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Directive 048 Full Guidance
2021-22 COVID-19 GUIDELINES FOR PREVENTION AND OUTBREAK CONTROL IN SCHOOL SETTINGS

Updated 8/18/2021 (Mask Use Section)
Updated 9/21/2021 (Close contact exception to include some outdoor settings & public health recommendations, pg. 6)
Updated 10/18/2021 (Quarantine section, pg. 6-7)

Background

Schools are an essential part of community infrastructure and have a critical role both in providing supportive learning environments and the health and wellbeing of students and staff. Schools also serve as employment for community members, while providing many parents, guardians, and caregivers the opportunity to work and support their households. According to multiple studies, the Nevada 2020-21 school year, and the Centers for Disease Control and Prevention (CDC) transmission rates within schools are typically lower than or similar to community transmission levels when layered prevention strategies are in place. As Nevada schools make plans for full in-person learning during the 2021-22 school year, it is important to expect and plan for occurrences of COVID-19 within the school communities. In order to accomplish full in-person learning, limited social distancing measures will be in place, as compared to the 2020-21 school year. This reduction in mitigation, along with low vaccination rates, and the emergence of Variants of Concern which have higher transmission rates, make the implementation of other mitigation measures, such as mask use, even more important.

Nevada schools should continue to focus on reducing the risk of COVID-19 for all students, especially those that are not eligible to be vaccinated prior to the start of the school year. The introduction of several SARS-CoV-2 Variants of Concern, which includes the highly infective Delta variant, changes the landscape going into the 2021-22 school year. The Delta variant is estimated to be approximately 50% more transmissible than the Alpha variant, which is estimated to be 50% more transmissible than the original pandemic virus. This increased transmissibility has the potential for exponential growth in outbreaks especially in communities and settings with low vaccination rates and limited mask use.

The Nevada Department of Health and Human Services (DHHS) supports full in-person learning with the proper prevention/mitigation measures in place, consistent with CDC's Guidance for COVID-19 Prevention in K-12 Schools and the American Academy of Pediatrics COVID-19 Guidance for Safe Schools.[1][2] This document is intended to provide guidance regarding important prevention measures recommended to be in place within routine school opening plans, as well as outbreak mitigation requirements should a school experience an outbreak.

This document will continue to be updated as more is learned about transmission within schools related to Variants of Concern and to align with any further guidance produced by CDC.

[1] CDC, K-12 Guidance: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html
[2] American Academy of Pediatrics, COVID-19 Guidance for Safe Schools: 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/

Promoting Vaccination

Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full in-person operations.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. According to CDC, a growing body of evidence suggests that people who are fully vaccinated against COVID-19 are less likely to have a symptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated.

CDC continues to reinforce that vaccination is still the leading public health prevention strategy to end the COVID-19 pandemic:

- COVID-19 vaccines are safe and effective at preventing COVID-19, including severe illness and death.
- COVID-19 vaccines are effective against severe disease and death from variants of the virus that causes COVID-19 currently circulating in the United States, including the Delta variant.
- Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. When these infections occur among vaccinated people, they tend to be mild.
- If you are fully vaccinated and become infected with the Delta variant, you can spread the virus to others.
- People with weakened immune systems, including people who take immunosuppressive medications, may not be protected even if fully vaccinated.

At the time of the release of this guidance, people 12 years and older are eligible for COVID-19 vaccination. Schools should promote vaccinations among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

Mask Use

Note: CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place.

When teachers, staff, and students consistently and correctly wear a mask, they protect others as well as themselves. Consistent and correct mask use is especially important indoors and in crowded settings when physical distancing cannot be maintained.

- **Indoors**: Universal mask use is recommended for all adults and students regardless of vaccination status. Children under 2 years of age should not wear a mask.
- **Outdoors**: In general, people do not need to wear masks when outdoors. However, particularly in areas of high transmission, such as during a school outbreak, those who are not fully vaccinated should wear a mask if the outdoor setting is crowded or during activities that involve sustained close contact with other people who are not fully vaccinated.

Pursuant to Directive 048, use of face coverings is required for all staff in all schools regardless of vaccination status.

