

Tennessee Department of Health Recommendations for the Management of COVID-19 in Schools

(Updated 4.6.2021)

4.6.2021 update reflects format changes.

3.29.2021 update reflects:

Recommendation for faculty/staff vaccination.

New guidelines released by CDC for in-classroom physical distancing.

Change in wording of travel recommendation

Updated Protocol for Schools Assisting Public Health with Close Contact Identification

Updated Return to School Algorithm

The novel coronavirus (SARS-CoV-2) which has resulted in the COVID-19 pandemic has presented challenges to every aspect of our world, including the need to prematurely close, and now struggle with reopening, our schools. The following are general guidelines and considerations as schools prepare for the return of students and staff in the safest manner possible. It is critical that all district and school staff are prepared to help prevent, rapidly identify, and reduce the spread of COVID-19 in Tennessee's schools.

As with any significant change, advanced planning is the key to successful implementation. In addition to carefully considering the recommendations contained in this guidance and developing policies and procedures, schools are encouraged to engage staff in tabletop exercises in advance of the first day of school. Such exercises are designed to reveal gaps in planning that can be addressed before students and staff return to school. Suggested exercises may be found on the Tennessee Department of Health's webpage for educational facilities (<https://www.tn.gov/health/cedep/ncov/educational-resources.html>) and at the following links.

These may be adapted, as needed, to meet the specific needs of the district or school:

- [COVID19 Practice Scenario for Education Facilitator Manual](#)
- [COVID19 Practice Scenario for Education Facilitator PPT](#)
- [COVID19 Practice Scenario for Education Situation Manual](#)

The CDC definition of **close contact** is someone who was within 6 feet of an infected person for a cumulative total of ≥ 15 minutes over a 24-hour period* starting from 2 days before illness onset or, for asymptomatic patients, 2 days prior to test specimen collection until the time the patient is isolated.

**Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define "close contact"; however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using face masks is not recommended. <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>*

Overarching Recommendations

While no single action will eliminate the risk of transmission of the SARS-CoV-2 virus within a school or school district, implementation of several coordinated interventions may significantly reduce that risk. It is strongly recommended the following general policies be adopted by all school districts:

- All teachers and staff should be encouraged to receive COVID-19 vaccination as soon as possible.
- All students/staff who diagnosed with COVID-19 must **isolate at home** for a period of 10 days from onset of symptoms (or date of testing, if without symptoms), must be fever-free (without use of fever-reducing medications) **AND** have improvement in symptoms for at least 24 hours. This is **not optional**.
- All students/staff who are close contacts to a case of COVID-19 (within 6 feet for a cumulative total of ≥ 15 minutes over a 24-hour period) must **quarantine at home**. Options for 7-day and 10-day quarantine periods are below, but face mask use, physical distancing and symptom monitoring are important for a full 14 days following exposure.

Quarantine options include:

- Ending quarantine after **10 days** (return to regular activities on Day 11) if the contact does not have symptoms (no testing required).
- Ending quarantine after **7 days** (return to regular activities on Day 8) if the contact does not have symptoms and a PCR or antigen test collected after day 5 is negative.

Individuals exempt from quarantine:

