Plans and Processes for K-12 Schools During COVID-19 2021-22 Academic Year

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The information in this presentation is current as of August 11, 2021.
“Schools are an important part of the infrastructure of communities. They provide safe and supportive learning environments for students that support social and emotional development, provide access to critical services, and improve life outcomes. They also employ people, and enable parents, guardians, and caregivers to work. Though COVID-19 outbreaks have occurred in school settings, multiple studies have shown that transmission rates within school settings, when multiple prevention strategies are in place, are typically lower than – or similar to – community transmission levels.”

Students benefit from in-person learning, and safely returning to in-person instruction with layered prevention strategies in place in the fall 2021 is a priority.

Website: CDC Guidance for COVID-19 Prevention in K-12 Schools
• In alignment with the CDC and the Pennsylvania Departments of Health (DOH) and Education’s (PDE) focus on in-person learning with layered prevention strategies in place, the School Epidemiology team will be adopting a **Harm Reduction Framework for K-12 schools**.

• **What is Harm Reduction?**
  - Public Health model aimed at equipping people with information and resources to reduce engagement in high-risk behaviors, while recognizing that it may not be eliminated.
• DOH/PDE are following the CDC’s School Guidance

• Vaccination

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

• Physical Distancing

3 feet, to the greatest extent feasible, with layered protections; 6 feet recommended for those who are not vaccinated.

• Masking

Universal masking recommended for all teachers, staff, students, and visitors, regardless of vaccination status.

*Mandated on school buses, regardless of vaccination status, per CDC order.*
• **School meals**
  - Maximize physical distancing as much as possible; no need to limit food service approaches to single use items and packaged meals.

• **Cleaning**
  - Cleaning once/day is usually enough; clean AND disinfect within 24 hours if a case was present.

• **Reporting Cases/Isolation/Quarantines**
  - In order to prioritize in-person learning as safely as possible, and in alignment with requirements in 28 Pa. Code ch. 27, schools must report cases to DOH for contact tracing and quarantine/isolation orders if necessary.
• **Responding to Cases**
  - When a case of COVID-19 is identified in a school setting, schools should refer to the Centers for Disease Control and Prevention (CDC) protocol outlining [what to do if a student becomes sick or reports a new COVID-19 diagnosis at school](#).
  - Work with DOH or county or municipal health departments (CMHD) to complete contact tracing for individuals diagnosed or exposed to COVID-19.
  - Schools within a CMHD jurisdiction should work with their local health department when responding to cases of COVID-19 in a school setting.
Vaccination

• Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.

• Someone is considered fully vaccinated when:
  - At least two weeks have passed after the receipt of the second dose in a 2-dose vaccine series, or, at least two weeks have passed after receipt of one dose of a single-dose vaccine.

• Per CDC guidance and PA HAN 583, if a fully vaccinated person is exposed to someone with COVID-19, they do not need to quarantine; however, they should:
  - Get tested 2-5 days after exposure, even if they don’t have symptoms;
  - Wear a mask indoors in public for 14 days following exposure or until their test result is negative;
  - Isolate for 10 days if their test result is positive.
Vaccination, Cont’d

- If someone is fully vaccinated and develops COVID-like symptoms, they should isolate and be tested for COVID.

- This guidance holds true, regardless of the time since last vaccine dose. At this time, booster doses are not recommended.
The CDC updated levels of community transmission, which DOH/PDE have adopted.

County-level data can be found on the CDC website: [covid.cdc.gov/covid-data-tracker/#county-view](https://covid.cdc.gov/covid-data-tracker/#county-view)

<table>
<thead>
<tr>
<th>Incidence Rate per 100,000 people in last 7 days</th>
<th>Low (0-9)</th>
<th>Moderate (10-49)</th>
<th>Substantial (50-99)</th>
<th>High (≥100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Positive Tests in last 7 days</td>
<td>&lt;5%</td>
<td>5-7.9%</td>
<td>8-9.9%</td>
<td>≥10%</td>
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Close Contact Definition

- Close Contact: within 6 feet for 15 consecutive minutes (PA HAN 533)
  - Although the close contact definition is generally 15 consecutive minutes, there are circumstances where 15 cumulative minutes, or less than 15 minutes, may be used.

