Education advises each school district to consult with the local school board attorney for specific legal advice regarding the impact of the COVID-19 pandemic on school operations.

I. Best Practices

Build Capacity through Effective Planning, Communication, and Stakeholder Engagement
The spring of this past school year has demonstrated the incredible capacity of districts, teachers, leaders, families, and students to adapt in uncertain and unprecedented circumstances. For the coming school year, it will be necessary to first acknowledge that effort to provide students with the supports they needed, to provide opportunities to acknowledge the impact and toll of this period on our communities, to provide as much information as we can, to create healthy environments, and to be honest and authentic that we cannot predict how the next school year will unfold.

Our planning—and contingency planning—will allow for proactive responses, while continually being informed by the local health conditions and through partnerships with local health departments. Our communication: to principals and leadership teams, to staff, to parents, and to students, will need to be clear, consistent, and frequent, but also authentic, caring, and aware. Stakeholder engagement, working together in partnership with local health departments, families, students, bus companies, and our communities, will be critical in ensuring strong implementation of district plans, in order to create the greatest possible adherence to the plans rolled out.

Communicate Clearly, Consistently, and Frequently with Staff, Students, and Parents
The 2020-21 school year will be unlike any other. In order to create positive and healthy learning environments for students, staff, and parents, it is critical to develop student, staff, and family engagement plans with consistent framing and talking points to ensure that all communities buy in to the new policies and procedures of the new school year. Clearly communicate potentially confusing or hard-to-understand medical terminology, translate medical information for staff and school community, and collaborate with instructors whose curriculum includes health components to ensure information is understandable and grade-level appropriate. Clear, consistent, and frequent communication about expectations and clear, consistent implementation of district guidelines will result in higher adherence to guidelines that keep students, staff, and communities healthy and well.

II. Recommended Schedules and Procedures

Below are a checklist and templates to assist in communicating schedules and procedures.

School Nurses/Designated School Personnel

In collaboration with your local health department and district command center, consider policies for school nurses and designated school personnel. See the CDC Considerations for Schools for more information.

Action Items	Complete
Consider training of school nurses and/or personnel responsible for student health on screening students and staff and identifying clear protocols for next steps. • Consider using an isolation room or area to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms.	
Consider specific PPE needs of school nurse/designated staff member and ensure consistent supply chain.	
Consider designating staff member (i.e. school nurse) to remain current and report on Centers for Disease Control (CDC) and local health department updates. This person can work closely with the district's Coordinated School Health coordinator.	
Consider designating staff member (i.e. school nurse) to coordinate reporting procedures regarding staff and student absenteeism or illness.	
Consider designating staff member (i.e. school nurse) to develop and continually update resource list to staff of community physical and mental health resources and professionals. This can be done by working closely with the district's Coordinated School Health coordinator.	

Communication

In collaboration with your local health department and district command center, communicate clearly around COVID-19 symptoms and district policy and procedures. See the CDC Considerations for Schools for more information.

Action Items	Complete
In collaboration with your local health department, families, and parent-teacher organizations, consider developing a family engagement communication plan that includes informing parents of updated expectations for students in school, during online class sessions, and on the bus (if applicable). See the CDC Considerations for Schools for more information. • These district expectations should be communicated through notification letters with translation to meet the needs of families. Additionally, districts should consider posting these expectations on their social media pages with related video messages from the superintendent and other district leaders.	
Families should receive advance notification and guidance on the following: • Home Learning Environment - It is important for families to provide the space for learning online that is free of distractions such as other siblings or other electronic devices. • Mandated Reporting – Families should receive reminders about regulations for mandated reporting, which include what is seen during on-line lessons. • Access to Academic Support – If your district is providing additional tutoring or learning supports, make parents aware of it with easy next steps to access or apply for them. This should include any partnerships with 21st CCLCs. • Access to Family Supports – provide a one-stop shop online resource page for families to receive free counseling services, legal aid (i.e. child custody and eviction cases), and prescription glasses for kids. Also list local resources in the community for food, rent assistance, financial support for utilities, and Worksource programs. Be sure to include resources for families experiencing domestic violence and homelessness. In some communities, it is best to list and identify resources specific to serving the needs of undocumented families or those impacted by the effects of a chronic illness in the home. • If available, a district representative such as the Coordinated Health Coordinator should contact additional community health and wellness organizations to provide supports (telehealth service options through mental health agencies, counseling programs through universities). • *Note: All online pages should have the capability of being translated and should be constantly updated by the district and referred to by staff.*	