- Fully vaccinated – Those who are ≥ 2 weeks following receipt of the second dose in a 2-dose series or ≥ 2 weeks following receipt of one dose of a single-dose vaccine **and** who remain without symptoms do not need to quarantine. Self-monitoring for COVID-19 symptoms for 14 days following exposure. If symptoms develop, they should contact their healthcare provider to discuss the need for SARS-CoV-2 testing and isolation.
- Previous COVID-19 infection – Those who have tested positive for COVID-19 in the previous 90 days, have completed their isolation period and remain without symptoms do not need to quarantine. They should self-monitor for COVID-19 symptoms for 14 days following exposure. If symptoms develop, they should contact their healthcare provider to discuss the need for SARS-CoV-2 testing and isolation.
- Household contacts of COVID-19 positive individuals may be required to quarantine for a longer period depending upon the circumstances. Consult CDC guidance for detailed guidance for quarantine of household contacts of COVID-19 positive individuals:
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>.
- Parents should be instructed to keep any ill child at home.
- Students/staff with a fever of $\geq 100.4^{\circ}$ or symptoms of COVID-19, should not be present at school.
- Every school should have an identified location where students/staff with symptoms of COVID-19 may be taken to isolate from others until they can be picked up from school.
- School districts should have human resource policies that empower staff to remain home when ill.
- CDC recommends consistent and correct use of face masks in public settings around people who do not live in the same household, especially if difficult to maintain physical distancing. Children under age 2 years should **not** wear face masks. Young children who will not tolerate wearing a face mask or who continuously play with, suck on, or chew their masks, should be excused from wearing one.https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/CFC_Guide_for_School_Administrators.pdf
- Hand sanitizer containing at least 60% alcohol should be readily available. Students/staff should be reminded to frequently wash their hands with soap and water for at least 20 seconds or use hand sanitizer, especially before eating. Young children should always be supervised when using hand

sanitizers or other cleaning products.

- Classrooms and high-touch surfaces such as door handles should be disinfected regularly throughout the school day. (<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>)
- Appropriate physical distancing should be followed in classrooms:
 - In elementary schools, students should be at least 3 feet apart.
 - In middle schools and high schools, students should be at least 3 feet apart in areas of low, moderate, or substantial community transmission. In areas of high community transmission, middle and high school students should be 6 feet apart if cohorting is not possible.
 - Classrooms should be structured in such a way as to facilitate this distancing, to the extent possible.
- 6 feet of distance should be maintained at all times in the following settings:
 - Between adults (teachers/staff), and between adults and students in school buildings.
 - When masks cannot be worn, such as when eating.
 - During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise. These activities should be moved outdoors or to large, well-ventilated space when possible.
 - In common areas such as school lobbies and auditoriums.
- Congregating of staff in lounge areas or other shared spaces should be discouraged.
- Schools should not hold mass gatherings such as assemblies and pep rallies unless appropriate physical distancing can be maintained.
- Schools should not plan in-person field trips. They should rely on virtual field trips, when feasible.
- Parents should drop students off outside the building. Entry of parents and other community members should be strictly limited. Pick-up and drop-off times should be staggered to limit crowding.
- Lunchtime should be restructured to allow children to eat lunch in their classrooms or outdoor spaces, rather than the cafeteria. Individuals should not wear masks while eating or drinking. Students and staff should be reminded to wash their hands or use hand sanitizer before and after eating.
- Children who ride school buses should be seated one child per row with an empty row between them and the next child, if possible. Students from the same household may sit together.
- Face masks are required by federal order on school buses and other forms of public transportation in the United States. Open windows to improve ventilation when it does not create a safety hazard.
- Buses should be disinfected between routes.
- Schools should have policies in place to limit visitors in the school. Those who do visit should be screened for symptoms, have their temperature taken, and wear a face mask while on campus.

Preventing COVID-19 in Your School

Preparation is the key to reducing the impact of COVID-19 on your school. The following steps should be taken to prepare for the return of students and staff:

Supplies:

- Touchless thermometers for obtaining temperatures of students and staff, when needed
- Hand sanitizer (minimum 60% alcohol) and dispensers
- Disinfecting wipes and other cleaning and disinfecting supplies
https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf
- Face masks for students and staff
- Tape to mark floors for traffic flow and reminders to distance
- Surgical or N95 masks, face shields, gloves, and gowns for nursing staff

Environmental Preparation:

