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COVID-19 GUIDELINES FOR PREVENTION AND CONTROL IN K-12 SCHOOL SETTINGS

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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, teachers, 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.

Nevada schools should continue to focus on minimizing the risk of COVID-19 transmission within schools and should plan for occurrences of COVID-19 illness. The Nevada Department of Health and Human Services (DHHS) supports full in- person learning with the proper prevention and mitigation measures in place. This guidance is based on recommendations from the Centers for Disease Control and Prevention (CDC)[1] and the American Academy of Pediatrics (AAP)[2] and should serve as a guide to help school program administrators support safe, in-person learning while managing the spread of COVID-19.

Many of the layered prevention strategies outlined in this document can also help prevent the spread of other infectious diseases, such as, influenza (flu), respiratory syncytial virus (RSV), and norovirus, and support healthy learning environments for students, teachers, and staff.

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.

Staying Up to Date on Vaccinations

Staying up to date with COVID-19 vaccinations is the leading public health strategy to prevent severe disease. Not only does it provide individual protection, but high vaccination coverage reduces the burden of COVID-19 in people, schools, healthcare systems and communities. In addition, staying up to date on routine vaccinations is essential to prevent illness within the school setting for many different infections.

Schools and health departments can promote vaccination in many ways:

- Provide information about COVID-19 vaccines and other recommended vaccines taking into account the needs of persons with limited English proficiency who require language services, and individuals with disabilities who require accessible formats.
- Encourage evidence-based trust and confidence in vaccines.
- Establish supportive policies and practices that make getting vaccinated easy and convenient, for example a workplace vaccination program or providing paid time off for individuals to get vaccinated or assist family members receiving vaccinations.
- Make vaccinations available on-site by hosting school-located vaccination clinics, or connect eligible children, students, teachers, staff, and families to off-site vaccination locations.

CDC recommends updated COVID-19 primary series vaccines for everyone ages 6 months and older, and COVID-19 boosters for everyone ages 6 years and older, if eligible (regardless of whether they received the original vaccine). The current COVID-19 vaccine and booster recommendations can be found here: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html.

People who are moderately or severely immunocompromised have specific recommendations for COVID-19 vaccines, including boosters. Learn more about COVID-19 vaccine recommendations for people who are moderately or   severely immunocompromised.

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[1]   https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html
[2] https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations- return-to-in-person-education-in-schools/

Stay Home When Sick

Students, teachers, and staff who have symptoms of infectious illness, such as influenza, RSV, COVID-19, and gastrointestinal infections should stay home and seek testing. Staying home when sick can lower the risk of spreading infectious disease, including the virus that causes COVID-19. 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.

Ventilation

Improving ventilation is one component of maintaining healthy environments and is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. Good ventilation layered with other prevention strategies can reduce the likelihood of spreading infectious disease. The following outlines ways you can improve ventilation in your school and is from : https://www.cdc.gov/coronavirus/2019-ncov/community/schools- childcare/ventilation.html

Bring in as much outdoor air as possible.

- **If safe to do so, open windows and doors.** Even just partially opening a window or door helps increase outdoor airflow, which helps reduce the potential concentration of virus particles in the air. If it gets too cold or hot, adjust the thermostat. Do not open windows or doors if doing so poses a safety, security, or health risk (such as falling, exposure to extreme temperatures, or triggering asthma symptoms).

- **Use child-safe fans to increase the effectiveness of open windows.** Safely secure fans in a window to blow potentially contaminated air out and pull new air in through other open windows and doors.

- **Consider having activities, classes, or lunches outdoors when circumstances allow.** Ensure Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.

- **Make sure your ventilation systems are serviced and meeting code requirements.** They should provide acceptable indoor air quality, as defined by ASHRAE Standard 62.1, for the current occupancy level for each space.*

- **Set HVAC systems to bring in as much outdoor air as your system will safely allow.** Reduce or eliminate HVAC air recirculation, when practical and with expert HVAC consultation.*

- **Increase the HVAC system's total airflow supply to occupied spaces** when you can. More air flow encourages air mixing and ensures any recirculated air passes through the filter more frequently.

