

El Paso County Public Health COVID-19 School Guidance



Introduction

El Paso County Public Health's mission is to promote and protect public health and environmental quality across El Paso County through people, prevention and partnerships. Our role in assuring public health and safety has never been clearer and more immediate than during our current and ongoing COVID-19 pandemic. While much of this effort is focused on disease mitigation, our actions are always guided towards addressing the social determinants of health, helping our citizens fulfill their mental, physical, and emotional potential. With these holistic goals in mind, El Paso County Public Health endorses the American Academy of Pediatrics statement:

"Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits... all policy considerations for the coming school year should start with the goal of having students physically present in school."

Overview

The purpose of this document is to provide schools with practical guidance that is grounded in our current understanding of the SARS-CoV-2 virus and the COVID-19 disease that it causes. How this guidance is deployed should be informed by the students, families, and staff population and the ability to realistically implement and adhere to the measures while allowing education to continue efficiently, effectively and safely. As we work towards reopening schools this fall, it must be done carefully and based on current scientific understanding, local viral activity, and the latest public health orders, prioritizing the safety of students and their families, faculty, and the broader community. While no school will look the same as it did last fall, these measures and the commitment of students, faculty, and parents to their implementation will provide us the best opportunity to not only safely reopen schools but to keep them open and optimize the education and social development of our students.

What we Know

We have learned a great deal in the months since the pandemic began. While our knowledge and understanding is continuously expanding, there are fundamental facts that we now know which can guide our prevention efforts:

- Children may be somewhat less likely than adults to get COVID-19, are less likely to have severe illness if they do get it, and appear less likely to spread the virus that causes COVID-19 to others if they are infected.
- However, children of all ages have contracted the virus and been diagnosed with COVID-19 and, although rare, some have become severely ill, with a small but tragic number having died.
- Asymptomatic or mild COVID-19 is more common in children.
- While the focus has been on fatalities, even with asymptomatic or mild infection, there can be long-

term effects of illness (morbidity) which are yet to be fully understood. These appear rare, but we need to be aware of complications such as Kawasaki's (multi-organ inflammatory disease) and a recurrence of illness symptoms over weeks to months, more common in adolescents and young adults ("long-haulers").

- Older students and young adults (high school and college) have infection and transmission rates similar to adults but are less likely to become severely ill. However, they appear just as likely to spread it to others.
- Older adults and those with significant pre-existing conditions (even in children) are at most risk of suffering severe illness and death.
- The virus is spread predominately through airborne particles, but aerosolization and surface contamination may play smaller roles. Research is still emerging on the latter topics.
- Physical activities such as singing or physical exercise increase the number of particles and the distance they can travel.
- Outside is always safer than inside.
- Distance is always safer than close proximity.
- Masks or physical barriers are very effective.
- The better our overall community virus control is, the less likely we are to have disruptive outbreaks in schools. Every community member plays a role in making our schools successful.
- It is important to understand that our community is interwoven, and infection, even in those less likely to have severe illness, can still be transmitted to staff and community members at risk for more severe disease.

When to Open

The challenge before us today is to find a way to live with uncertainty, make the most informed decisions possible, and maintain flexibility to modify our stance and actions as more evidence becomes available to guide our decisions.

Considerations in this equation include viral burden of disease, rate of spread, financial impact, school resources, and citizen tolerance, among others. El Paso County will need to develop solutions that allow for flexibility in approach, tailoring solutions that consider the latest information on the virus, local transmission, and the unique characteristics of the school district. While looking for sustainability, there are basic safety measures that can help facilitate success:

- Shield the most vulnerable – those at high risk due to age or underlying health conditions should only return to school if there is little to no community transmission. Options for remote attendance should be maximized.
- Reduce risk wherever possible – see [What Works](#) below
- Keep the virus out – screening, masks and hygiene principles where applicable should be required not only of students and staff, but also of parents, delivery people, maintenance workers and others who may need to enter the school. Minimize non-essential visits to the school.
- Reduce occupancy particularly indoors. To do this consider split shift schedules or alternate in person and remote learning. Additionally, think through options to maximize prevention such as the arrangement of classrooms and alternatives such as class outdoors.
- Help families prepare for the new norm with strong messaging about new processes, health and safety

protocols and expectations. Parents can help children learn to wear a mask prior to the first day of school and a kickoff campaign may help with these transitions.