- Determine student pick-up and drop-off plans that limit crowds or entry into the building.
- Post signage to communicate and remind students, staff and parents of policies and procedures.
- Consider staggered start times, alternating days, or block scheduling by grades to decrease the number of students in the building at one time.
- Designate one-way foot traffic patterns.
- Arrange classroom seating to permit physical distancing.
- Clean and disinfect water bottle filling stations regularly and consider closing water fountains.
- Make hand sanitizer readily available for use by staff and students.
- Consider moving teachers from room to room instead of having students change classes.
- Consider how to best limit crowding in hallways as students move from one area of the school to another. Consider eliminating the use of student lockers or assigning them by cohort to reduce student travel through the building.
- Determine how to provide lunch for students in their classrooms or outdoor spaces.
- Determine schedules for the regular cleaning and disinfection of workstations, restrooms and high-touch surfaces throughout the day.
- Eliminate high-touch surfaces, where possible (e.g., leave doors open, remove toys and materials that cannot be easily cleaned and disinfected).
- Routine cleaning practices should be used for indoor areas that have not been used for >7 days, outdoor equipment (except for high touch surfaces), indoor surfaces that are not high touch (e.g., bookcases, window coverings, wall decorations) and for floors and carpeted areas.
- Utilize outdoor spaces when possible.
- Do not use UV light-emitting devices as they are not safe for children or adults and may cause skin and eye damage.

Staffing Considerations:

- All staff should have temperatures checked and answer COVID-19 screening questions daily:
 - Have you been in close contact with a case of COVID-19 within the past 14 days?
 - Are you experiencing a cough, shortness of breath, sore throat, or stomach symptoms?
 - Have you had a fever in the last 48 hours?
 - Have you had new loss of taste or smell?
 - Have you had vomiting or diarrhea in the last 24 hours?
- Provide training for new policies and procedures and the importance of modeling expected behavior.
- Provide education around identifying signs and symptoms of COVID-19 and implementation of the school's response plan if a case is identified.
- Prepare staff for periods of remote learning.
- Universal and correct use of face masks should be required.
- Develop human resource policies and modified work opportunities that empower staff to remain at home if ill.
- Prepare for increased staff absenteeism and limited substitute teacher pools.
- Prepare for increased numbers of staff who will retire or otherwise not return to school this fall.

Considerations for School Health Staff:

- Staff should be provided with appropriate medical personal protective equipment (PPE) to use when caring for students and staff:
 - Surgical masks or N95 masks (with appropriate fit test)

- Gloves (non-sterile)
 - Disposable gowns
 - Face shields or another form of eye protection
- Asthma treatments should be given via metered dose inhaler (MDI) with spacer or spacer and mask rather than nebulizer, when possible. Nebulizer treatments should be performed in a space limiting exposure to others with minimal staff present. Staff should wear N95 face mask, gloves, and eye protection. Rooms should be well-ventilated, or treatments should be performed outside. Routine cleaning and disinfection of room should follow nebulizer use.
- Peak flow meters should not be used unless student health staff are wearing gloves, an N95 face mask, and eye protection.
- Staff should be trained on the proper donning and doffing of PPE.

Student Considerations:

- Parents should be encouraged to screen students for symptoms of COVID-19 and temperature elevation each morning prior to sending their student to school. Students should not attend school if their temperature is $\geq 100.4^{\circ}$ or the student has symptoms of illness. Symptoms screening should include the following questions:
 - Have you been in close contact with a case of COVID-19 within the past 14 days?
 - Are you experiencing a cough, shortness of breath, sore throat, or stomach symptoms?
 - Have you had a fever in the last 48 hours?
 - Have you had new loss of taste or smell?
 - Have you had vomiting or diarrhea in the last 24 hours?
- Communicate the school's preparation, policies, and procedures to families well in advance of the beginning of school.
- Universal and correct use of face masks by students, unless under age 2, sleeping, or unable to remove their face mask without assistance. For individuals who have difficulty with wearing a face mask, behavior techniques and social skills stories (<https://www.autismresourcecentral.org/social-stories-for-young-and-old-on-covid-19/> and <https://www.yai.org/news-stories/blog/using-social-stories-support-people-idd-during-covid-19-emergency>) may be used to assist in adapting to wearing a face mask.
 - People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear face masks if they rely on lipreading to communicate. In this situation, consider using a clear face mask. If a clear face mask isn't available, consider whether you can use written communication, close captioning, or decrease background noise to make communication possible while wearing a face mask that blocks your lips.
 - Some people, such as people with intellectual and developmental disabilities, mental health conditions or other sensory sensitivities, may have challenges wearing a face mask. They should consult with their healthcare provider for advice about face masks.
 - Younger children (e.g., pre-school or early elementary aged) may be unable to wear a face mask properly, particularly for an extended period. Face mask use may be prioritized at times when it is difficult to maintain 6 feet from others (e.g., during carpool drop off or pick up, or when standing in line at school). Ensuring proper face mask size and fit and providing children with frequent reminders and education on the importance and proper wear of face masks may help address these issues.
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>
- Teach and reinforce the importance of hand hygiene (especially before eating), respiratory etiquette, and physical distancing.

