COVID-19

Guidance for Georgia K-12 Schools and School-Based Programs

INTERIM GUIDANCE AS OF JUNE 2, 2021

DPH

GEORGIA DEPARTMENT OF PUBLIC HEALTH

What's Inside the Toolkit?

Public Health Toolkit (K-12)

School and School-Based Programs Requirements and Recommendations

Considerations and Guidance for School Nurses and School Health Providers

Appendices

COVID-19 Handout for Parents (English)
COVID-19 School Notification Letter for Parents (No Close Contact)
COVID-19 School Notification Letter for Parents (No Close Contact) (Spanish)
COVID-19 School Notification Letter for Parents of Close Contacts
COVID-19 School Notification Letter for Parents of Close Contacts (Spanish)

Public Health Toolkit (K-12)

How Was This Guidance Developed? *

Reopening schools and returning to normal instructional days is an important step. In order to secure the health, safety, and protection of children and their families across the state of Georgia, the Governor's Office worked closely with the GA Department of Public Health (DPH) and Department of Education to develop guidance for Georgia's schools and school-based programs. The following considerations are shared to assist schools and decision makers in creating an environment that will continue to slow the spread of COVID-19.
Parts of this guidance were adapted from North Carolina's "Strong Schools NC Public Health Toolkit (K-12)

How Should this Toolkit be Used?

Families and students should use this guidance to understand what health practices will be in place when students return to school. All public schools will be required to follow certain health practices in this guidance noted as "required." Many schools may also choose to implement some or all the recommended practices.

Local education leaders should use this guidance to understand recommended health practices, and to develop detailed district and school plans for how to implement all required health practices described in this toolkit. The Toolkit should be used in combination with operational guidance provided by local public health and the Governor's Office. DPH's Public Health District Directors and local Superintendents and other school officials should establish a working relationship and dialogue that address the unique situation and needs of each community and each school. Not all recommendations will be appropriate for all ages, schools, or communities.

Healthcare providers should use this guidance to understand what health practices will be in place when students return to school. Healthcare providers should refer to this guidance and DPH's "Return to School Guidance After COVID-19 Illness or Exposure" when making recommendations to parents/guardians.

School and School-Based Programs Requirements and Recommendations

Practices that are **required** must be implemented by all Georgia public schools. These practices are essential baseline actions in order to minimize risk of exposure to COVID-19 for students, staff, teachers, and families across Georgia. They are intended to be a minimum.

Practices that are **recommended** are additional strategies that schools may choose to use to minimize spread of COVID-19. All recommended practices will not be possible in all settings and should be tailored to each school/district as appropriate.

Vaccination

Schools are **recommended** to encourage all eligible students and staff members to get fully vaccinated against COVID-19. People who are fully vaccinated are at low risk of symptomatic or severe infection. There is evidence that suggests fully vaccinated people are less likely to have asymptomatic infections or transmit COVID-19 to others.

People are considered fully vaccinated:
- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

Information on COVID-19 vaccination in Georgia, including where to get vaccinated, can be found at https://dph.georgia.gov/covid-vaccine.

See COVID-19 Vaccines for Children and Teens and for Teachers, School Staff, and Childcare Workers more information.

Physical Distancing and Minimizing Exposure

Limiting face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19). Physical distancing means keeping space between yourself and other people outside of your home.

☐ **Schools are recommended to encourage physical distancing through a variety of ways:**
- Within elementary school classrooms physical distance between **students** should be at least 3 feet.
- Within middle and high school classrooms, physical distance between **students** should be at least 3 feet unless community transmission is high (i.e., ≥100 cases/100,000 in the past 7 days). In areas of high transmission distance of 6 feet should be maintained.
- Six feet of distance should be maintained for the following:
  - Between adults and between adults and students
  - When masks cannot be worn (e.g., eating and drinking)
  - During activities of increased exhalation (e.g., singing, shouting, band, sports, or exercise)
  - In common areas
- Provide physical distancing floor/seating markings in waiting and reception areas.
- Mark 6 feet of spacing to remind students and staff to always stay 6 feet apart in lines and at other times when they may congregate.
- Provide marks on the floors of restrooms and locker rooms to indicate proper physical distancing.
- Limit nonessential visitors and activities involving external groups or organizations.
- Have staff monitor arrival and dismissal to discourage congregating and ensure students go straight from a vehicle to their classrooms and vice-versa.
- Discontinue the use of any self-service food or beverage distribution in the cafeteria (e.g. meals and/or snacks served at school should be individually packaged and served directly to students; milk or juice may be available separately and should also be served directly to students) As always, ensure the safety of children with food allergies.
- Attempt to minimize opportunities for sustained exposure (cumulative total of 15 minutes or more within 6 feet or less from others) by ensuring sufficient physical distancing in school facilities and on school transportation vehicles. This may include:
  - Decreasing class sizes
  - Providing age-appropriate visual and verbal reminders to staff and students to stay 6 feet away from each other
  - Arranging desks 3 feet or more apart in classrooms
  - Designating hallways, exits, and entry doors to be one-way to reduce the likelihood of staff and students meeting face to face
  - Ensuring students and staff groupings are as static as possible by having the same group of students stay with the same staff (all day for young children, and as much as possible for older children)
  - Discontinuing activities in which large groups of people are together such as cafeteria dining, assemblies, field trips, and having multiple classes out for recess in the same time and place. Some activities such as assemblies and field trips could be done virtually from classrooms.

Masks

Wearing masks is **recommended**. Masks are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Masks should be worn by staff and students and are most essential in times when physical distancing is difficult. Consider masks for younger children if it is determined they can reliably wear, remove, and handle masks following CDC guidance throughout the day. Individuals should be reminded frequently not to touch the face covering and to wash their hands.