Use of face coverings is required for all students, regardless of vaccination status, in schools that meet the following criteria:

1. In counties whose population is equal to or greater than 100,000.[3]
2. In counties whose population is less than 100,000, if the school district or school has adopted a policy requiring use of face coverings.
3. During a school outbreak, until the outbreak is deemed to be over by the local public health authority.

[3] https://nvhealthresponse.nv.gov/state-information/governor-directives-and-declarations/

Physical Distancing

To promote full in-person learning, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms. This reduction from 6 feet of physical distancing should also be combined with universal indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as universal indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk. Mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

COVID-19 Testing

Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing.

DHHS recommends that testing of all those that are unvaccinated, both staff and students occur at least weekly to be effective. In schools where testing of all staff and students is not feasible, schools may consider multiple testing strategies, for example, testing a random sample of at least 10% of staff and students who are not fully vaccinated.

Weekly testing of those involved in school-based extracurricular activities, including athletics, must occur for those that are not fully vaccinated. Those that should be included in the testing program include: student athletes, participants, coaches, trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Any activities with elevated risk such as those that involve singing, shouting, band, and exercise that could lead to increased exhalation should be included. If community transmission reaches CDC's substantial transmission level (orange), screening for this group should increase to twice weekly. Once community transmission reaches the high transmission level (red), sports and extracurricular activities should be canceled or held virtually to protect in-person learning, unless all participants are fully vaccinated.

The below table produced by CDC outlines the testing recommendations:

Epidemiology *and* **Laboratory Capacity** *for* Prevention *and* Control *of* Emerging Infectious Diseases | Preventing Infectious Disease Threats by Strengthening U.S. Health Departments

Testing Recommendations: K-12 Schools Operational Strategy

Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
All schools implement 5 key prevention strategies: masks required; physical distancing; handwashing and respiratory etiquette; cleaning and maintaining healthy facilities; contact tracing in combination with quarantine and isolation **Diagnostic testing:**[1] symptomatic students, teachers, and staff and close contacts referred for diagnostic testing			
Screening testing[2]			
Screening testing of teachers and staff offered at least once per week			
No screening testing for students	**Screening testing for students** offered at least once per week[3]		
Testing for high-risk sports: testing recommended at least once per week[4] **Testing for low and intermediate-risk sports:** testing recommended at least once per week		**Testing for high-risk sports:** testing recommended twice per week **Testing for low and intermediate-risk sports:** testing recommended at least once per week	

[1]Diagnostic testing for SARS-CoV-2 is intended to identify occurrence of SARS-CoV-2 infection at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or suspected recent exposure.
[2]Screening testing is intended to identify infected asymptomatic individuals who may be contagious so that measures can be taken to prevent further transmission.
[3]Schools may ***consider testing a random sample of at least 10% of students or may conduct pooled testing of cohorts/pods for screening testing in areas of moderate and substantial community transmission.***
[4]Schools may consider using screening testing for student athletes and adults (e.g., coaches, teacher advisors) who support these activities to facilitate safe participation and reduce risk of transmission. For an example risk stratification for sports, see NCAA Transmission Risk Summary.

Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, including wearing a well-fitting face mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the Heating, Ventilation, and Air Conditioning (HVAC) or air filtration systems.

During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.

Hand Washing and Respiratory Etiquette

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Schools should avoid or minimize shared items between students and staff. Shared items must be disinfected frequently.

Stay Home When Sick

Students, teachers, and staff who have symptoms of infectious illness, such as influenza or COVID-19, should stay home and be referred to their health care provider for testing and care. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. It is also essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19. Schools should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level and provide excused absences for students who are sick. Employers should ensure that workers are aware of and understand these policies.

CDC guidance provides that people who are fully vaccinated and have had close contact to someone with COVID-19 should get tested 3-5 days after the exposure, even if they do not have symptoms. They should also wear a mask indoors in public for 14 days following exposure or until their test result is negative. Schools should educate teachers, staff, and families about when they and their children should stay home and when they can return to school. During the COVID-19 pandemic it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested. Schools should ensure parents know how to report excused absences when their child has COVID-19 symptoms and/or a COVID-19 exposure.

Getting tested for COVID-19 when symptoms are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread at schools. Any individual who tests positive for COVID-19, regardless of whether they are symptomatic and regardless of whether they are vaccinated, must isolate at home for 10 days.