- Consider assigned seating and cohort classes to minimize crossover among children and adults and aid in identification of close contacts of infected individuals.
- Consider cohorting middle and high school students with students enrolled in a similar academic track (e.g., students taking Advanced Placement classes also take other classes together).
- Discourage sharing of supplies and equipment.
- Avoid close physical proximity for activities that result in forced exhalation (singing, shouting, exercise). These activities are best conducted outdoors and with increased physical distancing.
- Consider cohorting students during recess and limiting the size of groups participating in playground time and clean equipment between cohorts.
- Prepare for increased numbers of children arriving via private auto rather than school buses.
- Plan for children with identified health care needs that may place them at higher risk for complications, if infected. This includes plans for short or long-term remote learning, depending on the needs of the child.

Return from Travel Recommendations (International or Domestic):

- Tennessee does not require testing or quarantine after domestic or international travel, but strongly recommends travelers follow CDC guidance:
 - <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>
 - <https://www.cdc.gov/coronavirus/2019-ncov/travelers/faqs.html>
 - <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html#travel-1>

Transportation Considerations:

- Prepare for increased absenteeism of bus drivers and limited substitute driver pools.
- Provide approved cleaning materials and develop cleaning schedules and protocols.
- Bus drivers should wear face masks, unless contraindicated.
- Students should wear face masks, unless contraindicated (see Student Considerations).
- Provide drivers with gloves and face shields for cleaning and to wear when working with students who may transmit respiratory secretions.
- Consider smaller routes to decrease crowding on buses.
- Position students one per row and with an empty row between students, when possible. Students from the same household may sit together.
- Consider assigned seats to assist with contact tracing and ensure physical distancing.
- Keep windows open to increase air exchange, weather permitting.

Developing and Communicating a Plan of Action

- Staff and families should be aware of the school's plan of action when an individual in the school is showing signs or symptoms or has been diagnosed with COVID-19.
- Draft call messages and letter templates to communicate with parents and staff after a case has been confirmed in the school. Ensure communications conform to HIPAA and FERPA regulations.
- School districts should **identify one individual** who will contact the local or regional health department to report positive cases and request assistance on behalf of schools. **Schools should report their concerns to the school district, rather than individually contacting the local or regional health department.**
- If a case says their contacts are vaccinated, they should still be included on the list of contacts. Contacts need to know about their exposure as they should self-monitor for COVID-19 symptoms for 14 days following exposure. If symptoms develop, they should contact their

healthcare provider to discuss the need for SARS-CoV-2 testing and isolation.

Action Plan: Response to COVID-19 in Your School

Know the signs and symptoms of COVID-19: It is critically important that staff are aware of the signs and symptoms of COVID-19 and are well-aware of the school's planned response when someone in the building is exhibiting signs or symptoms of COVID-19. School nurses or aides should be equipped to measure the temperature of any student or staff who may become ill during the school day and should have an identified area to separate or isolate students or staff who exhibit signs or symptoms of COVID-19.