☐ Masks should not be placed on:
- Children under age 2
- Anyone who has trouble breathing or is unconscious
- Anyone who is incapacitated or otherwise unable to remove the face covering without assistance
- Anyone who cannot tolerate a cloth face covering due to developmental, medical, or behavioral health needs

Schools should share guidance and information with staff, students, and families on the proper use, wearing, removal, and cleaning of masks, such as CDC's guidance on How to Wear Masks and CDC's Use of Masks to Slow the Spread of COVID-19. It is **recommended** that schools teach and reinforce the use of masks for students and staff on buses or other school transportation vehicles, inside school buildings, and anywhere on school grounds. Wearing masks is most important when students and staff cannot maintain 6 feet apart from each other, such as in hallways and when moving between classes is necessary. Alternatives to masks such as plastic face shields may be appropriate in some situations.

Protecting Vulnerable Populations

It is **recommended** that schools consider options for students and staff at higher-risk for severe illness to limit their exposure risk.

Individuals who are considered high-risk for severe illness due to COVID-19 include people who:
- Are 65 years of age or older
- Are pregnant
- Live in a nursing home or long-term care facility
- Have a high-risk condition that includes:
  - Chronic lung disease or moderate to severe asthma
  - Heart disease with complications
  - Compromised immune system
  - Severe obesity—body mass index (BMI) of 30 or higher

o Other underlying medical conditions, particularly if not well controlled, such as diabetes, sickle cell disease, renal failure, or liver disease

More information on who is at high risk for severe illness due to COVID-19 is available from the CDC.

Cleaning and Hygiene

The virus that causes COVID-19 spreads primarily in the same way that the flu and other respiratory diseases spread, through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet). Knowing how COVID-19 spreads directs infection control recommendations to prevent illness.

☐ It is **recommended** that schools:
- Ensure appropriate infection prevention supplies and equipment are available which may include soap, hand sanitizer (at least 60% alcohol), paper towels, no-touch trash cans, disinfectant wipes, and tissues.

Handwashing and personal hygiene considerations:
- Teach and reinforce good hygiene measures such as handwashing for at least 20 seconds, safe and appropriate use of hand sanitizer, covering coughs and sneezes, and avoiding touching eyes, nose, and mouth with unwashed hands. Handwashing should occur often, especially during key times such as:
  - Before, during, and after preparing and/or eating food
  - Before and after caring for someone who is sick
  - After using the bathroom
  - After changing diapers or assisting a child who has used the bathroom
  - After blowing your nose, coughing, or sneezing
  - After touching garbage
  - After you touching an item or surface that may be frequently touched by other people
  - Before touching your eyes, nose, or mouth
- When handwashing with soap and water is not available, hand sanitizer may be used by staff and some older children. Hand sanitizer should contain at least 60% alcohol and only used by staff and older children who can use safely. Hand sanitizer use by students should be supervised.
- Students and staff should cover their mouth and nose with a tissue when coughing or sneezing (or use the inside of their elbow). Used tissues should be discarded in the trash, followed immediately by good handwashing.

Maintaining Healthy Environments:

- Develop, implement, and maintain a plan to ensure appropriate [cleaning and disinfecting](#) of frequently touched surfaces using [EPA-approved disinfectants against COVID-19](#) at least daily and between use as possible.
    - Ensure safe and effective use and storage by reading and following directions on the label.
    - Always wear gloves appropriate for the chemicals being used when cleaning and disinfecting. For more information, see CDC's website on [Cleaning and Disinfection for Community Facilities](#).
    - Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
- Develop a schedule for increased, routine cleaning and disinfection.
- Limit the use of shared materials (school supplies, equipment, toys, and games) and clean between use as possible.
- Post signage in common areas such as classrooms, hallways, and entrances promoting good hygiene measures.
- Discourage sharing of items that are difficult to clean or disinfect.
- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.

Testing

CDC recommends that at all levels of community transmission, schools should offer referrals to diagnostic testing to any student, teacher, or staff member who is exhibiting symptoms of COVID-19 at school.

Some schools may also elect to use screening testing as a strategy to identify cases and prevent secondary transmission. Screening testing involves using SARS-CoV-2 viral tests (diagnostic tests used for screening purposes) to identify infected people without symptoms (or before development of symptoms) who may be contagious so that measures can be taken to prevent further transmission. The intent is to use the screening testing results to determine who may return to in-person school or work and the protective measures that will be taken, and to identify and isolate positive persons to prevent spread.

Information on diagnostic and screening testing can be found here: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html#anchor_1616080181070.

Monitoring for Clinical Signs and Symptoms

Teachers, staff, and students should be encouraged to self-monitor for symptoms such as fever, cough, or shortness of breath. Children with COVID-19 generally have mild, cold-like symptoms, such as fever, runny nose, and cough. Vomiting and diarrhea have also been reported in some children. If a student develops symptoms throughout the day, they MUST notify an adult immediately. More information on COVID-19 symptoms is available from CDC.

Schools are **required** to:

☐ Enforce teachers, staff, and students stay home if:
- They have tested positive for OR are showing COVID-19 symptoms, until they meet DPH's "Return to School Guidance After COVID-19 Illness or Exposure".
- They have recently had close contact with a person with COVID-19, until the meet DPH's "Return to School Guidance After COVID-19 Illness or Exposure".

Advise positive or ill individuals of DPH's home isolation criteria: https://dph.georgia.gov/isolation-contact.

Schools are **recommended** to:

☐ Keep a daily log of teachers, staff, and students who a) did not attend school due to COVID19-related illness or b) were sent home due to displaying COVID-19 symptoms. Refer to DPH's COVID-19 reporting requirements for schools.

☐ Strongly encourage parents, caregivers, and guardians to monitor their children for symptoms of infectious illness every day through home-based symptom screening. For more information see Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations.

☐ Ensure teachers and staff are informed and provided guidance on how to monitor students for COVID-19 throughout the day and steps to take when a student becomes ill.

