

Responding to COVID-19 in Schools (K-12)

8/13/2020

How to Reduce the Spread Within the School

- Physical distancing (separation of all employees and students by at least 6 feet)
- Implement multiple COVID-19 mitigation strategies (e.g. social distancing, cloth face coverings, and use of cohorting)
- Communicate, educate and reinforce appropriate hygiene and social distancing practices in ways that are developmentally appropriate for students, teachers, and staff.
- Maintain healthy environments (e.g. cleaning and disinfecting frequently touched surfaces)
- Repurpose unused or underutilized school spaces to increase classroom space and facilitate social distancing
- Educate parents, caregivers, and staff on the importance of monitoring for symptoms before students and staff enter the school
- Reinforcing sick policies for both students and staff to stay home when ill and for staff to stay home to care for sick household members.

Cohorting

An important strategy that school administrators should strongly consider is cohorting (or forming “pods”). Cohorting forms groups of students, and sometimes teachers or staff, that stay together throughout the school day to minimize exposure for students, teachers, and staff across the school environment.

Students and staff within a cohort would only have physical proximity with others in the same cohort. This practice may help prevent the spread of COVID-19 by limiting crossover of students, teachers, and staff to the extent possible, thus:

- Decreasing opportunities for exposure to or transmission of COVID-19
- Facilitating more efficient contact tracing in the event of a positive COVID-19 case
- Allowing for targeted testing, quarantine, and isolation of a single cohort instead of school-wide measures in the event of a positive COVID-19 cases or cluster of cases

Identifying Cases and Contacts

Once a confirmed or probable case of COVID-19 is identified among the school attendees or staff, school administrators should identify all close contacts associated within the school who had exposure to the case during the infectious period. A case is typically considered to be infectious from 48 hours before symptoms first appeared (or date of first positive laboratory test for people without symptoms) up to 10 days later. Depending on the school’s ability to cohort, the number of close contacts may be limited to one classroom or to a broader group of persons at the school.

A close contact is any individual, irrespective of whether a cloth face covering, surgical mask, or face shield was used, who was within 6 feet of the case for more than 15 minutes or had contact

with the case's body fluids and/or secretions, for example, being coughed or sneezed on, sharing of a drink or food utensils.

Schools should work closely with the local county health department staff to facilitate contact tracing by providing a line list of known contacts and their phone numbers. In coordination with the CHD, schools should notify parents and other relevant contacts of the exposure. In addition, the facility should temporarily close the areas where the COVID-19 case was and disinfect.

Exclusion from School

Schools should immediately exclude anyone from campus who is symptomatic, who has tested positive for COVID-19, or who is a close contact to a case of COVID-19. With regards to a sick student or staff member who is sick and has not yet tested for COVID-19, if the sick student or staff member is evaluated by a medical provider and tests negative by a PCR for SARS-CoV-2, they can return 24 hours after resolution of fever and other symptoms. Please note, if the sick student or staff member is also a close contact to a COVID-19 case, they should not return to school until 14 days have passed since their last exposure to the case and if their symptoms have resolved.

K-12 schools and some staff may be designated as [critical infrastructure](#), under the [government facilities sector](#). While it is ideal that exposed staff self-quarantine for the 14-day period, there may be some circumstances in which asymptomatic staff that have been exposed may return to work in less than the 14-days, if their duties cannot be filled by another individual. It is important that all staff returning under this scenario perform daily symptom checks and do not return to work if symptomatic.

Returning to School

Cases of COVID-19 should be allowed to return to school after meeting the following criteria:

- At least **10 days** have passed since symptoms first appeared **and**
- At least **24 hours** have passed since last fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

For cases of COVID-19 who were never symptomatic, they should be allowed to return after at least 10 days have passed since the specimen collection date of their positive lab test.

Please note that based on the recommendation from a healthcare professional, persons with severe illness or patients who are severely immunocompromised may need to be isolated for 20 days.

Close contacts to cases of COVID-19 should be allowed to return after 14 days have passed from their last date of exposure to the case if they have remained symptom free. For close contacts who develop symptoms within the 14 days, they should seek medical care and testing. If their COVID-19 test is negative, then they can return to work after 14 days have passed since their last exposure to the case and if their symptoms have resolved. If their test is positive, they will be considered a case of COVID-19 and should follow the guidance for cases as stated above.

Important Role of Parents/Guardians

School administrators and teachers should communicate clearly and frequently with parents and guardians about keeping students home if they are symptomatic, have tested positive for COVID-19, or have had close contact to a case of COVID-19. Additionally, parents and guardians should screen their children prior to bringing them to school to ensure that students are not symptomatic. If a child is symptomatic, they should be taken to a medical provider to be appropriately evaluated and possibly tested.

COVID-19 Testing

School administrators and teachers should be educated about the general characteristics of currently available COVID-19 tests and their uses. In general, the PCR test is more accurate than antigen tests; however, the PCR test may take a longer period of time to obtain results. While antigen tests typically provide quicker turnaround times for results, they are less accurate than PCR tests.

Broad testing of all students and staff at the beginning of the school year is **not** recommended. Likewise, testing may not always be necessary for staff and students in certain situations. For staff and students who are close contacts to COVID-19 and are asymptomatic, testing is not necessary, and they should be allowed to return to school after 14 days have passed from their last date of exposure to the case if they have remained symptom free.

However, for staff and students who are close contacts to COVID-19 and do develop symptoms within the 14 days, they should seek medical care and testing. If their COVID-19 test is negative, they can return to work after 14 days have passed since their last exposure to the case and if their symptoms have resolved. If their test is positive, they will be considered a case of COVID-19 and should follow the guidance for cases as stated above for cases of COVID-19.

Schools should consider the following options for COVID-19 testing of staff/students who have been excluded from school:

- Staff/students obtain testing through their private medical provider
- Staff/students obtain testing at a [public testing site](#) in their community
- County health departments facilitate testing, particularly when school outbreaks occur or if testing is needed to support decision making, such as closing a classroom or a school for cleaning.

Additionally, school districts may consider procuring their own COVID-19 testing capacity to support their operations. Antigen testing of symptomatic students or staff may be feasible using testing platforms such as Quidel's Sofia. While the test is less sensitive and should not be used for screening of asymptomatic persons, it does produce results within roughly 15 minutes.

Decision to Close a School

The decision to close schools for in-person learning should be made together by local officials—including school administrators—in a manner that is transparent for students, staff, parents, caregivers and guardians, and all community members.

The decision to close schools for in-person learning should consider a number of factors, such as:

- The importance of in-person education to the social, emotional, and academic growth and well-being of students;
- The [level of community transmission](#);
- Whether cases have been identified among students and staff;
- Other indicators that local public health officials are using to assess the status of COVID-19 in their area; and
- Whether student and staff cohorts have been implemented within the school, which would allow for the quarantining of affected cohorts rather than full school closure.

Resource

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