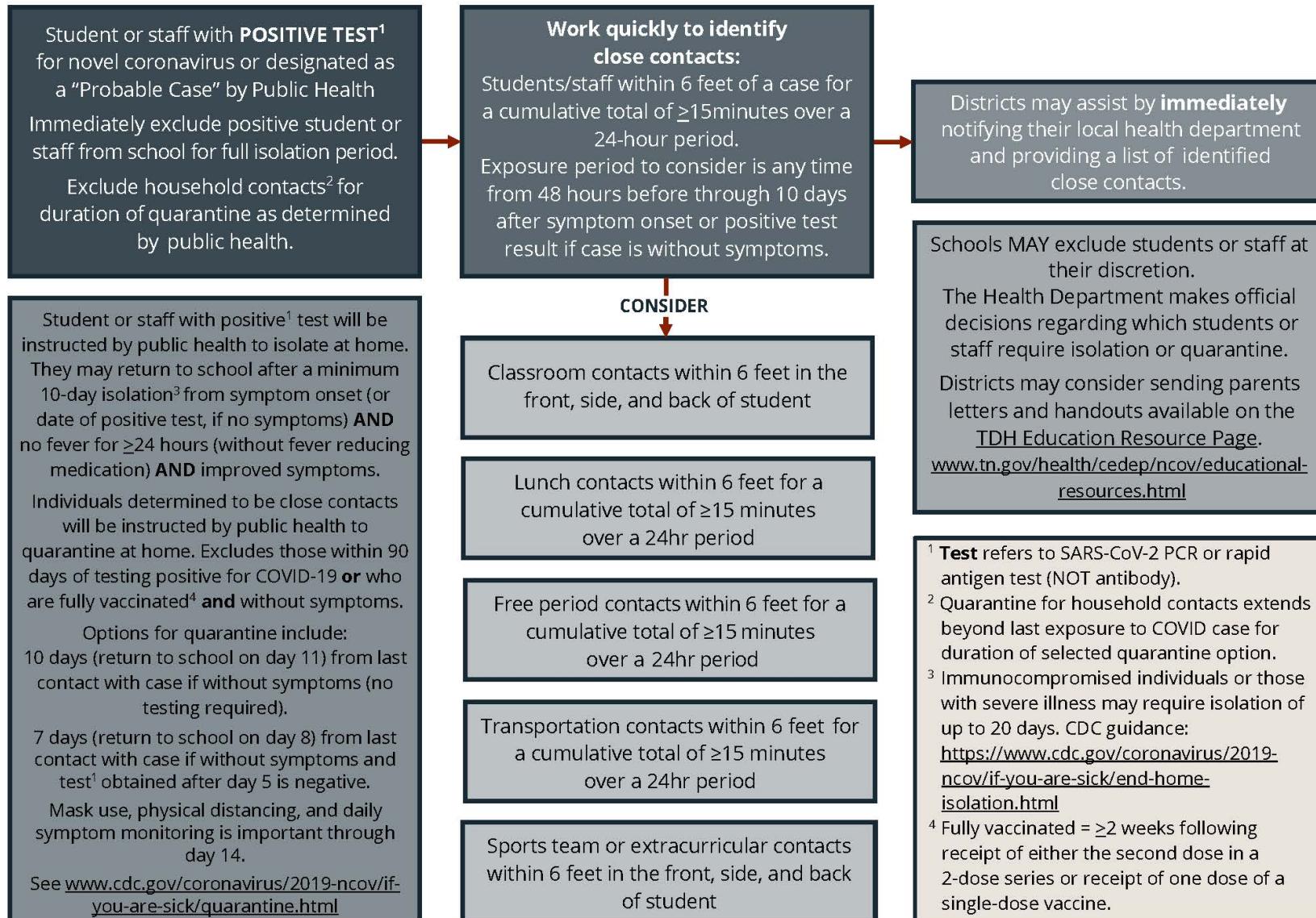
Common Signs and Symptoms

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

When someone becomes ill:

- If not already in place, immediately place a face mask on the ill individual (unless contraindicated) and move them to the previously identified isolation area.
- Anyone assisting the individual should wear a face mask, eye protection, gown, and gloves, if possible. Limit the number of people who are in direct contact with the ill individual.
- Ensure the individual is safe and does not need emergent medical attention. If the individual appears to be seriously ill, call 911 and inform them you are calling about a possible/confirmed case of COVID-19.
- Notify the emergency contact of the ill individual. If the individual is deemed stable, ask that they be picked up from school. If the individual requires emergency medical attention, call 911 and inform them of the situation.
- Notify the school district to contact the public health point of contact.
- In collaboration with public health, identify close contacts who have been within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period at any time within 48 hours before the individual's onset of symptoms until the individual has left school property. ***If the ill individual is determined to be a confirmed or probable case by public health,*** those close contacts will be required to self-quarantine following TDH quarantine guidelines. Refer to the [TDH guidance](#) for more details. Quarantine is not required for fully vaccinated individuals or those with a positive COVID-19 test in the previous 90 days if they remain symptom free.
- Close the area(s) where the ill individual was present for ≥ 15 minutes for 24 hours and then clean and disinfect those areas according to CDC and EPA guidelines
(<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>)