- **Disable demand-controlled ventilation (DCV) controls** that reduce air supply based on occupancy or temperature. This way the air supply will remain constant throughout the day.

- **For simple HVAC systems controlled by a thermostat,** setting the fan control switch from "Auto" to "On" will ensure the HVAC system provides continuous air filtration and distribution.

- **Consider running the HVAC system at maximum outside airflow for 2 hours before and after the building is occupied** to refresh air before arrival and remove remaining particles at the end of the day.

Filter and/or clean the air in your school or childcare program.

- **Improve the [level of air filtration](#) as much as possible** without significantly reducing airflow.

- **Make sure the filters are sized, installed, and replaced according to manufacturer's instructions.**

- **Consider portable air cleaners that use [high-efficiency particulate air (HEPA)](#) filters** to enhance air cleaning wherever possible, especially in higher-risk areas such as a nurse's office or sick/isolation room.

- **Consider using [ultraviolet germicidal irradiation (UVGI)](#)** in schools and non-home-based childcare programs as a supplemental treatment to inactivate the virus that causes COVID-19, especially if options for increasing ventilation and filtration are limited. Consult a qualified professional to help design and install any UVGI system.

Use exhaust fans in restrooms and kitchens.

- **Inspect and maintain exhaust ventilation systems** in restrooms and kitchens.

- **Ensure restroom and kitchen exhaust fans** are on and operating at full capacity while the school or childcare program is occupied and for 2 hours afterward.

Open windows in transportation vehicles.

- Ventilation is important on buses and vans servicing schools and childcare programs, along with other strategies such as mask use for people over 2 years old and physical distancing.

- **Keep vehicle windows open** when it does not create a safety or health hazard. Having more windows open is more helpful, but even just partially opening a few windows is better than keeping all windows closed.

*If your district or school needs more ventilation support, select an HVAC professional with knowledge of [ASHRAE](#) [standards](#) to inspect and repair HVAC systems in schools. Your state or local jurisdiction may also regulate HVAC system settings and maintenance.

Hand Washing and Respiratory Etiquette

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to prevent getting and spreading infectious illnesses, including COVID-19. Schools should monitor and reinforce these behaviors especially during key times of the day (before and after eating and after recess) as well as provide adequate handwashing supplies, including soap and water.

- Teaching resources such as posters, stickers, and fact sheets can be found here: https://www.cdc.gov/handwashing/materials.html

- 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 only be used 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.

Cleaning and Disinfecting

Every Day

Daily cleaning and disinfecting is usually enough to sufficiently remove potential viruses that may be on surfaces. Please refer to the CDC document [Cleaning and Disinfecting your Facility](#).

When Someone is Sick:

Open outside doors and windows to increase air circulation in the area if it is safe to do so. The infected areas should be cleaned before being used again.

Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing on frequently touched surfaces (e.g. doorknobs, drinking faucets, keyboards, touchscreens, and hallway handrails). If someone is cleaning and disinfecting an area occupied by a sick person within the last 24 hours, they should wear a mask while cleaning.

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.

Mask Use

Wearing a [well-fitting mask](#) or respirator consistently and correctly reduces the [risk of spreading the virus](#) that causes COVID-19. At a high COVID-19 hospital admission level, universal indoor masking in schools is recommended, as it is in the community at-large. Guidance on the decision to implement broader mask use in healthcare setting such as school nurses' offices can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control- [recommendations.html](#)

People who have known or suspected exposure to COVID-19 should also wear a well-fitting mask or respirator around others for 10 days from their last exposure, regardless of vaccination status or history of prior infection.

The CDC COVID-19 hospital admission levels can be found here: https://covid.cdc.gov/covid-data-tracker/#maps_new- [admissions-rate-county](#)

Anyone who chooses to wear a mask or respirator should be supported in their decision to do so at any COVID-19 hospital admission level, including low. At a medium and high COVID-19 hospital admission level, people who are immunocompromised or at risk for getting very sick with COVID-19 should wear a mask or respirator that provides greater protection. Since wearing masks or respirators can prevent spread of COVID-19, people who have a household or social contact with someone at risk for getting very sick with COVID-19 (for example, a student with a sibling who is at risk) may also choose to wear a mask at any COVID-19 hospital admission level. Schools should consider flexible, non- punitive policies and practices to support individuals who choose to wear masks regardless of the COVID-19 hospital admission level.