- Prepare for cases. Even with the best of plans, there will be cases, so make everyone aware of the expectation and what will need to be done.

What Works

Given our current understanding of the virus and its transmission, these are the practical actions that are proven to reduce spread of the virus, which will help keep our students, families, and faculty safe and allow continuity of in-person education. It is important to understand that not all recommendations can be safely or reasonably followed in all groups and in all circumstances. Therefore, these mitigation actions can be flexible and layered as they are maximized in one area if other strategies are inappropriate for the situation. Consider award systems to recognize when these principles are followed to encourage increased compliance.

- **Hand Hygiene:** Frequent and thorough hand washing before and after touching shared surfaces, eating, using the restroom, entering or exiting classrooms or touching of the face, mouth, nose, or mask along with appropriate education on proper hand washing is key.
- **Distancing:** While six feet is the ideal distance, situations may not allow for this spacing. Every bit of distance is better than none, so maximizing all available space or looking at alternative locations for instruction or activity may be necessary.
- **Face Coverings:** Appropriately aged and abled students and faculty can wear a cloth face covering or a clear plastic shield to achieve a high level of reduced transmission. This will be a critical component of mitigation when social distancing cannot be maintained (not stationary in a spaced classroom, moving through hallways, during group transportation, entering and exiting school). Student populations who are unable to wear masks for medical or educational reasons (band, speech instruction, athletics) will need to employ an alternate form of mitigation such as increased spacing or pod-style activities. **All staff and students are encouraged to wear masks to the greatest extent possible while in proximity to other people.**
- **Vaccinations:** It will be critical that as we enter the fall, schools and families do everything they can to keep our student and faculty populations healthy to minimize all disease spread and keep kids and teachers healthy and in school. Increased vaccinations within schools can assist in keeping students safe from other circulating respiratory diseases.
- **Wellness screening:** The Centers for Disease Control and Prevention (CDC) recommends screening all students and staff before entering the building. Population size, efficiency, entrances, weather, and staffing may dictate how this is accomplished. Self-reporting by parents with a home temperature check may be the most effective strategy for many schools. This should be deployed in the way that works best for each individual school.
 - Screening should include the following symptoms with exclusion for:
 - New onset of cough or shortness of breath by themselves
 - OR
 - At least 2 of the following:
 - Fever (100.4 Fahrenheit or higher)
 - Chills
 - Muscle pain
 - Sore throat

- Loss of sense of smell or taste
 - Gastrointestinal symptoms of diarrhea, vomiting, or nausea
 - Children who become ill with COVID-like symptoms should be kept home, consult their pediatrician, and tested for COVID-19 if appropriate.
 - Children screened positive at school by questionnaire should be isolated (kept separate) from faculty and students in a properly ventilated area and cared for by staff dressed in proper personal protective equipment (PPE)—N95 mask, gown, and gloves—and parents contacted immediately.
 - **If there is a concern for COVID-19, please consult with Public Health’s Communicable Disease Program at 719-578-3220.**
- **Exclusion:** Identifying and separating students/staff exhibiting illness. This requires clear expectations and communication with parents and staff. Remove barriers for sick leave in students and staff. Consider incentives for compliance with exclusion such as paid sick leave for staff. The appropriate exclusion timeframe will be dictated by Public Health and relayed to the appropriate staff member at school; this timeframe cannot be overridden by any other authority and remains the express authority of Public Health.
 - Exclusion criteria:
 - Positive COVID-19 test result: Stay home at least **10** days since symptoms first appeared AND until no fever for at least **three** days without medication AND improvement of symptoms.
 - Siblings and household members will also be excluded from school and work for **14** days after the last infectious day of the positive case.
 - A negative test will NOT affect the recommendations around exclusion; a person will need to continue to isolate or quarantine for the entire amount of time, regardless of a negative result following a positive result.
 - Negative test result but symptoms with no other diagnosis: Stay home at least **10** days after onset of symptoms AND until no fever at least **three** days without medication AND improvement of other symptoms
 - Siblings and household members should stay home **14** days.
 - For people with a probable COVID-19 diagnosis without lab confirmation or who have COVID-19 symptoms but did not seek medical care: Stay at home at least **10** days since symptoms first appeared AND until no fever for at least **three** days without medication AND improvement of other symptoms.
 - Siblings and household member should stay home **14** days.
 - For those with other diagnosis to explain symptoms: Stay home until symptoms have improved and follow health care provider instructions to return to school.
 - Siblings and household member DO NOT need to stay home.
- **Pod, Bubble, or Cohort-Style Learning:** Limiting child to child interaction to a fixed, known group not only helps prevent spread of the virus between larger populations of children, but is also a critical tool in limiting the number of students potentially exposed which require quarantine and exclusion from school for 14 days. This strategy is important to the continuity of in-person learning and can be accomplished in many possible ways but will need to be age and environment appropriate. Note: the larger the cohort, the more students will need to be excluded should a cohort member test positive for COVID-19. Strongly consider excluding or modify activities that are high risk: large assemblies, cafeterias