Case Reporting, Contact Tracing and Quarantine

Any instances of students or staff having tested positive for COVID-19 must be reported to the appropriate public health authority immediately. In addition, any increase or clusters of students or staff reporting symptoms consistent with COVID-19 in the absence of being tested, should also be reported to the appropriate public health authority immediately:

- Southern Nevada Health District (SNHD): (702) 759-0925 (24 hours), or schoolcovid@snhd.org
- Washoe County Health District (WCHD): (775) 328-2447 (24 hours), Fax (775) 328-3764, or epicenter@washoecounty.us
- Carson City Health and Human Services (CCHS) which also includes the quad counties (Carson, Lyon, Douglas and Storey): (775)-887-2190 (24 hours)
- Nevada Division of Public and Behavioral Health (DPBH): (775) 684-5911 (M-F 8:00 AM to 5:00 PM); (775) 400-0333 (after hours), Fax (775) 684-5999, or outbreak@health.nv.gov (All other counties)

Daily illness reports to the appropriate public health authority may be requested and required throughout the duration of the disease/outbreak investigation.

Prompt reporting allows identifying which students, teachers, and staff with positive COVID-19 test results must isolate, and which close contacts must quarantine. School officials should also notify, teachers, staff, and families of students who were close contacts as soon as possible (within the same day if possible) after they are notified that someone in the school has tested positive. An added exception to the close contact definition has been published by CDC due to the reduction of 3 feet of social distancing among students[4]:

Close Contact Through Proximity and Duration of Exposure: Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example*, three individual 5-minute exposures for a total of 15 minutes).* An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

- **Exception:** In the **K–12 indoor classroom** setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition ***excludes*** **students** who were between **3 to 6 feet of an infected student** (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

Public Health Recommendations:

People who are identified as a close contact will need to take steps to manage their exposure according to CDC guidelines. Recommendations for close contacts to quarantine, get tested, and wear a mask after an exposure to COVID-19 will vary depending on vaccination status and history of prior COVID-19 diagnosis within the past 90 days. Follow the recommendations below based on vaccination status or history of prior infection in the past 90 days.

- People who are unvaccinated or not fully vaccinated should quarantine and get tested immediately after being identified as a close contact. If the test is negative, they should get tested again 5–7 days after last exposure and continue to quarantine. If symptoms develop during quarantine, they should isolate and get tested immediately.
- People who are fully vaccinated should get tested 5-7 days after coming into close contact with someone with COVID-19 and wear a mask indoors in public for 14 days or until they test negative. If symptoms develop, they should isolate and get tested immediately.
- People who have had COVID-19 within the past 90 days and recovered should wear a mask indoors in public for 14 days after exposure, monitor for symptoms, and consult with a healthcare professional for testing recommendations if they develop new symptoms.

[4] https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html

Quarantine of unvaccinated close contacts: Those that meet CDC's close contact definition must quarantine consistent with CDC guidelines. Those identified as close contacts must quarantine and can resume normal activities:

- after day 10 following their **last exposure** to the positive person as long as the close contact does not develop symptoms during that time period, **OR**
- after day 7 following their **last exposure** to the positive person if the close contact tested negative on or after day 5 of the quarantine and did not develop symptoms during that time period.

Note, quarantine ends *after* day 10 without a test, or day 7, with a negative test on or after day 5. This means exposed individuals would be able to return to school on day 11 or day 8. This includes, but is not limited to, at home quarantine, in a hotel or dormitory room, or in a group quarantine facility. The individual should continue to self-monitor for symptoms for the full 14 days following exposure. In the case symptoms develop during these 14 days, the person should get (re)tested and quarantine until their test results come back. If their result is positive, they should follow the isolation instructions detailed below. If their result is negative, they should discuss when they can safely return to school with their health care provider because it could be a different infectious disease. The Technical Bulletin for the updated quarantine period can be found here.

Quarantine of persons who tested positive for COVID-19 in the past 3 months: In the school setting, persons that tested positive for COVID-19 in the past 3 months, with no COVID-like symptoms do not need to quarantine, be restricted from work, or tested following an exposure to someone with suspected or confirmed COVID-19, as their risk of infection is low. However, they should still monitor for symptoms of COVID-19 for 14 days following last exposure. If symptoms develop, they should be clinically evaluated and self-isolate.