Schools with students at risk for getting very sick with COVID-19 must make reasonable modifications when necessary to ensure that all students, including those with disabilities, are able to access in-person learning. Students with immunocompromising conditions or other conditions or disabilities that increase risk of getting very sick with COVID-19 should not be placed into separate classrooms or otherwise segregated from other students.

For more information about masks please visit Types of Masks and Respirators.

COVID-19 Testing
Diagnostic Testing:

Schools can offer diagnostic testing for students and staff with symptoms of COVID-19 or who were exposed to someone with COVID-19 in the K-12 setting, or refer them to a community testing site, healthcare provider, or to use an at-home test. Each COVID-19 test with an emergency use authorization (EUA) has a minimum age requirement. Schools should only use tests that are appropriate for the person being tested.

Screening Testing:

Screening testing identifies people with COVID-19 who do not have symptoms or known or suspected exposures, so that steps can be taken to prevent further spread of COVID-19.

CDC no longer recommends routine screening testing in K-12 schools. However, at a high COVID-19 hospital admission level, K- 12 schools can consider implementing screening testing for students and staff for high-risk activities (for example, close contact sports, band, choir, theater); at key times in the year, for example before/after large events (such as prom, tournaments, group travel); and when returning from breaks (such as, holidays, spring break, at the beginning of the school year). In any screening testing program, testing should include both vaccinated and unvaccinated people. Schools serving students who are at risk for getting very sick with COVID-19, such as those with moderate or severe immunocompromise or complex medical conditions, can consider implementing screening testing at a medium or high COVID-19 hospital admission level. The type of viral test used can vary and includes over the counter or at-home testing (self- testing), point-of-care rapid testing, or laboratory testing. Schools that choose to rely on at-home test kits for screening testing should ensure equal access and availability to the tests; establish accessible systems that are in place for ensuring timely reporting of positive results to the school; and communicate with families the importance of following isolation guidance for anyone who tests positive. Communication strategies should take into account the needs of people with limited English proficiency who require language services, and individuals with disabilities who require accessible formats.

Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect privacy. Consistent with state legal requirements and Family Educational Rights and Privacy Act (FERPA), K-12 schools should obtain parental consent for minor students and assent/consent from students themselves, when applicable.

Management of Cases and Exposures
Students or staff who come to school with symptoms or develop symptoms while at school should be asked to wear a well-fitting mask or respirator while in the building and be sent home and encouraged to get tested if testing is unavailable at school. Symptomatic people who cannot wear a mask should be separated from others as much as possible; children should be supervised by a designated caregiver who is wearing a well-fitting mask or respirator until they leave school grounds.

Schools should develop mechanisms to ensure that people with COVID-19 isolate away from others and do not attend school until they have completed isolation. Once isolation has ended, people should wear a well-fitting mask or respirator around others through day 10. Testing is not required to determine the end of isolation or mask use following COVID-19 infection; however people can use the test-based strategy

outlined in the isolation guidance to potentially shorten the duration of post-isolation mask use. If using the test-based strategy, people should continue to wear a well- fitting mask or respirator in the school until testing criteria have been met. People who are not able to wear a well- fitting mask or respirator should either isolate for 10 full days or follow the test-based strategy to determine when they can safely return to the school without a mask, continuing to isolate until testing criteria have been met. If a person with COVID-19 has been inside a school within last 24 hours, the space should be cleaned and disinfected.

Quarantine is no longer recommended for people who are exposed to COVID-19 except in certain high-risk congregate settings such as correctional facilities, homeless shelters, and nursing homes. In schools, which are generally not considered high-risk congregate settings, people who were exposed to COVID-19 should follow recommendations to wear a well-fitting mask and get tested. K-12 school administrators can decide how to manage exposures based on the local context and benefits of preserving access to in-person learning. Accommodations may be necessary for exposed people who cannot wear a mask or have difficulty wearing a well-fitting mask. Schools can also consider recommending masking and/or testing for a classroom in which a student was recently exposed who is unable to wear a mask consistently and correctly.

