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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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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, pg. 2)

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)

Updated 1/6/2022 (Promoting Vaccination & Mask Use Section, pg. 2 & isolation and quarantine guidance, pg. 4-7 & 9)

Updated 1/13/2022 (Updated Booster dose recommendations for quarantine, pg. 2 & 5, combined health check and contact tracing sections, pg. 7-8, added Test to Stay section, pg. 8-9, added guidance for isolation and quarantine of school health care personnel, pg. 7)

Updated 2/2/2022 (Exposure changes in masked settings, pg. 2 & pg. 5-6, 12-17 y/o booster requirements, pg. 6)

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 continue to provide 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. The introduction of several SARS-CoV-2 Variants of Concern, which now includes the highly transmissible Omicron variant and the Delta variant, changes the landscape of the 2021-22 school year. 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 (AAP) COVID-19 Guidance for Safe Schools.¹² This document is intended to provide guidance regarding important prevention measures recommended to be in place within routine school

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/>

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 and to align with any further guidance produced by CDC and AAP.

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 maintain full in-person operations.

Vaccination is currently the leading public health prevention strategy to manage 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 compared to people who are not fully vaccinated.

CDC continues to reinforce that vaccination is still the leading public health prevention strategy to manage the COVID-19 pandemic. COVID-19 vaccines are safe and effective at preventing COVID-19, especially severe illness and death. The CDC provides resources to assist schools with promoting vaccine: <https://www.cdc.gov/vaccines/covid-19/planning/school-located-clinics/how-schools-can-support.html>

Individuals who are 5 years of age and older are eligible for COVID-19 vaccination. At this time, only the Pfizer-BioNTech COVID-19 vaccine is authorized and recommended for children aged 5-11. 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. Additionally, for some immunocompromised children aged 5-11, CDC now recommends an additional dose of the Pfizer-BioNTech COVID-19 vaccine to complete the primary series, a total of three doses. Also, the CDC now recommends booster shots 5 months after the completion of the primary series of Moderna and Pfizer-BioNTech COVID-19 vaccine for those aged 12 and older. Vaccine appointments can be scheduled online at: <https://www.nvcovidfighter.org/> or by phone at 800-401-0946.

Mask Use

CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. The American Academy of Pediatrics (AAP), Nevada Chapter advises that in most cases, a child who is unable to wear a mask safely for medical reasons should not attend school in-person, especially in an outbreak setting or in a community with substantial or high transmission. Full guidance on mask exemptions from AAP, Nevada Chapter can be found here: <https://nvhealthresponse.nv.gov/wp-content/uploads/2021/12/Mask-Exemptions-in-Children-and-Adolescents.pdf>

If individuals wear face masks properly to cover their nose and mouth, they are effective in preventing the spread of COVID-19. Masks should meet CDC [recommendations](#) in terms of use and quality.

In an effort to reduce the overall burden of contact tracing on K-12 schools while ensuring high-risk exposures are prioritized, the DHHS will no longer consider **masked** contact in a K-12 setting as an exposure regardless of distancing. This pivot will allow schools to focus resources on identifying high-risk, indoor, unmasked exposures most likely to result in transmission. More details can be found in the [quarantine](#) section below. Additionally, schools can only participate in a [Test to Stay](#) Program if the school has universal masking among staff and students as described above.

When teachers, staff, and students consistently and correctly wear a facemask, they protect others as well as themselves. Consistent and correct facemask 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. According to CDC, 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.

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. 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:

³ <https://nvhealthresponse.nv.gov/state-information/governor-directives-and-declarations/>

Table 1. Screening Testing Recommendations for K–12 Schools by Level of Community Transmission

	Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports ² and extracurricular activities ³ at least once per week.	Recommend screening testing for high-risk sports and extracurricular activities twice per week.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning.	
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. ²	Recommend screening testing for low- and intermediate-risk sports at least once per week.		

¹ [Levels of community transmission](#) defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)

² Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football and wrestling.

³High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

Reference: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

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 facemask, 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. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. Schools should 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.

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.

