



## Guidance for K-12 School Operations for In-Person Learning

July 14, 2021

Schools are an essential part of community infrastructure and the return to in-person instruction for K-12 students is a priority. The purpose of this document is to provide information on prevention strategies that help protect students, teachers, and staff and slow the spread of COVID-19 in K-12 schools based on updated [CDC guidelines](#) (7/9/2021). This guidance emphasizes the implementation of layered prevention strategies to protect individuals who are not fully vaccinated and is intended to help school administrators and local health officials select appropriate, layered prevention strategies in their communities.

### Prevention strategies

SARS-CoV-2 transmission in K-12 schools is largely influenced by disease incidence in the community and evidence from the 2020-2021 school year suggests K-12 schools can safely open for in-person instruction when layered prevention strategies are implemented. Decisions around the implementation of layered prevention strategies in the school community should be made collaboratively by local public health officials and school administrators. Factors that should be considered include:

- Level of [community transmission of COVID-19](#) and occurrence of outbreaks in the school or community.
- [COVID-19 vaccination coverage in the community](#) and among students, teachers, and staff.
- Frequency and use of a SARS-CoV-2 testing screening program for students, teachers, and staff who are not fully vaccinated.
- Ages of children served by the schools and associated social and behavioral factors that may affect the risk of transmission and feasibility of different prevention strategies.

Full implementation of all layers of protection is recommended when sustained incidence of COVID-19 in a community is high. If any of the prevention strategies are removed for a school based on local conditions, they should be removed one at a time and increases in COVID-19 cases should be closely monitored. Schools should communicate their strategies and changes in plans to the school community. The recommended layered prevention strategies include:

### 1. Vaccination

- **Promote and offer vaccination** to help increase the proportion of students (12 years of age or older), teachers, staff, and family members who are vaccinated by:
  - Encouraging teachers, staff, and family members to get vaccinated.
  - Providing on-site vaccination or [hosting vaccination clinics at schools](#).
  - Working with local partners to offer vaccination to eligible students and family members during pre-sport/extracurricular activity summer physicals.
  - Providing information to families about vaccine safety and availability in the community.

### 2. Masks

- **Recommend masks for unvaccinated persons while indoors** in all classroom and non-classroom settings, unless otherwise exempted (e.g., cannot wear a mask due to disability). In settings where most individuals are unvaccinated (e.g., classrooms with children <12 years of age), mask use is

particularly important when physical distancing is not possible or when other activities with elevated risk of COVID-19 transmission (e.g., singing, shouting, blowing instruments) are occurring.

- **Require masks on public transportation**, including buses operated by public and private school systems, for all persons two years of age or older unless otherwise exempted, in accordance with [President Biden's Executive Order](#) and [CDC's public health order](#). Operators of school buses should refer to the [U.S. Department of Education's COVID-19 Handbook](#) for additional guidance. A driver does not need to wear a mask if they are the only person on the bus.
- **In general, people do not need to wear masks when outdoors**, though mask use may be considered in outdoor settings that involve sustained close contact with other people who are not fully vaccinated.
- **Consider universal use of masks for all persons in the setting based on these factors:**
  - Presence of a student population that is not yet eligible for vaccination (e.g., schools with grades prekindergarten through 6)
  - [Increasing or high COVID-19 transmission within the surrounding community](#) or school
  - Difficulty monitoring or enforcing mask policies that are not universal
  - Inability to monitor the vaccine status of students and/or teachers and staff
  - Awareness of low [vaccination uptake within the community](#) and/or school setting
  - Community preference for universal mask use in school settings

A modified strategy of only implementing universal mask use during activities when physical distancing is not feasible (e.g., changing classes, mixing of cohorts) may also be considered.

### 3. Physical distancing

- **Physical distancing of at least 3 feet is recommended** between K-12 students in classrooms where not everyone is fully vaccinated. To the greatest extent practicable, schools should reduce the number of students in each classroom, turn desks to face the same direction, utilize assigned seating, and remove nonessential furniture. Maximize physical distancing for unvaccinated persons who are eating meals indoors. When it is not possible to maintain a physical distance of at least 3 feet, it is especially important to layer multiple other prevention strategies, such as indoor masking. Students should not be excluded from in-person learning to keep a minimum distance requirement.
- **Physical distancing of at least 6 feet is recommended between students and teachers/staff, and between unvaccinated teachers/staff.**
- **Utilize cohorts or pods** (a stable group with fixed membership that stays together through activities) as an additional strategy that facilitates more efficient contact tracing and minimizes opportunities for transmission, especially when it is challenging to maintain physical distancing (e.g., young children) or when other layered prevention strategies are discontinued.