Quarantine is a key component to Test to Stay programs. Since quarantine is no longer recommended for people who are exposed to COVID-19 except in certain high-risk congregate settings, Test to Stay (TTS) is no longer needed. If any school or ECE program chooses to continue requiring quarantine, they may also choose to continue TTS.

Schools that are not conducting contact tracing should use other methods to inform people who might have been in close contact with someone with COVID-19 in the school environment of their potential exposure and the actions they should take to remain safe and reduce transmission. Timely notification to all students, children, and staff in a classroom, cohort, or other school-based group with a potential exposure could include a phone call, email, or letter while ensuring confidentiality.

Any instances of students or staff having tested positive for COVID-19 must be put in isolation and reported to the appropriate public health authority immediately. In addition, **any increase 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) 759-1300 (24 hours)
- 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) (all other counties): (775) 684-5911 (M-F 8:00 AM to 5:00 PM); (775) 400-0333 (after hours), Fax (775) 684-5999, or dpbhschoolcases@health.nv.gov

Any COVID-19 outbreak declarations must be reported to your local public health authority immediately.

Isolation:
Isolation is used to separate people with confirmed or suspected COVID-19 from those without COVID-19. People who are in isolation should stay home until it's safe for them to be around others. At home, anyone sick or infected should separate from others, or wear a well-fitting mask when they need to be around others. People in isolation should stay in a specific "sick room" or area and use a separate bathroom if available. Everyone who has presumed or confirmed COVID-19 should stay home and isolate from other people for at least 5 full days (day 0 is the first day of symptoms or the date of the day of the positive viral test for asymptomatic persons). They should wear a mask when around others at home and in public for an additional 5 days or until two sequential negative antigen tests have been taken 48 hours apart.

People who are confirmed to have COVID-19 or are showing symptoms of COVID-19 need to isolate regardless of their vaccination status. This includes:

- People who have a positive viral test for COVID-19, regardless of whether or not they have symptoms.
- People with symptoms of COVID-19, including people who are awaiting test results or have not been tested. People with symptoms should isolate even if they do not know if they have been in close contact with someone with COVID-19.

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 up to date on COVID-19 vaccines, 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 or until two sequential negative antigen tests have been taken 48 hours apart.

*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?[3]

- 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 unless they have two sequential negative antigen test results 48 hours apart.**

- 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. Additionally, you should wear a well-fitting mask for 10 days following your onset of symptoms or until you have two sequential negative antigen test results taken 48 hours apart, to limit spread to others in the home or other close contacts.

ISOLATION/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 wear a well-fitting mask if possible.
- Circulate the air and clean and disinfect the areas where the person was after they leave.

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.

The following are guidelines for situations when a student or staff member can return to school

when it is not possible to do a COVID-19 test OR there is a negative lab result:

1. A person that is symptomatic and does not have a COVID-19 test can return to school if:
    - 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 **AND**
    - At least 5 days of well-fitted masking should be employed following recovery defined by the above scenarios.

2. A person that is symptomatic and has a different lab-confirmed diagnosis (e.g., RSV, flu, other) with either a negative COVID-19 test or COVID-19 testing was not performed can return to school if:
    - They follow protocol for their diagnosed illness (if applicable) **AND**:
    - 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.

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3   https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html

Responding to Outbreaks

If a school is experiencing a COVID-19 outbreak they should consider adding prevention strategies regardless of the COVID-19 hospital admission levels. Strategies that can help reduce transmission during an outbreak include wearing well-fitting masks or respirators, improving ventilation (for example moving school activities outdoors, opening windows and doors, using air filters), screening testing, and case investigation and contact tracing. Early identification of cases to ensure that they stay home and isolate is a critical component of outbreak response. Schools may also consider suspending high-risk activities to control a school- or program-associated outbreak. Schools that are experiencing outbreaks should work with their local health department in accordance with state and local regulations. Health departments should provide timely outbreak response support to K-12 schools.