Consider clear, consistent, and frequent communication to staff, families, and students about COVID-19 symptoms and district policies. • Consider how to actively encourage employees and students who are sick or who have recently had close contact with a person with COVID-19 to stay home. Deliberate policies that encourage sick employees and students to stay at home without fear of reprisal, and ensure employees, students, and students' families are aware of these policies. Consider not having perfect attendance awards, not assessing schools based on absenteeism, and offering virtual learning and telework options, if feasible. • Consider creating notification letter(s) to inform parents and caregivers of district guidelines, school reopening procedures, and associated health and wellness protocols to reduce potential misinformation from unofficial sources and ensure consistent messaging. Letter should be provided in the dominant language of the recipient household.	
In collaboration with your local health department and district command center, deliberate around protocols and training for staff to ensure appropriate communication regarding student health, personal health, HIPAA, and medical confidentiality. Consider protocols for communicating with parents, school staff, and communities around positive test result for a student, teacher, and/or staff member	
Ensure all media inquiries are directed to the appropriate school or district liaison. Develop talking points and FAQs in advance of media outreach and engagement.	
Ensure accurate contact information exists for every student as communication through e-mail or phone may be necessary during school closures or times of distance learning.	
Consider signage and other communication tools to reinforce messaging • Consider posting signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a cloth face covering). • Consider broadcasting regular announcements on reducing the spread of COVID-19 on PA systems. • Consider including messages (for example, videos) about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and on school social media accounts).	
Administrative Reviews (AR) & Procurement Reviews (PR): If an SFA was slated to have either an AR or PR conducted during the unexpected closure period, please note guidance will be provided by regional consultants on when the reviews will be rescheduled.	

III. Official Correspondence from the Department of Health

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

(Updated 7.31.2020)

7.31.2020 update reflects:

- Further clarification of release from isolation

7.28.2020 update reflects:

- Change in CDC requirements for isolation to 10 days from symptom onset (or positive test, if asymptomatic) and 24 hours without fever (without the use of fever reducing medications) and improvement in symptoms of COVID-19
- Updated language on isolation and quarantine
- Expanded information on cloth face coverings
- Statement that a face shield is not a substitute for a cloth face covering but may be worn in addition to a cloth face covering
- Clarifications on release from isolation/quarantine
- Request that school districts identify one individual who will contact the local/regional health department to report positive cases and request assistance on behalf of schools

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

<u>Overarching Recommendations</u>

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 symptoms consistent with COVID-19 or who has been diagnosed with COVID-19 must isolate <u>at home</u> 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 suspected or confirmed COVID-19 must quarantine <u>at home</u> for a period of 14 days from their last exposure to that individual. This is not optional.
- 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 always wear a cloth face covering while on campus unless they have trouble breathing or are unconscious, incapacitated, or otherwise unable to remove the cloth face covering without assistance. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover- guidance.html See detailed guidance below. A face shield is not a substitute for a cloth face covering but may be worn <u>in addition</u> to a cloth face covering.
- Unless a student has trouble breathing or is unable to remove a cloth face covering without assistance, all middle school and high school students should always wear a cloth face covering 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 has trouble breathing or 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)

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- 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

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 (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:
- 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
- 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

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- 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 betweencohorts
- 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 decreases crowding on buses
- Position students one per seat and with an empty seat between students, when possible. Students from the same household may sittogether
- Consider assigned seats to assist with contact tracing and ensure physical distancing
- 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

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 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 $\geq 100.4^0$ F
- Cough
- Shortness of breath

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

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.
- 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.
- 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 suspected or confirmed 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.