Quarantine

On January 4, 2022 CDC updated COVID-19 isolation and quarantine recommendations with shorter isolation (for asymptomatic and mildly ill people) and quarantine periods of 5 days to focus on the period when a person is most infectious, followed by continued masking. On February 1, 2022, DHHS modified the exposure definition as follows:

Masked contact in a K-12 setting is no longer considered an exposure regardless of distancing. The focus should be on identifying high-risk, indoor, unmasked exposures most likely to result in transmission. Schools that have implemented universal masking among staff and students will continue to perform contact tracing for exposures that occur during indoor unmasked exposures like snack or lunch breaks, unmasked indoor extracurricular encounters, and sports. Schools should consider the development of stable lunch cohorts (table groups, lunch bunches and other group situations). If a case occurs within an indoor unmasked cohort, the entire cohort group may be considered exposed (ex: an assigned lunch or extracurricular group may all be considered exposed if a positive case occurs within the group). Stable cohorts significantly reduce the burden of contact tracing.

Schools that have implemented universal masking only among staff, will need to assess each exposure based upon masked status. For example, if a COVID-19 positive staff member that was appropriately wearing a mask was in contact with another masked staff member, that would no longer be considered an exposure. However, if that positive staff member was appropriately masked and had indoor contact with an unmasked student, that is considered an exposure and contact tracing and quarantine procedures must be followed.

The CDC close contact definition should be utilized for indoor unmasked exposures:

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.***

WHO NEEDS TO QUARANTINE:

People who have come into close contact with someone with COVID-19 and are in one of the following groups **need** to quarantine:

- People who are ages 18 and older and completed the [primary series](#) of recommended vaccine, but have not received a [recommended](#) booster shot when eligible.
- People who are 18 years and older who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a [recommended](#) booster shot.
- People who are not vaccinated or have not completed a [primary vaccine series](#).

Quarantine starts the day of last known contact to a positive individual (day 0) and lasts for five days. For example, if the last known exposure was Friday (day 0), the student or staff could return to school after five days, or on Thursday (day 6) if no symptoms have developed. Upon return the student or staff must wear a well-fitting mask for a minimum of five additional days within schools that have not implemented universal masking. Schools that require universal masking will already have continued mask use established. More information: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-tracing/about-quarantine.html>

WHO DOES NOT NEED TO QUARANTINE:

People who have come into close contact with someone with COVID-19 and are in one of the following groups **do not** need to quarantine:

- Age 18 or older and have received all [recommended vaccine doses](#), including [boosters](#) and [additional primary shots](#) for some immunocompromised people.
- Students 12-17 years old who have completed their [primary vaccine series](#) but have not yet received all [eligible boosters](#). This is to allow time for students to catch up with the [latest recommendations](#) and to minimize disruption to in-person learning.
- Age 5-11 years and completed the [primary series](#) of COVID-19 vaccines.
- Anyone who has had confirmed COVID-19 within the last 90 days (who tested positive using a [viral test](#), meaning a positive PCR or an antigen test. Antibody tests do not count).
- Students or staff who are participating in a school-sponsored [Test to Stay Program](#).

These individuals should wear a [well-fitting mask](#) around others for 10 days from the date of the last close contact with someone with COVID-19 (the date of last close contact is considered day 0). [Get tested](#) at least 5 days after they last had close contact with someone with COVID-19. If they test positive or develop COVID-19 symptoms, they should follow the isolation instructions below.

Isolation:

ISOLATION (FOR THOSE THAT TEST POSITIVE FOR COVID-19):

Any individual who tests positive for COVID-19, regardless of whether they are symptomatic and regardless of whether they are vaccinated or boosted, must isolate at home for a minimum of 5 days. If they are asymptomatic or have resolving symptoms* after 5 days, they can discontinue isolation but must continue to wear a [well-fitting mask](#) around others for 5 additional days within schools that have not implemented universal masking. Schools that require universal masking will already have continued mask use established. **CDC states that if students or staff are unable or unwilling to wear a mask when around others after day 5, they should continue to isolate for a full 10 days.**

***DHHS defines resolving symptoms as:**

At least 24 hours have passed with no fever and without the use of fever-reducing medicine; and Other symptoms are improving (loss of taste and smell might last for weeks or months after recovery but should not delay ending isolation).

When does Isolation start?

- If you are asymptomatic (never develop [symptoms](#)), day 0 is the day you were tested (not the day you received your positive test result), and day 1 is the first full day following the day you were tested. People who never develop symptoms should isolate for a full 5 days after their first positive COVID-19 test (i.e., days 0 through 5). Wear a [well-fitting mask](#) for 10 days following your positive test result (if asymptomatic) to limit spread when around others at home and in public. If you develop symptoms soon (i.e., within a week) after your positive test result, the clock restarts at day 0 on the day of symptom onset. **CDC states that if students or staff are unable or unwilling to wear a mask when around others after day 5, they should continue to isolate for a full 10 days.**
- If you have symptoms, day 0 of isolation is the day of symptom onset, regardless of when you tested positive, and day 1 is the first full day following the day your symptoms started. Persons with symptoms should isolate for a full 5 days after symptom onset (i.e., days 0 through 5) and until symptoms have improved. If you continue to have fever or your other symptoms have not improved after 5 days of isolation, you should wait to end your isolation until you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. Wear a [well-fitting mask](#) for 10 days following your onset of symptoms to limit spread to others in the home or other close contacts.