Protocol for Schools Assisting Public Health with Close Contact Identification for COVID-19



¹ Test refers to SARS-CoV-2 PCR or rapid antigen test (NOT antibody).

² Quarantine for household contacts extends beyond last exposure to COVID case for duration of selected quarantine option.

³ Immunocompromised individuals or those with severe illness may require isolation of up to 20 days. CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

⁴ Fully vaccinated = ≥ 2 weeks following receipt of either the second dose in a 2-dose series or receipt of one dose of a single-dose vaccine.

Return to school:

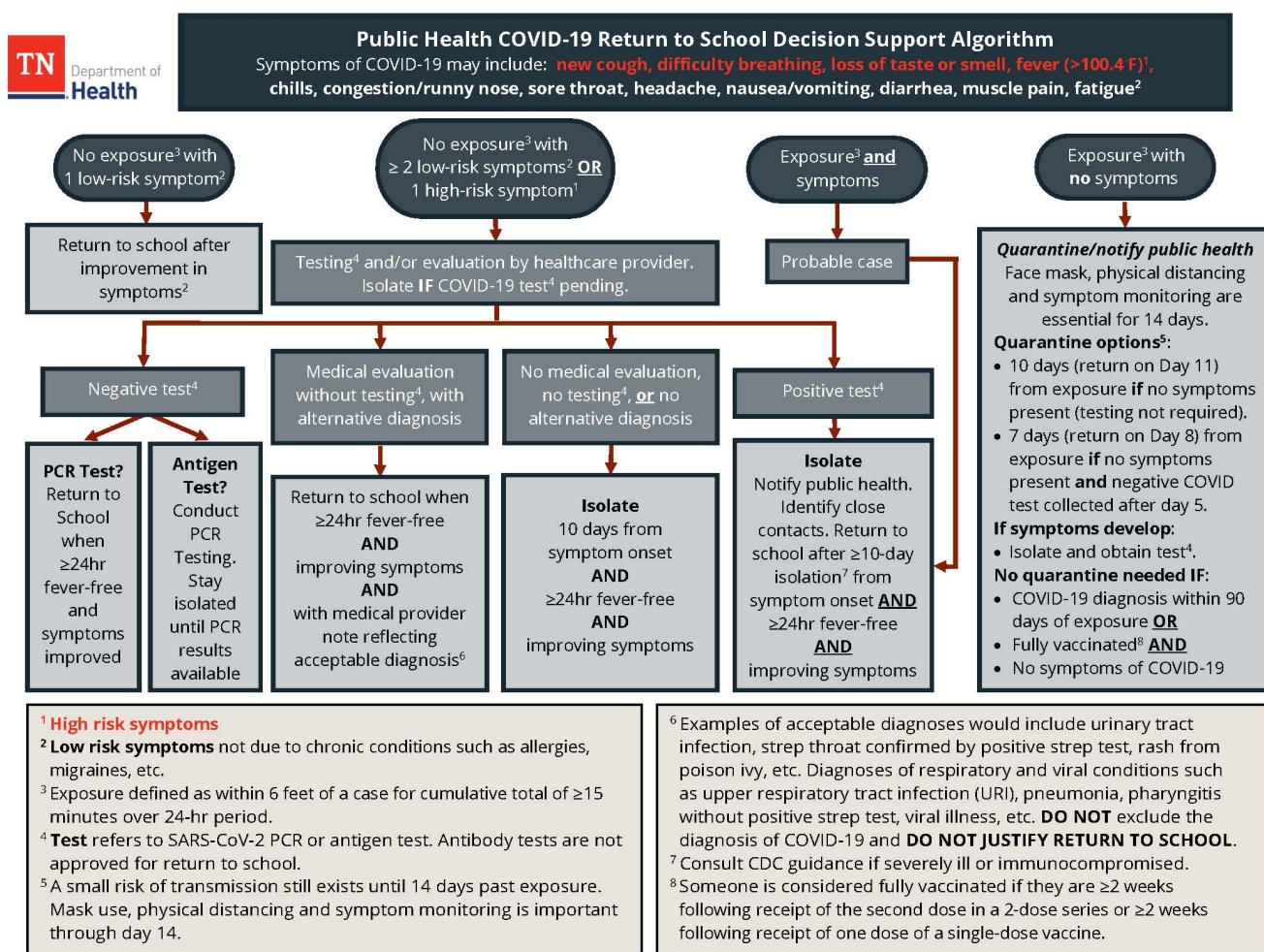
Districts will need to modify sick policies to reflect the caution required when allowing children with recent illness to return to a closed cohort environment with limited ability to reduce the spread of infection.