Handling Probable or Confirmed Positive Cases of COVID-19

Confirmed Positive Case

☐ When a student, teacher, or staff member tests positive for COVID-19 and has exposed others at the school, IMMEDIATELY implement the following steps:

1. If notified of a case in a student, teacher, or staff member, they must be excluded throughout their isolation period. Any household members (siblings, etc.) must also be excluded during their quarantine period. Advise parents, teachers, and staff members of DPH's home isolation criteria: https://dph.georgia.gov/document/document/returnschool-guidance/download. The student, teacher, or staff member may not return to the facility until they fulfill DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure".

2. Was the case(s) contagious while at school [two (2) days before onset of symptoms or two (2) days before the test specimen was collected (if no symptoms)]?
   - No → No further action after excluding the case and household members
   - Yes → (specific recommendations below)
     - Identify all close contacts
     - Plan to temporarily close all areas the person was in while contagious until cleaning is done

3. Identify close contacts:
   - If the close contact is fully vaccinated, they do not need to quarantine
   - If the close contact is not fully vaccinated see the following:

Elementary Students
- Do an exposure assessment to identify close contacts. Anyone who was within 6 feet of the case for a cumulative total of 15* min or more in a school setting such as a classroom, school bus, extracurricular activity, meeting, etc. should be quarantined.
- Physical distancing may not be feasible for young students in a classroom. For this reason, there may be circumstances when all students, teachers, and staff in a classroom with a case may be considered close contacts and require quarantine.
- If there is uncertainty about the length of exposure or proximity to the case, the individual should be considered a close contact.
- **All close contacts must be excluded from the school setting and extracurricular activities until they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at** https://dph.georgia.gov/contact**. If a close contact becomes ill and is diagnosed with COVID-19, they must remain excluded for their isolation period and until told they are no longer contagious.** Refer to DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure".
- **If a quarantined student, teacher, or staff member is tested while in quarantine and receives negative results, they must remain in quarantine until meeting ALL**

requirements in the DPH guidance for persons exposed to COVID-19 found at https://dph.georgia.gov/contact**.**

- If proper cohorting was practiced so that the case would have only had contact with those in the same classroom, the other teachers, staff and students in the school do not need to be quarantined.
- If classes were not cohorted, the school needs to assess everyone in the school that the case may have come into contact with and exclude until they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at https://dph.georgia.gov/contact.

Middle or High School Students

- A thorough exposure assessment should be performed to identify close contacts. Any individuals with whom the case spent a cumulative total of 15 minutes or more within less than 6 ft.
- Any teachers or staff members who did not observe proper physical distancing with the case should be considered close contacts.
- If there is uncertainty about the length of exposure or proximity to the case, the individual should be considered a close contact.
- **All close contacts must be excluded from the school setting and extracurricular activities until they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at** https://dph.georgia.gov/contact. **If a close contact becomes ill and is diagnosed with COVID-19, they must remain excluded for their isolation period and until told they are no longer contagious.** Refer to DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure".
- **If a quarantined student, teacher, or staff member is tested while in quarantine and receives negative results, they must remain in quarantine until meeting ALL requirements in the DPH guidance for persons exposed to COVID-19 found at** https://dph.georgia.gov/contact**.**

4. Notification:
   - Notify the parents of close contacts and inform them of DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure" and when their child can return to school.
5. Close off areas used by a sick person and do not use before cleaning and disinfection. Wait as long as possible (at least several hours) before you clean and disinfect. Ensure safe and correct application of disinfectants and keep disinfectant products away from students.

Probable Case

☐ When a student, teacher, or staff member has clinical signs or symptoms (but no laboratory test) AND has had direct contact with a confirmed COVID-19 case implement the following steps:

1. If notified of a symptomatic person, who has had direct contact with a confirmed case, the person must be excluded throughout their isolation period. Any household members (siblings, etc.) must also be excluded during their quarantine period. Advise parents, teachers, and staff members of DPH's home isolation criteria: https://dph.georgia.gov/isolation-contact. The student, teacher, or staff member may not return to the facility until they fulfill DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure."

2. Was the case(s) contagious while at school [two (2) days before onset of symptoms]?
   - No → No further action after excluding the case and household members
   - Yes → (specific recommendations below)
     - Identify all close contacts
     - Plan to close down all areas the person was in while contagious until cleaning is done

3. Identify close contacts:
   - If the close contact is fully vaccinated, they do not need to quarantine.
   - If the close contact is not fully vaccinated see the following:

Elementary Students
- Do an exposure assessment to identify close contacts if feasible. Anyone who was within 6 feet of the case for a cumulative total of 15* minute or more in a school setting such as a classroom, school bus, extracurricular activity, meeting, etc. should be quarantined.
- Physical distancing may not be feasible for young students in a classroom. For this reason, there may be circumstances when all students, teachers, and staff in a classroom with a case may be considered close contacts and require quarantine.
- If there is uncertainty about the length of exposure or proximity to the case, the individual should be considered a close contact.
- **All close contacts must be excluded from the school setting and extracurricular activities until they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at** https://dph.georgia.gov/contact. **If a close contact becomes ill and is diagnosed with COVID-19, they must remain excluded for their isolation period and until told they are no longer contagious.** Refer to DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure"
- **If a quarantined student, teacher, or staff member is tested while in quarantine and receives negative results, they must remain in quarantine until meeting ALL requirements in the DPH guidance for persons exposed to COVID-19 found at** https://dph.georgia.gov/contact**.**

- If proper cohorting was practiced so that the case would have only had contact with those in the same classroom, the other teachers, staff and students in the school do not need to be quarantined.
- If classes were not cohorted, the school needs to assess everyone in the school that the case may have come into contact with and exclude until they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at https://dph.georgia.gov/contact.