### 4. Screening testing

- **Implement screening testing** for unvaccinated students, teachers, and/or staff to help promptly identify and isolate cases and to guide the use of layered prevention strategies in the school. [Screening testing](#) can be considered for unvaccinated individuals participating in sports,

extracurricular activities, or other activities with elevated risk of COVID-19 transmission (e.g., singing, shouting, blowing instruments). Screening testing can also be implemented when known exposures to COVID-19 have occurred in the school setting. Regular use of a screening testing program should be considered when other layered prevention strategies are discontinued and/or when [community transmission of COVID-19](#) is high. In general, fully vaccinated persons should be exempted from a screening testing program. Testing should be conducted with informed consent from the appropriate person or parent/guardian.

#### 5. Ventilation

- **Improve facility ventilation** to the greatest extent possible to increase circulation of outdoor air and increase delivery of clean air. Utilize outdoor spaces, where possible.

#### 6. Handwashing and respiratory etiquette

- **Teach and reinforce handwashing** with soap and water for 20 seconds or use of hand sanitizer containing at least 60% alcohol. Ensure adequate supplies and opportunities for hand hygiene.

#### 7. Isolation

- **Ensure sick students, teachers, or staff stay home** if they are having fever and/or symptoms of COVID-19, including:
  - Fever or feeling feverish (e.g., chills, sweating)
  - New cough
  - Difficulty breathing
  - Sore throat
  - Muscle aches or body aches
  - Vomiting or diarrhea
  - New loss of taste or smell
- **Ensure persons who test positive for COVID-19 self-isolate** away from school for 10 days after the start of their illness (or testing date) or otherwise follow the direction of the local public health department about when it is safe for them to be around others. COVID-19 test results that involve use of an “at-home” test kit and for which the specimen collection is not monitored by a trained healthcare provider are not reportable to public health. Students, teachers, or staff who test positive for COVID-19 through a non-medically proctored “at-home” test should be recommended to self-isolate and obtain an additional test from a medical provider to confirm the result.
- **Direct sick persons to a health care provider to be tested** and instruct to isolate at home until they receive their test result. Sick students, teachers, or staff who are not tested for COVID-19 may return when their symptoms resolve. Consider implementing a program to offer on-site rapid COVID-19 testing for sick students, teachers, or staff.

#### 8. Quarantine and contact tracing

- **Schools should work with the local health department to facilitate case investigation and contact tracing** to identify individuals who have had close contact with a person diagnosed with

COVID-19. A close contact is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes while the person was considered contagious.

- **Exception:** In the K-12 indoor classroom setting, the close contact definition excludes students who were at least  $\geq 3$  feet away from an infected student if both students were engaged in consistent and correct use of masks and other K-12 prevention strategies were in place. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.
- **Unvaccinated students, teachers, or staff who are identified as close contacts should be instructed to self-quarantine** regardless of whether the exposure occurred within or outside of the school setting. [Quarantine may be discontinued](#) when the local public health department determines the individual is safe to be around others or:
  - After day 7 if the individual is symptom-free and receives a negative COVID-19 test 5 days or later after the last date of exposure to the case.
  - After day 10 without testing if the individual is symptom-free.

If a screening testing program is implemented, schools, in partnership with the local health department, could consider a “test to stay” strategy allowing unvaccinated individuals who are exposed to COVID-19 at school to remain in school during the quarantine period with repeated negative COVID-19 tests.

- **Fully-vaccinated\* persons do not need to quarantine** following an exposure to a person diagnosed with COVID-19 if he/she is not experiencing symptoms.

\* $\geq 14$  days have passed since receipt of the Janssen (J&J) vaccine or the second dose of Pfizer or Moderna vaccine.

## 9. Cleaning and disinfection

- **Improve facility cleaning** to the greatest extent possible. In general, cleaning once a day is enough to sufficiently remove potential virus that may be on surfaces. Consider cleaning high-touch, shared surfaces more frequently.

## Additional recommendations

- Nonessential visitors, volunteers, and activities with people who are not fully vaccinated should be limited, particularly when there is moderate-to-high COVID-19 transmission in the community.
- Layered prevention strategies for school-sponsored sports and extracurricular activities should be implemented and continued from the 2020-21 school year based on guidance from the [KHSAA](#). Fully vaccinated persons do not need to wear a mask or physically distance. Students who are not fully vaccinated and participate in indoor sports or other indoor higher-risk activities are recommended to continue wearing masks and keeping physical distance as much as possible. Schools should consider using screening testing for student athletes and adult participants who are not fully vaccinated.
- Levels of community transmission may be used as a factor for determining the implementation of layered prevention strategies. Community transmission is defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high,  $\geq 100$ ) and percentage of positive tests in the past 7 days (low,  $< 5\%$ ; moderate, 5-7.9%; substantial, 8-9.9%; high,  $\geq 10\%$ ).