***Health care personnel within schools, such as, school nurses and clinical aides may utilize CDC's isolation and quarantine recommendations specific to health care personnel to address staffing challenges:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

Exclusion

EXCLUSION CRITERIA FOR SYMPTOMATIC PERSONS THAT HAVE NOT TESTED POSITIVE FOR COVID-19: If a student or staff member develops [signs of COVID-19](#) while at school, separate the symptomatic person away from others at a distance of at least six feet (6') until the ill person can leave. Ensure students have proper supervision.

- 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.
- Create a list of all (students and staff) who could have been exposed (contacts).

After exclusion for symptoms, the student or staff member should be tested for COVID-19. If the test returns positive, [isolation guidance](#) should be followed. If a COVID-19 test was not performed OR there is a negative lab result the student or staff can return to the school when:

- At least 24 hours have passed without a fever (measured temperature of 100.4 F or greater) and *without* the use of fever reducing medications and an improvement of other symptoms. **AND**
- At least 5 days have passed since the individual first displayed symptoms of COVID-19
- At least 5 days of well-fitted masking should be employed following recovery defined by the above scenarios.

Case Reporting and Contact Tracing

Any instances of students or staff having tested positive for COVID-19 must be put on isolation and 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 put on isolation and 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 dpbhepi@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.

Symptom Ascertainment and Health Checks

Asking about Illness When Absences are Reported

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. An [example script](#) is below.

Ascertaining Illness While Students and Staff are in School

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 or appropriate local health authority listed above 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:

Example 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

Test to Stay

Test to Stay (TTS) is a practice comprised of contact tracing and serial testing (testing that is sequentially repeated) to allow school-associated close contacts who are not fully vaccinated to continue in-person learning during their quarantine period. Contact tracing, testing, and masking of contacts during the full in-school quarantine period are integral to minimize risk of transmission. On December 17, 2021, the Centers for Disease Control and Prevention (CDC) released updated guidance to allow for TTS programs in conjunction with layered prevention strategies.⁴

Nevada schools may choose to implement a TTS program for students, teachers, and staff if the following required criteria are met:

⁴ https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html

- The close contact exposure must occur within the school setting only (ex: the school campus, school buses, and school based extracurricular activities, etc). Individuals with household exposures are not eligible to participate in TTS.
- Both the index case and school-based close contact had to be correctly and consistently masked⁵ during the entire exposure.
- The close contact must adhere to correct and consistent use of wearing a mask in the school setting (indoors, outdoors, and on school buses) while participating in TTS.
- The close contact must remain asymptomatic to attend in-person school while participating in TTS.
- Close contacts must agree to quarantine at home when not in school and adhere to CDC’s quarantine guidance outside of the K-12 school setting.
- All students and staff within the school must adhere to physical distancing when feasible.
- Testing for close contacts is recommended to occur every other day (on days 1, 3, and 5 after exposure). If this is not feasible, testing must occur as soon as possible after the exposure and again on day 5. If testing is unavailable because day 5 is not a school day, testing must occur on the next scheduled school day.

TST programs are not meant to replace any other mitigation measures and should be utilized as an additional layer in conjunction with all other prevention measures. Any failure to adhere to the required criteria will result in discontinuation of TTS and resumption of quarantine measures. In the event of an uncontrolled outbreak, the local public health authority may determine that TTS must be discontinued in order to reduce disease transmission and control the outbreak.

TTS programs are implemented and overseen at the school level by designated school staff. Several considerations must be made when determining if implementation is feasible for each individual school or district:

- Availability of testing: School districts were provided CDC funding to stand up school-based testing programs through the Epidemiology and Laboratory Capacity (ELC) grant. School districts must ensure they have the appropriate testing resources and funding needed to implement a TTS program.
- Staffing: Determining which students both meet the criteria for TTS and choose this approach in lieu of standard quarantine, and the continuous follow-up on test accessibility, timing of testing and results may result in significant staff time. School districts must consider this and ways to increase staffing if needed to accomplish TTS implementation.

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. The areas should be cleaned before it is put into use. 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.

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

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.