<u>Middle or High School Students</u>
- A thorough exposure assessment should be performed to identify close contacts. Any individuals with whom the case spent a cumulative total of 15 minutes or more within less than 6 ft.
- Any teachers or staff members who did not observe proper physical distancing with the case should be considered close contacts.
- If there is uncertainty about the length of exposure or proximity to the case, the individual should be considered a close contact.
- **All close contacts must be excluded from the school setting and extracurricular activities until they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at** https://dph.georgia.gov/contact. **If a close contact becomes ill and is diagnosed with COVID-19, they must remain excluded for their isolation period and until told they are no longer contagious.** Refer to DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure."
- **If a quarantined student, teacher, or staff member is tested while in quarantine and receives negative results, they must remain in quarantine until meeting ALL requirements in the DPH guidance for persons exposed to COVID-19 found at** https://dph.georgia.gov/contact**.**

4. Notification:
    - Notify the parents of close contacts and inform them of DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure" and when their child can return to school.
5. Close off areas used by a sick person and do not use before cleaning and disinfection. Wait as long as possible (at least several hours) before you clean and disinfect. Ensure safe and correct application of disinfectants and keep disinfectant products away from students.

Child, Teacher or Staff with Symptoms (No Testing and Not Linked to Positive Case)

When a student, teacher, or staff member has symptoms, they should <u>immediately</u> be sent home and the school's existing illness management policy should be implemented (e.g., the person cannot return until symptom-free for 24 hours without fever reducing medications).

Exceptions: If a healthcare provider suspects COVID-19 they should remain out of school and follow the "Return to School and Child Care Guidance After COVID-19 Illness or Exposure."

Quarantining close contacts is not necessary. However, the school should continue to monitor students, teachers, and staff for clinical signs and symptoms.
Exception: If while quarantined, the individual identifies exposure to a laboratory confirmed COVID case, the recommendations for a "Probable Case" should be followed.

*Recommendations may vary on the length of time of exposure, but a cumulative total of 15 minutes of close exposure can be used as an operational definition. Data are insufficient to precisely define the duration or length of time for prolonged exposure. Additionally, there is little data to determine the effect of multiple short-term exposures (when the cumulative exposure equals or exceeds 15 minutes). Brief interactions are less likely to result in transmission; however, the type of interaction (e.g., did the infected person cough directly in another person's face or did the infected person engage in high-exertion exercise with others) remain important. Individuals who are unable to maintain physical distance from others throughout the day (e.g., individuals have multiple exposures to a case and either are unable to calculate total time exposed or exposure equal or exceed 15 minutes in total) may be considered a close contact. If a person clearly meets definitions as a "close contact", that person should follow quarantine guidance prior to public health assessment. If there are questions Public Health will perform a risk assessment to determine who is considered a close contact if the duration or type of contact is in question.

Students, Teachers, and Staff that Become Ill at School

It is **recommended** that schools:

☐ Prior to the identification of an ill student, teacher, or staff, identify an isolation room or area to separate anyone who exhibits COVID-19 like symptoms.
☐ Have a plan for how to transport an ill student, teacher, or staff member home or to medical care as appropriate.
☐ Immediately isolate symptomatic individuals to the designated area at the school and send them home to isolate as soon as possible.
☐ Ensure symptomatic students remain under visual supervision of a staff member. The supervising adult should wear respiratory protection (e.g. respirator or facemask depending on availability) and eye protection.
   • Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately (911 or local equivalent):
      — Trouble breathing
      — Persistent pain or pressure in the chest
      — New confusion
      — Inability to wake or stay awake
      — Bluish lips or face
      — Other symptoms that are concerning to you
      — Notify the operator that you are seeking care for someone who may have COVID-19

☐ A mask should be place on the symptomatic person while waiting to leave the facility.
- Masks should not be placed on:
  — Children under age 2
  — Anyone who has trouble breathing or is unconscious
  — Anyone who is incapacitated or otherwise unable to remove the face covering without assistance
  — Anyone who cannot tolerate a cloth face covering due to developmental, medical, or behavioral health needs

☐ Advise positive or ill individuals of DPH's home isolation criteria: https://dph.georgia.gov/isolation-contact. The student, teacher, or staff may not return to school until they fulfill DPH's "Return to School Guidance After COVID-19 Illness or Exposure".

☐ Close off areas used by a sick person and do not use before cleaning and disinfection. Wait as long as possible (at least several hours) before you clean and disinfect. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.

☐ Adhere to DPH's "Return to School Guidance After COVID-19 Illness or Exposure" for allowing a student, teacher, or staff member to return to school.

Considerations for Partial and Total Closures

☐ When a student, teacher, or staff member tests positive for COVID-19 and has exposed others at the school, classrooms and office areas may need to close temporarily as students, teachers, and staff isolate and the area is cleaned.

☐ In consultation with the local public health department, the appropriate school official may decide whether school closure is warranted, including the length of time closure may be necessary. Consider the following when determining the need for partial or total closure:
- Size and characteristics of student and staff population (e.g., population includes individuals with special healthcare needs and/or who are at higher risk for severe illness)
- Setting characteristics and environmental factors that affect transmission (e.g., length of school day, intensity of hands-on instruction, ability to maintain physical distancing, need for/sharing of common equipment, physical spacing in classrooms, movement through buildings, proportion of time spent outdoors, involvement in activities that may be more likely to generate aerosols)
- Possibility of spread to others, including to additional individuals outside of the facility (e.g., exposures at large assemblies, on field trips, at extracurricular activities that include students from other schools, on school buses that transport riders from multiple schools)
- Absenteeism among educators, students, and/or staff that is high enough to limit the ability of the school to function effectively

- High suspected number of cases or greater case rate within the educational setting compared to the case rate in the community
- Additional indicators (e.g., increased absenteeism) that might suggest undiagnosed or unreported COVID-19-like activity among students or staff

☐ Implement communication plans for school closure to include outreach to students, parents, teachers, staff, and the community.

☐ Provide guidance to parents, teachers and staff reminding them of the importance of community physical distancing measures while a school is closed, including discouraging students or staff from gathering elsewhere.

☐ Develop a plan for continuity of education. Consider in that plan how to also continue nutrition and other services provided in the regular school setting to establish alternate mechanisms for these services to continue.