Students/staff diagnosed with COVID-19 or those in quarantine after exposure to a case, are NOT required to provide proof of negative COVID-19 PCR test or note of clearance from a healthcare provider or Department of Health but must answer **YES** to **ONE** of the following questions:

- **If the individual had a positive COVID-19 PCR/antigen test, did they complete isolation for a minimum of 10 days from onset of symptoms (or date of positive test, if without symptoms), have resolution of fever (without fever-reducing medication) AND improvement in COVID-19 symptoms for at least 24 hours?** If so, they may return to school. Proof of medical evaluation or negative COVID-19 test is not required. Note: immunocompromised individuals or those severely ill with COVID-19 may be required to isolate for up to 20 days per CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>
- **If the individual was exposed to a case of COVID-19, did they quarantine for 10 days after exposure?** If so, they may return to school. Options for 7-day and 10-day quarantine periods are below, but face mask use, physical distancing and symptom monitoring are important for a full 14 days following exposure. Quarantine options include:
 - **10 days** (return to regular activities on Day 11) if no symptoms (no testing required).
 - **7 days** (return to regular activities on Day 8) if no symptoms and PCR or antigen test collected after day 5 is negative.If symptoms develop during the quarantine period, isolation must be completed as above.
Note that household contacts of a case may be required to quarantine for a longer period, per CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>
- **If the individual had symptoms suggestive of COVID-19, do they have documentation from a medical provider confirming their illness was due to an alternative diagnosis and not COVID-19?** If so, they may return to school at the direction of their medical provider if they have been without fever (without the use of fever-reducing medications) for at least 24 hours and symptoms have improved. Examples of acceptable diagnoses would include urinary tract infection, strep throat confirmed by a positive strep test, rash from poison ivy, etc. Diagnoses of respiratory and viral conditions such as upper respiratory tract infection (URI), pneumonia, pharyngitis without positive strep test, viral illness, etc., DO NOT exclude the diagnosis of COVID-19 and should not be considered adequate to authorize return to school until another criterion is met. Individuals with symptoms consistent with COVID-19 who are without an acceptable alternative diagnosis are **treated as infected**. They are to isolate for 10 days from the onset of their symptoms, have resolution of fever (without fever-reducing medications) AND improvement of symptoms for at least 24 hours before returning to school unless the next criterion is met.
- **If the individual had symptoms suggestive of COVID-19 but no documented alternative diagnosis, did they have a negative COVID-19 PCR test after the onset of symptoms?** (e.g., individual with fever and cough is evaluated by a medical provider and tests negative for COVID-19 while symptoms are present) If so, they may return to school if fever has resolved without fever-reducing medications and symptoms have been improving for at least 24-hours. This does not apply if a positive test has been obtained during the illness -- that individual must isolate for a minimum of 10 days from the onset of symptoms, have resolution of fever (without fever-reducing medication) AND have improvement in COVID-19 symptoms for at least 24 hours.