- Additional factors that should be considered when assessing close contacts include:
  - Being in extremely close proximity (e.g. face to face)
  - Having a prolonged exposure time
  - The infected person exhibiting symptoms
  - The infected person generating respiratory aerosols (e.g., coughing, singing, shouting)
  - The presence of environmental conditions (e.g., crowding, inadequate ventilation, or being indoors)
• CDC guidance adds the following exception to the definition of close contact:

   In the K–12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if both the infected student and 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. Note: students age 18+ should be considered students, not adults, for purposes of this definition.
Case Response Definitions

• Isolation period for people with symptoms (symptomatic cases): at least 10 days since symptom onset (PA HAN 518)
  
  Please note that day of symptom onset is Day 0

SYMPTOM BASED STRATEGY

EVEN IF FULLY VACCINATED, IF YOU HAD COVID-19 SYMPTOMS AND ARE ABLE TO RECOVER AT HOME

You can leave your sick room* and home after three things have happened:

☐ At least 10 days have passed since symptoms first appeared, and
☐ 24 hours have passed without fever, without fever-reducing medication, and
☐ Your other symptoms have improved. Loss of taste or smell might persist for weeks or months and should not delay ending isolation.

* A sick room involves living in a separate room and using a separate bathroom if possible. Don’t share personal items. Clean and disinfect your home and frequently touched surfaces often. If you are unable to live alone, wear a mask when around others and have them wear masks too.

• Isolation period for people without symptoms (asymptomatic cases): at least 10 days since positive test (PA HAN 518)
  - Please note that test date is Day 0

**TIME BASED STRATEGY**

**IF YOU TESTED POSITIVE FOR COVID-19, NEVER HAD SYMPTOMS, AND ARE ABLE TO RECOVER AT HOME**

You can leave your sick room and home after two things have happened:

- At least 10 days have passed since the date of your first positive diagnostic test, and you continue to have no symptoms since the test.
- If you develop symptoms after beginning isolation for a positive test result, follow symptom-based criteria using test date as the day you begin your isolation.

Be cautious when retesting for COVID-19. Your test results can remain positive for a couple of months, even though you are no longer able to spread the virus.
Case Response Definitions (continued)

- Quarantine for Non-Household Contact
  - Please note that exposure date is Day 0

If you are able to live completely separate from the person in your house with COVID-19 follow the non-household contact timeframe. Living separate from your housemate means no contact, no time together in the same room, and no sharing of any spaces such as a bathroom or bedroom.

IF YOUR COVID-19 CONTACT DOES NOT LIVE WITH YOU

NON-HOUSEHOLD CONTACT

ONE STEP
QUARANTINE FROM DATE OF LAST CLOSE CONTACT

ELIGIBLE TO TEST FOR EARLY RELEASE ON OR AFTER DAY 5

REMAIN IN QUARANTINE THROUGH THIS DATE

DO NOT END QUARANTINE IF SICK

DAYS
7
10
14

RELEASE WITH NEGATIVE TEST RESULTS
NO TESTING REQUIRED
Preferred
• Quarantine for Household Contact

Please note that most recent exposure date (end of case’s infectious period) is Day 0. Household contact quarantines are 17-24 days.
School Exclusion Timeframes

• If you are a school choosing to follow a 14-day exclusion period, we want you to know that you have our full support in choosing to follow a 14-day exclusion. Please note that while you are fully supported in excluding close contacts from school for 14 days, they may still choose to end quarantine after 10 days. This means that during that 4-day period, they may be out in the community while still excluded from school. We are happy to help you with messaging to your school community regarding your election of a 14-day exclusion period. Please feel free to share the following message with your school community:

    Out of an abundance of caution and following recommended best practices from the Pennsylvania Department of Health and the CDC, we have made the decision to follow a 14-day school exclusion for students and staff who are identified as close contacts of a case. While these entities allow for shortened quarantines, DOH and CDC both state that the most protective recommended quarantine remains at 14 days following exposure. This means that if a staff member or student who is a close contact chooses to end quarantine early, they will not be allowed back in our building or at school-affiliated events for 14 days after exposure.
Sports and Extracurriculars

- Students should refrain from activities when they have symptoms consistent with COVID-19 and should be tested.

- Students who are not fully vaccinated and participate in indoor sports and other higher-risk activities should continue to wear masks and keep physical distance as much as possible.

- Schools should consider using screening testing for student athletes and adults who are not fully vaccinated who participate in and support these activities to facilitate safe participation and reduce risk of transmission – and avoid jeopardizing in-person education due to outbreaks.