☐ Maintain regular communications with local public health.

Reporting

Schools are **required** to:

☐ Notify your local public health department **immediately** when a positive COVID-19 **case** is identified in the school setting (as required by § OCGA 31-12-2)

☐ Notify your local public health department of **clusters or outbreaks** of COVID-19 **immediately**
1. Clusters of illness are reportable to public health under notifiable disease reporting rules. This includes clusters or outbreaks of COVID-19 or other illnesses. Local epidemiologists will work with each school to collect information about a cluster or outbreak, including but not limited to the number of students and staff at the school, the number which are sick, and the number which are laboratory-confirmed.
2. A COVID-19 outbreak in a school setting will be defined as: Two or more laboratory confirmed COVID-19 cases among students or staff with illness onsets within a 14-day period, who are epidemiologically linked (e.g., have a common exposure or have been in contact with each other), do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

☐ Develop a procedure to report outbreaks to public health.
- The procedure for reporting cases, clusters, outbreaks, and school closures will vary by individual school and district. Weekly, all cases, clusters, outbreaks, and school closures should be reported to public health

☐ **WEEKLY, each school must report aggregate data on clusters and outbreaks to public health. NOTE: This mechanism does not replace reporting individual cases and**

outbreaks to your local public health. Each school should notify local public health officials immediately regarding COVID-19 cases and outbreaks.

- Weekly, schools must report COVID-19 cases and clusters via the links below:
Public Schools: https://sendss.state.ga.us/survey/form/13439
Private/Independent Schools: https://sendss.state.ga.us/survey/form/13499

☐ For questions regarding reporting COVID-19 to public health and the Family Educational Rights and Privacy Act (FERPA) please refer to: https://studentprivacy.ed.gov/sites/default/ files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20 Questions.pdf.

Communication and Combating Misinformation

Help ensure that the information staff, students, and their families receive come directly from reliable resources. Use resources from a trusted source like CDC and the Georgia Department of Public Health to promote behaviors that prevent the spread of COVID-19.

It is **recommended** that schools:

☐ Disseminate COVID-19 information and combat misinformation through multiple channels to staff, students, and families. Ensure that families are able to access appropriate staff at the school with questions and concerns.
☐ Put up signs, posters, and flyers at main entrances and in key areas throughout school buildings and facilities to remind students and staff to use masks, wash hands, and stay six feet apart whenever possible.
☐ Make reliable, age-appropriate, and culturally responsive information available to students, families, and staff about COVID-19 prevention and mitigation strategies, using methods such as sharing resources through physical media, newsletters that include videos, hosting online webinars, or distributing printed materials like FAQs.
☐ Share regular announcements on reducing the spread of COVID-19 on PA systems.
☐ Include messages and updates about stopping the spread of COVID-19 in routine communications with staff, students, and families, such as in newsletters, e-mails and online.
☐ Involve students' families in outreach by utilizing the PTA or other local groups/organizations to support disseminating important information on COVID-19.

Water and Ventilation Systems

When reopening a building after it has been closed for a long period of time, it is important to keep in mind that reduced use of water and ventilation systems can pose their own health

hazards. There is an increased risk for Legionella and other bacteria that come from stagnant or standing water.

It is **recommended** that schools:

☐ Take steps to ensure that all water systems and features (e.g. sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown by following the CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation to minimize the risk of disease associated with water.

☐ Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility. Consider CDC's recommendations on Ventilation in Schools and Childcare Programs.

☐ Provide cups or alternative procedures to minimize use of water fountains.

Transportation

Schools are **required** to:

☐ Ensure passengers and drivers on school buses wear a mask, except in some circumstances, per federal order. See Masks section.

It is **recommended** that schools:

☐ Ensure that drivers of transport vehicles follow all school/district health and safety policies indicated for other staff (e.g., hand hygiene, masks).

☐ Clean and disinfect school buses or other transport vehicles regularly, see guidance for bus transit operators.

☐ Ensure cleaning and disinfecting of frequently touched surfaces on the vehicles, including surfaces in the driver cockpit commonly touched by the operator.

- Ensure safe and effective use and storage by reading and following directions on the label.

- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes. Keep doors and windows open when cleaning the vehicle (where weather and other circumstances permit).

☐ Establish a plan for responding to students who are ill, or otherwise meet exclusion criteria, prior to boarding the vehicle.

☐ Ensure that students who become ill once at school have an alternative to group transportation for returning home.

☐ Ensure that if a driver becomes ill during the day that they follow school/district policy and not return to drive students until DPH criteria has been met.

☐ Ensure an adequate supply of hand sanitizer for use by staff and older students.
- Hand sanitizer should contain at least 60% alcohol and only used by staff and older children who can use safely. Hand sanitizer use by students should be supervised.
- Hand sanitizer should only remain on school transportation while the vehicle is in use and under the supervision of the driver.

☐ Provide disposable disinfectant wipes so that surfaces commonly touched by the driver can be wiped down.

☐ Allow for 6 feet of distance between students that do not share the same household when feasible.

☐ Communicate with families to consider alternative means of transportation to schools besides group transportation.

☐ Plan for potential increase in students as car-riders and establish a protocol for student drop off/pick up to discourage large numbers of students arriving and departing at the same time.

Coping and Resilience

☐ It is **recommended** that schools:

- Provide students (age appropriate), staff and families information on how to access crisis resources.
  o CDC has developed COVID-19 Parental Resources Kits to help parents ensure the social, emotional, and mental well-being of their child
- Keep updated resource list to include information on local health departments, local healthcare and dental providers, locations for COVID-19 testing, and other social service needs and provides to families as needed.
- Provide students (age appropriate), staff and families information on other state services such as SNAP, Medicaid and health benefits.
- Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.
- Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- Employ additional school nurses, social workers, and other support staff.