- If the individual had symptoms suggestive of COVID-19, was never tested during their illness and had no confirmed alternative diagnosis, did they complete isolation for a minimum of 10 days, have resolution of fever (without fever-reducing medications) AND improvement in COVID-19 symptoms for at least 24 hours?** If so, they may return to school. No medical evaluation or proof of negative COVID-19 test is required.
- If the individual was identified as a close contact to a case of COVID-19, do they have documentation of a previous positive SARS-CoV-2 antigen or PCR test within 90 days of their last contact with the case?** If so, they are not required to self-quarantine.
- If the individual was identified as a close contact to a case of COVID-19, do they have documentation of full vaccination 14 days prior to contact with the case?** If so, they are not required to self-quarantine.

Public Health COVID-19 Return to School Decision Support Algorithm



Adapted from Washington University 8/18/20

Mitigating Spread of COVID-19 in Your School

Facilitate Contact Tracing: Contact your local health department once you are aware of a case of COVID-19.

- Assist the health department in identifying close contacts of the infected individual.
- Close contacts should self-quarantine at home for at least 10 days from their last contact with the infected individual or as directed by public health. Refer to [**TDH guidance**](#) for more details.
- Quarantine is not required if close contacts are fully vaccinated or tested positive for COVID-19 in the past 90 days. If symptoms develop, they should isolate and contact their healthcare provider.

Empower staff to comply with quarantine: Ensure human resource and student absentee policies allow for extended absences due to COVID-19 illness or exposure.

Considerations for school building closure: All policy considerations should start with a goal of having students physically present in school. Every effort should be made to prevent a district-wide closure. District administrators should consider it appropriate to close one school, or even a portion of a school, when a case or small outbreak affects only a small number of students or staff. Closures should be as limited as possible to minimize spread from close contacts with the case. **District administrators are strongly encouraged to consult with state or local public health officials prior to finalizing a decision to close a school or district.** It is critically important that schools be able to pivot from in-person to distance learning so that disruption can be minimized while students and staff need to be away from school for extended periods of time. **District administrators are discouraged from using metrics such as county active case rates as the sole determinant of school or district-level closures.**

- All students and staff who have been in close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with a confirmed case **must** be quarantined at home for at least 10 days or until otherwise directed by public health. Refer to the [**TDH guidance**](#) for more details. Fully vaccinated individuals (≥ 2 weeks following receipt of the second dose in a 2-dose series or ≥ 2 weeks following receipt of one dose of a single-dose vaccine) and those who have tested positive for COVID-19 in the previous 90 days are exempt from quarantine if they are asymptomatic. They should self-monitor for COVID-19 symptoms for 14 days following exposure. If symptoms develop, they should contact their healthcare provider to discuss the need for SARS-CoV-2 testing and isolation.
 - Where it is difficult to clearly identify contacts, the entire class may need to quarantine.
 - Where seating is well-defined and close contacts more easily identified, there may be individuals in the classroom who are not close contacts and would not require quarantine.
- Consider closing a school building if a cluster of cases (defined as two or more cases sharing a common source) is identified in one school and infection spread from that cluster cannot be confidently contained. For example:
 - Two or more cases within the football team where players are scattered through different classroom environments throughout the day
 - Two or more cases in the same math class where students are scattered through different classroom environments throughout the remainder of the day
- Consider closing a school building when widespread exposure of students/staff prevents identification and quarantine of contacts (e.g., COVID positive staff member was within 6 feet of a large number of students for a cumulative total of ≥ 15 minutes over a 24-hour period). School may want to close temporarily (2-5 days) to allow for contact tracing with reopening once contacts are identified and quarantined.

References:

CDC "When You Can Be Around Others After You Had or Likely Had COVID-19

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fwhen-its-safe.html

CDC Schools and Childcare Programs: Plan, Prepare and Respond

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

CDC Interim Guidance for Administrators of US K-12 Schools and Child Care Programs

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

CDC Considerations for Schools

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

American Academy of Pediatrics COVID-19 Planning Considerations: Guidance for School Re-entry

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

Operational Strategy for K-12 Schools through Phased Prevention

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>