Quarantine of vaccinated close contacts: In the school setting, fully vaccinated people who have been in close contact with someone with suspected or confirmed COVID-19 should get tested 5-7 days after the exposure, even if they don't have symptoms. They should also wear a mask indoors in public for 14 days following their last exposure to a positive person or until their test result is negative. If symptoms develop, they should be clinically evaluated and tested for COVID-19 if indicated.

Symptom Reporting

School staff obtaining Incoming Reports of Absence

When a report of absence is received it is important for staff documenting the absence to inquire if the absence is related to illness. **If the absence is related to illness, it is essential for staff to inquire about specific symptoms.** This is a vital step in early identification of COVID-19 to ensure that sick students are isolated appropriately. It is recommended to follow a script so that symptom information is collected in a systematic fashion throughout the schools. While the individual taking the report is not expected to diagnose any specific condition, it is expected that the symptoms are logged, and basic exclusion criteria conveyed to the person reporting at the initial point of contact.

The key to successful ascertainment is staff training. Once symptoms information is gathered, the reports also need to be reviewed and tabulated by symptoms. If it is determined there is an increase in any predominant symptoms, a report needs to be made to Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH) or appropriate local health authority listed above. The following is an example of a script:

School Script for Symptom Ascertainment

Date: _____

Name of Student:_____ Grade/Teacher_____

Date and Time Symptoms Started: _____

Specific Symptoms:

- Do symptoms include fever? Yes No
- Do symptoms include shortness of breath? Yes No
- Do symptoms include cough? Yes No
- Do symptoms include fatigue? Yes No
- Do symptoms include chills? Yes No
- Do symptoms include nausea or vomiting? Yes No
- Do symptoms include diarrhea? Yes No
- Do symptoms include headache? Yes No
- Do symptoms include loss of taste and/or smell? Yes No
- Do symptoms include sore throat? Yes No
- Do symptoms include congestion or runny nose? Yes No
- Do symptoms include muscle or body aches? Yes No

Exclusion and Re-Admittance Criteria:

EXCLUSION CRITERIA: If a student or staff member develops signs of COVID-19 as evaluated by the school nurse or clinical aide, (see list under Health Check below), separate the symptomatic person away from others, with supervision at a distance of at least six feet (6') until the ill person can leave.

- While waiting to leave school, the individual with symptoms should continue to wear a cloth face covering or mask if tolerated.
- Circulate the air and clean and disinfect the areas where the person was after they leave.
- Contact DHHS-DPBH as soon as possible.
- Create a list of all (students and staff) who could have been exposed (contacts).

RE-ADMITTANCE CRITERIA: A student or staff member who had signs of suspected or laboratory confirmed COVID-19 can return to the school when:

- At least 24 hours have passed since recovery – meaning that it has been 24 hours of the individual having no fever (measured temperature of 100.4 F or greater) *without* the use of medications and an improvement in respiratory symptoms like cough and shortness of breath; **AND**
- At least 10 days have passed since the individual first displayed symptoms of COVID-19 **OR** It has been at least 24 hours since recovery **AND** a health care provider has certified that the student does not have suspected or confirmed COVID-19.

Isolation of Ill Students and Staff:

Students and staff with any of the symptoms of COVID-19 should be isolated. The school's current illness management policy should be followed to minimize transmission to others and optimize learning opportunities. The exclusion and readmission criteria outlined above should be followed.

Students who meet the exclusion criteria must be immediately isolated in a separate area, and their parent(s)/

guardian(s) immediately called to pick up the student, with supervision at a distance of at least six feet (6') until the ill student can leave.

Health Check:

School staff should be reminded to look for symptoms of illness and send symptomatic students to the school nurse or clinical aide for evaluation. The school nurse should report illnesses to the chief nurse, or school district or charter school designee for tracking and instructions in a timely manner. During a school outbreak, the chief nurse should report all illnesses and exclusions to DHHS-DPBH staff through the line list method (complete with all data elements) for each ill/excluded student or staff by the close of each day school is in session and the outbreak is ongoing.