- NCAA provided a sports stratification tool, which is included in the 2021-22 School COVID Toolkit.
In order to best assist schools with their COVID-19 response in the upcoming school year, DOH will be providing the following supports to schools:

- Voluntary testing program
- Guidance for response to cases/situations in schools
- Regular communication and updates
- Assistance partnering with vaccine providers
Testing

- School-based testing is another option available to schools and is available at no cost to school districts or families through DOH testing program.

- Types of Testing
  - Screening Testing
    - Weekly pooled testing: samples from multiple people are combined into one diagnostic test. If the combined test comes back negative, all individuals in that sample can be presumed negative. If the combined test comes back positive, everyone in that sample will need to be tested individually.

  - Diagnostic Testing
    - Follow-up on positive pools
    - Symptomatic student/staff testing
    - Testing after exposure
Operationalizing Guidelines

• DOH is preparing localized internal data reports for monitoring and outreach with recommendations for school districts as case incidence rates, positivity rates, and vaccination rates change.

• In order to quickly and efficiently identify in-school contacts, DOH will be asking for partnership from schools in the school investigation process again in the 2021-22 school year. DOH staff will assist in identifying close contacts or additional scenario guidance as needed.
School-to-DOH Outreach Process

• All school to DOH outreach will be channeled through a self-report link for streamlined communication, as well as tracking purposes.

• **In order to ensure that all communication is tracked and has proper follow-up, only inquiries that come through WebEOC as of the go-live date will be addressed. This exact go-live date will be communicated soon.**

• Once the WebEOC process launches, please do not reach out directly to DOH nurses or epidemiology associates unless it is for follow-up on a case/inquiry that has already been submitted to the DOH system.

• In the event of WebEOC or other technical issues, DOH will be in touch with short-term alternate reporting pathways.
School Case Reporting Process

- School is notified of/identifies case, begins school-based investigation
  - Identifies and gives preliminary exclusion notice to unvaccinated close contacts
  - School compiles line list and notifies families of exclusion
  - School can request DOH assistance in determining close contacts through WebEOC

- School submits case info and line list (if applicable) to DOH through WebEOC link [video tutorial to follow]

- Questions and requests for situational assistance without a case can also be submitted through WebEOC link [video tutorial to follow]
DOH Process for School Reports/Inquiries

• Case Report and/or consult request comes in to WebEOC

• Report/Inquiry is reviewed, triaged, and dispatched by School COVID (formerly JRRC) admin team

• Nurse/Epi team supervisors review and assign to field for follow-up
DOH Identified Case (NEDSS)

- Investigator identifies school-associated case in NEDSS investigation, creates WebEOC assignment, and flags for Epi team.

- Epi team reaches out to school to conduct notification, get line list, close in WebEOC.
Outbreak Containment

- **Outbreak definition:**
  - 2 or more cases among students/staff without other identified epidemiological linkages, with onset within 14 days in a single classroom or core group (i.e. teams, band)

- If schools are experiencing an outbreak or a rise in cases, schools should reach out to DOH or their local county/municipal health department for guidance

- In order to preserve safe in-person learning to the greatest extent possible, DOH staff will work with schools to determine if a closure is necessary and appropriate closure length, with a maximum 14-day recommendation, for full incubation period
A maximum 14-day suspension of in-person learning may be recommended by DOH if the following criteria are met:

- 5% of students/staff confirmed cases in 14-day window:
  - Small school (<500 staff & students): 25 case threshold
  - Medium school (500-900 staff & students): 25-45 case threshold
  - Large school (900+ staff & students): 45+ case threshold

- OR

- 3 simultaneous classroom and/or core group outbreaks
  - Transmission between 2 or more students or students/staff/teachers without other identified epidemiological links in 3 or more classrooms and/or other core groups (i.e. teams, band)

If either of these criteria are met, schools should reach out to DOH or their local county/municipal health department for guidance.
• Suspension of sports/extracurriculars also recommended when DOH recommends a closure due to uncontrolled transmission within the school.

• In addition to DOH-recommended closures, schools may consider short-term closures if time is needed to determine/monitor close contacts or if staffing shortages or student quarantines become disruptive to in-person learning.
Thank You!

• We appreciate your partnership in the COVID-19 response and look forward to working alongside you in the upcoming school year!

• For any questions related to this presentation, please call 1-877-PA-HEALTH