Additional Considerations

☐ It is **recommended** that schools:

- Designate a staff person to be responsible for responding to COVID-19 concerns (the school nurse is an ideal designee). All school staff and families should know who this person is and how to contact them.
    - o The designee should establish and maintain a clear communication plan with local Public Health for responding to COVID-19 concerns.
- Monitor absenteeism of students and employees, cross-train staff, and create a roster of trained back-up staff.
- Establish school clinic guidelines for use by the school nurse or other staff providing health services in the school setting.

Considerations and Guidance for School Nurses and School Health Providers

Providing Care in the School Health Clinic

☐ Identify an isolation room or area to separate anyone who exhibits COVID-19 like symptoms or is ill.
- Ensure students seeking medical care (i.e. asthma management or wound care) are kept separate from students being isolated with COVID-19 like symptoms
- Identify a separate area for procedures such as nebulizer treatments, peak flow meter use, and suctioning, and planning for appropriate cleaning and disinfecting after each use.

☐ Ensure appropriate infection prevention supplies are available such as access to soap and water in the health clinic and isolation areas, hand sanitizer (at least 60% alcohol), paper towels, no-touch trash cans, and appropriate PPE.

☐ Ensure appropriate cleaning and disinfecting of frequently touched surfaces.

☐ Utilize markings on the floor to help people maintain a distance of 6 feet apart when feasible.

☐ Establish a protocol for students visiting the health clinic to avoid student gathering.

Caring for students with asthma
- When possible, the use of inhalers with disposable spacers/mouthpieces and nebulizers with disposable tubing with mask/mouthpieces is preferred. Inhalers and nebulizers should be used and cleaned according to the manufacturer's instructions.
- Asthma treatments using inhalers with spacers (with or without face mask, according to each student's individualized treatment plan) are preferred over nebulizer treatments whenever possible. Based on limited data, use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol generating procedure.
- Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious. Nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with or without spacer or face mask).
- Use of peak flow meters, including in the school setting, includes forceful exhalation. Based on limited available data, forceful exhalation is not considered an aerosol-generating procedure associated with increased risk of transmitting the virus that causes COVID-19. However, for some people with asthma, using a peak flow meter can trigger cough.
- Schools should obtain the appropriate personal protective equipment (PPE) for staff who administer nebulizer treatments and peak flow meters to students with asthma. PPE for use when administering nebulizer treatments or peak flow meters to students with asthma consists of gloves, medical or surgical facemask and eye protection. School staff should be trained on when to use PPE, what PPE is necessary, where this

PPE is stored, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of used PPE. CDC has information on using PPE. Staff should also be trained on how to administer nebulizer treatments and peak flow meters.

- If a nebulizer treatment or use of peak flow meter is necessary at school, the number of people present in the room should be limited to the student and the staff member administering the treatment or peak flow meter. After the nebulizer treatment or use of peak flow meter, this room should undergo routine cleaning and disinfection. CDC has information on how to clean and disinfect and how to prevent asthma attacks triggered by cleaning and disinfecting activities.

Care Coordination

Collaborate with other school leaders and staff to provide for the health and safety needs of students, teachers, staff, and visitors.

☐ Provide ongoing communication and education to families, students, and staff on COVID-19 symptoms, preventative measures (including staying home when sick), good health hygiene, and school/district specific protocols.
☐ Considerations should be made for students with advanced and special health needs.

Leadership

School nurses are the health leaders in their schools and communities and should be an integral part of the planning process, as well as implementation, of all school re-opening strategies.

☐ Assess available resources and advocate for additional staff and/or equipment as appropriate to meet the health and safety needs of the students, teachers, and staff.
☐ Participate in continuing education and learning opportunities to ensure that the most updated guidance is known and adhered to.
☐ Provide ongoing training for staff around school policy, procedures, and guidelines related to health and safety.

Quality Improvement

☐ Lead efforts around school health data collection.
☐ Daily, monitor for increased absenteeism and report significant changes to school leadership and local public health.

Community and Public Health

☐ Keep updated resource list to include information on local health departments, local healthcare and dental providers, locations for COVID-19 testing, and other physical service needs and provides to families as needed.

☐ Establish and maintain relationships with local public health officials to facilitate reporting of notifiable conditions (including COVID-19) and significant changes in student and staff absenteeism.

☐ Review immunization records and notify all parents of students who are not appropriately immunized or have a legal exemption on file that the student will not be allowed to attend school until those immunizations have been completed or the first dose of an ongoing immunization is received.

☐ Notify all parents of students who have a religious or medical exemption on file that the student may be excluded from school if there is an incident of a disease for which they are not immunized (and such immunization exists and is required) in the school community.

☐ Work with your local Public Health Immunization School Assessor/Auditor to determine the best approved assessment methodology for your school. There may be methodologies available to minimize physical contact.

☐ Support the efforts of local and state Public Health around contact tracing.

☐ Collaborate with local Public Health in outreach and community level education events as feasible.

INFORMATION FOR PARENTS/GUARDIANS:
Returning to School Amid COVID-19 Pandemic

As the school year begins the Georgia Department of Public Health, Department of Education and Governor's Office are committed to keeping your student, family and community healthy. Please review the following recommendations.

1. Talk to your child about COVID-19 and remind him/her to adhere to physical distancing guidelines as instructed by his/her teacher.

   As schools begin to reopen, students may worry about getting ill with COVID-19 or express anxiousness over changes made in the classroom and school setting. Parents play an important role in helping students make sense of changes and guidance in a way that is honest, accurate, and minimizes anxiety or fear. The Centers for Disease Control and Prevention (CDC) has created guidance to help adults have conversations with children about COVID-19 and ways they can avoid getting and spreading the disease.