In a school outbreak situation, staff must actively ask parent(s)/guardian(s) when students are dropped off (or ask students when they arrive at school) to ensure students have no signs or symptoms.

Individuals with COVID-19 have reported a wide variety of symptoms, which range from mild to severe illness. Symptoms may appear 2-14 days after exposure to the virus and may include:

- Fever and 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

Cleaning and Disinfecting:

Every Day

Daily cleaning and disinfecting is usually enough to sufficiently remove potential virus that may be on surfaces. Please refer to the CDC document Cleaning and Disinfecting your Facility (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html).

When Someone is Sick:

Close off areas used by the individuals with COVID-19 and wait as long as practical and ideally 24 hours before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces (e.g. doorknobs, drinking faucets, keyboards, touchscreens, and hallway handrails).

Staff/personnel should ensure that desk surfaces are cleared of items at the end of the day to facilitate janitorial staff's ability to rapidly disinfect surfaces without having to remove student and teachers' possessions.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

- For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19. **Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).**
- Additionally, diluted household bleach solutions can be used, if appropriate, to disinfect surfaces. Follow

manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing **½ cup of bleach per one gallon of water**.

- Avoid using splash-less, color-fast, or bleach with fragrance as those include additives that make them unsafe for food contact surfaces as some districts and schools may be using classrooms for nutrition services.

Closure of Rooms and School Buildings:

During outbreaks, closure of rooms and school buildings may be necessary to reduce the risk of spread of illness. Rooms are closed based on the need to sanitize and eliminate close contact exposures. If several rooms are affected in a building, the entire building may be closed. If there is substantial risk of spread of contagion or severe illness, the school building may be closed. The requirement to close and the extent and length of closure of a room or school depends on the specific illness and measures that must be taken to control the spread of illness and ensure the safety of students, staff, their families, and the community. The following applies:

- **Closure of Rooms** – For any vomiting or fecal incidents in a classroom or other areas, the classroom or area shall also be closed and sanitized prior to being reoccupied. During outbreaks, rooms may be closed by DHHS or the school district superintendent if cases are linked to room occupancy or if the layout of the room does not allow for adherence to CDC guidelines to control and prevent the spread of infection. In all cases, rooms must be sanitized following protocol for the specific illness.
- **Closure of School Buildings** – For any infectious disease, a school building may be closed as necessary to control the spread of illness throughout the school site. School buildings shall be closed under the following criteria:
    - Directives from the Governor of the State of Nevada, Nevada DHHS, or determinations by the school district superintendent or charter school leader.
    - Indeterminate or high risk of school-wide exposures to highly infectious diseases or diseases with high risk of serious illness such as COVID-19, Pertussis, or Norovirus. Schools may also be closed for uncontrolled outbreaks exceeding 30 days.

For outbreaks such as COVID-19, levels of school building closure may depend on the ability to occupy the school site at a limited occupancy and ensure the required social distancing is adhered to.

Sanitizing protocols will be implemented in sections of the school that are open during an outbreak. As a supplemental measure to sanitizing affected rooms and areas, increase of airflow is recommended and can be accomplished by opening doors and windows and changing filters in the HVAC system. If a room is closed, change all air filters in that room's HVAC system and if a building is closed, all air filters in the buildings. The length of closure will be determined by potential exposures as indicated by case reports and contact tracing.

During a school building closure, it may be necessary for some staff and students to occupy buildings. Such occupancy is allowable as long as protocols to reduce exposure and spread of illness are being followed. The closure of school buildings will likely be followed by the suspension of athletic events and school gatherings both on and off campus to control for person-to-person spread. Communication with families and the community is crucial to ensure that they understand the reason for the closure and what is being done to address the outbreak.

Outbreak Closures:

The public health authority within the school's jurisdiction will monitor school outbreaks daily and compile the line list data daily to determine if the spread of COVID- 19 is slowing or has discontinued within the school. Outbreaks will be declared over by the public health authority when baseline of COVID-19 illness has been achieved for two incubation periods (28 days). DHHS-DPBH will compile this data across the state and it will be reflected on the public facing COVID-19 K-12 School Dashboard for schools.