Considerations for High-Risk Activities

Due to increased and forceful exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others at increased risk for getting and spreading the virus that causes COVID-19. Close contact sports and indoor sports are particularly risky. Similar risks may exist for other extracurricular activities, such as band, choir, theater, and other school clubs that meet indoors and entail increased exhalation. At high COVID-19 hospital admission levels, schools should consider implementing screening testing for high-risk activities such as indoor sports and extracurricular activities. Schools may consider temporarily stopping these activities to control a school or program associated outbreak, or during periods of high COVD-19 hospital admission levels.

Symptom Ascertainment and Health Checks

Asking about Illness When Absences are Reported

When a report of absence is received it is important that staff document 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 are 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 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

Considerations for Prioritizing Strategies

Schools, with help from local health departments, should consider local context when selecting strategies to prioritize for implementation. Schools should balance the risk of COVID-19 with educational, social, and mental health outcomes when deciding which prevention strategies to put in place. Additional factors to consider include:

- **Age of population served:** Layered prevention strategies that are most suitable for young children should be given special consideration. For instance, young children may have difficulty wearing a well-fitting mask consistently and correctly, and children under 2 years old should not wear masks. For these reasons, additional layered prevention strategies—such as encouraging vaccination among staff and others around young children, improved ventilation, cohorting, and avoiding crowded spaces—should be considered first.
- **Availability of resources:** Availability of resources, such as funding, personnel, or testing materials, vary by community. For example, some schools may lack personnel to conduct school-based testing or resources to optimize ventilation to improve air quality. Schools may choose to put in place other strategies instead, reserve <u>these strategies for responding to an outbreak, or put them in place when other strategies are not adequate.</u> Alternatively, they may choose to focus resources on select, at-risk sites within the school (such as recommending masking and testing for a classroom in which a student was recently diagnosed with COVID-19).
- **Communities served:** The feasibility and acceptability of certain prevention measures may vary within the community. Schools may choose prevention strategies in consultation with their communities.
- **Pediatric-specific healthcare capacity:** Schools should work closely with local health departments to stay updated on the latest science about COVID-19, its impact on the local healthcare and hospital system, and any changes to recommended prevention strategies. While children are at lower risk for getting very sick with COVID-19, some children may still be hospitalized as a result of infection. When schools are considering increasing the use and number of prevention strategies when the COVID-19 hospital admission level is high, schools may consider the extent to which students or staff are at risk for getting very sick with COVID-19 or have family members <u>at risk for getting very sick</u> with COVID-19.
- **Equity:** <u>Equity</u> at both the individual and school levels should be considered in all decision-making. Care should be taken so that decisions related to layered prevention strategies and learning options do not disproportionately affect any group of people. For instance, at the local health department and school level, decisions to put in place strategies such as screening testing and contact tracing should be made in a way to ensure that the same resources are provided to all within the district and community.

Students with disabilities: Federal and state disability laws require an individualized approach for working with children and youth with disabilities consistent with the child's IEP, Section 504 plan, or Individualized Family Service Plan (IFSP). Reasonable modifications, when necessary, must be provided to ensure equal access to in- person learning for students with disabilities. Administrators should consider additional prevention strategies to accommodate the health and safety of students with disabilities and protect their civil rights and equal access to safe in-person learning. Schools should also consider the needs of people who are at risk for getting very sick with COVID-19 or who have family members at risk for getting very sick with COVID-19. Some students may need additional protections to ensure they can remain safely in the classroom.

In addition, people who spend time indoors with individuals at risk for getting very sick with COVID-19 should consider taking extra precautions (for example, wearing a mask) even when the COVID-19 hospital admission level is not high. School districts, schools, and classrooms may choose to implement masking requirements at any COVID-19 hospital admission level depending on their community's needs – and especially keeping in mind those for whom these prevention strategies provide critical protection for in-person learning. The U.S. Department of Education provides <u>guidance and resources</u> for schools to ensure students with disabilities continue to receive the services and supports they are entitled to so that they have successful in-person educational experience.

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