2. Daily, assess your student for the below signs and symptoms **PRIOR TO SENDING THEM TO SCHOOL or the SCHOOL BUS** using the following checklist:
   Does your child have any of the below symptoms:
   - ☐ Fever (≥100.4 °F) or chills
   - ☐ New cough
   - ☐ Shortness of breath or difficulty breathing
   - ☐ New loss of taste or smell
   - ☐ Sore throat
   - ☐ Nausea
   - ☐ Vomiting
   - ☐ Diarrhea
   - ☐ Muscle or body aches
   - ☐ Chills
   - ☐ Fatigue
   - ☐ New severe/very bad headache
   - ☐ New nasal congestion/stuffy or runny nose

   If your child has any of these symptoms, they should stay home from school and all extracurricular activities. You should call the child's healthcare provider.

3. Develop a plan to pick up your child from school, should they become ill

4. Ensure your emergency contact information provided to the school is up-to-date. Your school will need to communicate with you regarding closures, contact to cases, and your child's health regularly throughout the school year. Ensuring your information is correct will ensure you receive timely communication from the school.

[Insert Date]

Dear Parent/Guardian,

[Insert School Name] considers the health and well-being of our students, teachers, and staff to be of the utmost importance. It is with that in mind that this letter is being sent home for your information. On [insert date], we were alerted to a student/teacher/staff member who tested positive for COVID-19. We have been working closely with local public health officials to ensure the proper recommendations are followed to isolate the student/teacher/staff diagnosed with COVID-19, identify close contacts, and clean and disinfect areas of the school building.

At this time, your child has <u>NOT</u> been identified as a close contact and does <u>NOT</u> need to quarantine at home.

Although your child was not identified as a close contact and does not need to quarantine at home, please continue to monitor your child's health daily for fever and symptoms of respiratory illness.

Consider the following Georgia Department of Public Health recommendations:

1. Daily, assess your child for the below COVID-19 symptoms **PRIOR TO SENDING HIM/HER TO SCHOOL or the SCHOOL BUS** using the following checklist:

□ Fever or chills	□ New loss of taste or smell	□ Congestion or runny nose
□ New severe/bad headache	□ Fatigue	□ Diarrhea
□ Sore throat	□ Shortness of breath or	□ Muscle or body aches
□ New cough	difficulty breathing	□ Nausea or vomiting

2. If your child develops COVID-19 symptoms, please keep him or her out of school and group activities, such as sports or play groups, and contact your child's healthcare provider as soon as possible. Tell him or her that a COVID-19 case was identified in your child's school. The Department of Public Health recommends that laboratory testing be obtained on all suspect COVID-19 cases.

3. Alert the school **IMMEDIATELY**, if your child develops COVID-19 symptoms **<u>OR</u>** has direct contact with a confirmed COVID-19 case.

4. Talk to your child about COVID-19 and remind him/her to adhere to social distancing guidance

[INSERT SCHOOL NAME] and [INSERT HEALTH DEPARTMENT NAME] will continue to work together to monitor the situation. If you have any questions, please call [name of school contact] at [phone number].

Sincerely,
[Name]

[Insert Date]

Estimado padre o tutor,

[Insert School Name] considera que la salud y el bienestar de nuestros estudiantes, maestros y personal son de suma importancia, por lo que enviamos esta carta a su casa para brindarle información. El [insertar fecha], se nos alertó sobre un estudiante, maestro o miembro del personal que recibió un resultado positivo de COVID-19. Hemos estado trabajando en estrecha colaboración con los funcionarios de salud pública locales para garantizar que se sigan las recomendaciones adecuadas para aislar al estudiante, maestro o personal diagnosticado con COVID-19, identificar los contactos cercanos y limpiar y desinfectar las áreas de la escuela.

En este momento, su hijo NO está identificado como un contacto cercano y NO necesita estar en cuarentena en casa.

Aunque su hijo no fue identificado como un contacto cercano y no es necesario que esté en cuarentena en casa, continúe controlando su salud diariamente para detectar fiebre y síntomas de enfermedades respiratorias.

Considere las siguientes recomendaciones del Departamento de Salud Pública de Georgia:

3. Evalúe diariamente a su hijo para detectar los síntomas de COVID-19 **ANTES DE ENVIARLO A LA ESCUELA o AUTOBÚS ESCOLAR** utilizando la siguiente lista de verificación:

   □ Fiebre o escalofríos
   □ Nuevo dolor de cabeza grave o fuerte
   □ Dolor de garganta
   □ Nueva tos

   □ Nueva pérdida del gusto u olfato
   □ Fatiga
   □ Falta de aire o dificultad para respirar
   □ Congestión o secreción nasal

   □ Diarrea
   □ Dolores musculares o corporales
   □ Náuseas o vómitos

4. Si su hijo presenta síntomas de COVID-19, manténgalo fuera de la escuela y actividades grupales, como deportes o grupos de juego, y comuníquese con el profesional de atención médica de su hijo lo antes posible para notificarle que se identificó un caso de COVID-19 en la escuela de su hijo. El Departamento de Salud Pública recomienda que se realicen pruebas de laboratorio en todos los casos sospechosos de COVID-19.

5. Avise a la escuela **DE INMEDIATO**, si su hijo presenta síntomas de COVID-19 **O** tiene contacto directo con un caso confirmado de COVID-19.

4. Hable con su hijo sobre COVID-19 y recuérdele que debe seguir la guía de distanciamiento social.

[INSERT SCHOOL NAME] y [INSERT HEALTH DEPARTMENT NAME] seguirán trabajando conjuntamente para controlar la situación. Si tiene alguna pregunta, llame a [name of school contact] al [phone number].

Atentamente,
[Name]

Dear Parent/Guardian,

[Insert School Name] considers the health and well-being of our students, teachers, and staff to be of the utmost importance. On [insert date], we were alerted to a student/teacher/staff member who was diagnosed with COVID-19. We have been working closely with local public health officials to ensure the proper recommendations are followed to isolate the student/teacher/staff diagnosed with COVID-19, identify close contacts, and clean and disinfect areas of the school building.

Your child was identified as a close contact to someone diagnosed with COVID-19.