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o **Was the individual quarantined for 14 days due to exposure to a suspected or confirmed case of COVID-19?** If that individual has remained asymptomatic and has completed the 14- day quarantine period, the individual may return to school. 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, 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.

o **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 72 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 72 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.

o 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.

Situation	Return to School	Required Documentation
Positive COVID-19 test	After 10-day isolation AND 24 hours without fever (without fever-reducing medication) AND improvement in symptoms	None
Close contact (within 6ft, >10 minutes) with an individual with suspected or confirmed COVID-19	After 14-day quarantine if individual never developed symptoms. If symptoms developed, individual must complete isolation as above	None
COVID-19 symptoms with confirmed alternative diagnosis	Per medical provider guidance if fever has resolved for >24 hours and symptoms are improving	Written documentation from licensed medical provider that symptoms were caused by a condition other than COVID-19. Diagnoses of respiratory and viral conditions such as upper respiratory tract infection (URI), pneumonia, pharyngitis without positive strep test, viral illness, etc., **DO NOT** exclude the diagnosis of COVID-19
COVID-19 symptoms with negative COVID-19 test **after** symptom onset	After fever has resolved without fever- reducing medications and symptoms have been improving for at least 72 hours	Documentation of a negative COVID-19 PCR test obtained **after** onset of symptoms. Individual must **NOT** have had a positive COVID-19 test during this illness.
COVID-19 symptoms AND No testing	After 10-day isolation AND 24 hours without fever (without fever-reducing medication) AND improvement in symptoms	None

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.

Considerations for school building closure: 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

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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 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 $\geq$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/

VI. Resource List

CDC Recommendations and Guidance

Use the links below to access additional information from the CDC regarding school-related topics.

- CDC Considerations for Schools
- CDC Guidance for Schools
- Guidance for Cleaning and Disinfecting
    - General Guidance (Including Schools)
    - Cleaning & Disinfecting

National Organization Resources

Talking to Children about COVID-19

Information from the National Association of School Psychologists on helping children cope with changes resulting from COVID-19

Responding to COVID-19: Brief Action Steps for School Crisis Response Teams

Information from the National Association of School Psychologists on action steps that can be taken by school crisis response teams to respond to COVID-19

Countering Coronavirus Stigma and Racism: Tips for Teachers and Other Educators

Information from the National Association of School Psychologists on tips for teachers and other educators to counter coronavirus stigma and racism

Talking with Children: Tips for Caregivers, Parents, and Teachers during Infectious Disease Outbreaks (English)

Substance Abuse and Mental Health Services Administration's English version of tips for caregivers, parents, and teachers during infectious disease outbreaks for talking with children

Talking with Children: Tips for Caregivers, Parents, and Teachers during Infectious Disease Outbreaks (Spanish)

Substance Abuse and Mental Health Services Administration's Spanish version of tips for caregivers, parents, and teachers during infectious disease outbreaks for talking with children

Considerations for School Nurses Regarding Care of Students and Staff that Become Ill at School or Arrive Sick

When schools reopen, there are key activities that school nurses should be focused on related to COVID-19, specifically regarding the care of students and staff that become ill at school or arrive sick

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

This interim guidance is intended for administrators of public and private child care programs and K-12 schools and will help schools, child care programs and their partners understand how to help prevent the transmission of COVID-19 within their communities and facilities

American Academy of Pediatrics COVID-19

The American Academy of Pediatrics members dedicate their efforts and resources to the health, safety and well-being of children, adolescents and young adults both at school and at home. Current information and resources on COVID-19 can be found here for all students and their families

Handwashing and Hand Sanitizer Use at Home, at Play, and Out and About

This CDC factsheet will help in knowing when to clean your hands and which method to use that will give the best chance at preventing illness.

Pandemic Flu Checklist: K-12 School Administrators

The CDC recommends this resource, which is applicable to COVID-19, for school administrators. Consult with your school nurse regarding what is currently in the school's response plan and what recommendations they propose to include

Teaching Children and Families Regarding COVID-19

This document includes resources for ensuring students and families receive accurate information when explaining what COVID-19 is, how to prevent it and why communities had to close schools and businesses