A close contact includes being within 6 feet of a person with COVID-19 for a cumulative total of 15 minutes or more OR having direct contact with secretions from a person with COVID-19 (e.g. being coughed on, kissing, sharing utensils or water bottles, etc.). As a result, your child is at risk of infection beginning 2-14 days after exposure.

For your child's safety and the safety of the public, the Georgia Department of Public Health requires that you actively monitor your child's health for COVID-19 symptoms and keep him/her quarantined at home.

All close contacts are instructed to take the following steps during the quarantine period:

1. **Quarantine.** Your child should quarantine at home, except in case of emergency or to be tested for COVID-19, until he/she completes all DPH requirements for persons exposed to COVID-19 found at https://dph.georgia.gov/contact. He/she should not attend school or extracurriculars during this time.

2. **Check for temperature and symptoms.** Twice a day check your child's temperature and assess him/her for the below COVID-19 symptoms using the following checklist:

☐ Fever or chills	☐ New loss of taste or smell	☐ Congestion or runny nose
☐ New severe/bad headache	☐ Fatigue	☐ Diarrhea
☐ Sore throat	☐ Shortness of breath or	☐ Muscle or body aches
☐ New cough	difficulty breathing	☐ Nausea or vomiting

3. **Get tested**. CDC and DPH recommend your child get tested for COVID-19 at least once during their quarantine period. If your child has no symptoms, the test should take place no earlier than the 5th day of quarantine. If your child develops symptoms, the test should be obtained earlier. **Please note that even if your child's test results are negative, he/she must remain in quarantine until completing all DPH requirements for persons exposed to COVID-19 found at** https://dph.georgia.gov/contact**.**

4. **Alert the school.** Alert the school IMMEDIATELY if your child develops COVID-19 symptoms. Depending on when your child developed symptoms and his/her last day in school, additional contact tracing may need to be done by the school.

Please review the following guidance documents from the Georgia Department of Public Health for additional quarantine recommendations:
Quarantine Guidance (https://dph.georgia.gov/contact)
Return to School Guidance (https://dph.georgia.gov/document/document/return-school-guidance/download)

[INSERT SCHOOL NAME] and [INSERT HEALTH DEPARTMENT NAME] will continue to work together to monitor the situation. If you have any questions, please call [name of school contact] at [phone number].

Sincerely,
[Name]

Estimado padre o tutor,

[Insert School Name] considera que la salud y el bienestar de nuestros estudiantes, maestros y personal son de suma importancia. El [insert date], se nos alertó sobre un estudiante, maestro o miembro del personal que fue diagnosticado con COVID-19. Hemos estado trabajando en estrecha colaboración con los funcionarios de salud pública locales para garantizar que se cumplan las recomendaciones adecuadas para aislar al estudiante, maestro o personal diagnosticado con COVID-19, identificar los contactos cercanos y limpiar y desinfectar las áreas de la escuela.

Su hijo fue identificado como un contacto cercano de alguien diagnosticado con COVID-19.

Un contacto cercano incluye estar a 6 pies de una persona con COVID-19 por un total acumulado de 15 minutos o más O tener contacto directo con secreciones de una persona con COVID-19 (como tos, besos, compartir utensilios o botellas de agua , etc.). Como resultado, su hijo corre el riesgo de infectarse entre 2 y 14 días después de la exposición.

Por la seguridad de su hijo y del público, el Departamento de Salud Pública de Georgia le exige que controle activamente la salud de su hijo para detectar síntomas de COVID-19 y mantenerlo en cuarentena en casa.

Se instruye a todos los contactos cercanos para que sigan los siguientes pasos durante el período de cuarentena:

1. **Cuarentena.** Su hijo debe estar en cuarentena en casa, excepto en caso de emergencia o para ser examinado por COVID-19, hasta que complete todos los requisitos del DPH para personas expuestas al COVID-19 que se encuentran en https://dph.georgia.gov/contact. Su hijo no debe asistir a la escuela ni a actividades extracurriculares durante este tiempo.

2. **Verifique la temperatura y los síntomas.** Controle la temperatura de su hijo dos veces al día y contrólelo para detectar los siguientes síntomas de COVID-19 utilizando la siguiente lista de verificación:

□ Fiebre o escalofríos	□ Nueva tos	□ Congestión o secreción nasal
□ Nuevo dolor de cabeza grave/fuerte	□ Nueva pérdida del gusto u olfato	□ Diarrea
	□ Fatiga	□ Dolores musculares o corporales
□ Dolor de garganta	□ Falta de aire o dificultad para respirar	□ Náuseas o vómitos

3. **Hágale la prueba**. El CDC y el DPH recomiendan que su hijo se haga la prueba para COVID-19 al menos una vez durante el período de cuarentena. Si su hijo no presenta síntomas, la prueba no debe realizarse antes del 5to día de cuarentena. Si su hijo presenta síntomas, la prueba debe realizarse antes. **Tenga en cuenta que incluso si los resultados de la prueba de su hijo son negativos, debe permanecer en cuarentena hasta completer todos los requisitos del DPH para personas expuestas a COVID-19 que se encuentran en** https://dph.georgia.gov/contact**.**

4. **Avise a la escuela.** Avise a la escuela INMEDIATAMENTE si su hijo presenta síntomas de COVID-19. Dependiendo de cuándo su hijo desarrolló síntomas y de su último día en la escuela, es posible que la escuela deba realizar un rastreo de contactos adicional.

Revise los siguientes documentos de orientación del Departamento de salud pública de Georgia para obtener recomendaciones adicionales sobre la cuarentena:
Orientación sobre la cuarentena (https://dph.georgia.gov/contact)
Orientación para el regreso a la escuela (https://dph.georgia.gov/document/document/return-school-guidance/download)

[INSERT SCHOOL NAME] y [INSERT HEALTH DEPARTMENT NAME] seguirán trabajando juntos para controlar la situación. Si tiene alguna pregunta, llame a [name of school contact] al [phone number].

Atentamente,
[Name]

DPH

GEORGIA DEPARTMENT OF PUBLIC HEALTH

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