(consider eating in classrooms), large choir rehearsals (singing is known to spread virus), band, team sports, gyms (see [Topic Guidance](#) below).

- Limit classes to as few students as staffing, space, and resources allow.
- Keep students stationary and rotate teachers.
- Cohort larger classes by recess, lunch, physical education, transportation, etc.
- Use assigned seating in all activities.
- **Promote touch-free surfaces:** Reduce the frequency of touching surfaces or have dedicated supplies for each student.
- **Enhanced Cleaning:** Use Environmental Protection Agency (EPA)-approved cleaning supplies for COVID-19, diluted bleach, or 70 percent alcohol solutions for all touchable surfaces as indicated by the manufacturer. Understand that many of the products are not appropriate for use by or in contact with young children. Ensure that the appropriate contact time for each product is being followed to allow for maximum disinfection.
- **Contact Tracing:** Contact tracing performed in conjunction with Public Health allows schools to identify those students and faculty at risk of infection so they can be safely and quickly excluded so as not to propagate the infection further.
 - **Contacts** are defined as individuals who spent greater than 10 minutes with less than six feet between them and the infected person, had physical contact, or shared touched objects for up to 48 hours before symptoms. For practical purposes, in the school setting this would include anyone who shared a classroom, break room or lunch table with a COVID-19-infected student or staff member as well as anyone in their social group. Every school should have appropriate records available as well as staff informed on how to participate with investigations. Pod-style learning will enable Public Health to limit the disruption to most students. Extensive co-mingling of students may result in large numbers of exclusions that could significantly limit the number of students who can participate in-person. Academic plans should be flexible and agile, allowing for the sudden absence of large numbers of students.
 - Remember: Regardless of symptoms, all students identified as being positive with COVID-19 will be excluded from school for 10 days from symptom onset and all contacts will be excluded for 14 days after last exposure.
- **Airflow/Ventilation:** Utilizing outdoor or open spaces as much as possible decreases the likelihood of high-dose exposure of infectious particles. Creative use of sports fields or outdoor school space is strongly encouraged. In indoor environments, opening of windows, use of fans, or increasing outdoor sourced ventilation is an effective means of reducing transmission. Nearly all large publicized outbreaks are in indoor settings without spacing or face coverings and with minimal air movement.

Outbreaks in Schools

Outbreaks are defined as **two or more positive COVID-19 cases in non-household members with symptom onsets within a 14-day window**. These outbreaks can be limited to a single group or class (cohort outbreak), staff (two or more faculty members), or schoolwide (two or more cohorts within a school meeting the outbreak definition). Every outbreak will be unique and will be handled on a case-by-case basis in conjunction with Public Health. To report a COVID-19 case or potential outbreak contact Public Health at **719-578-3220**.

In the event of an outbreak, the general procedure is as outlined below.

- Single positive case within a school (student or staff):

- Exclusion of case from school as described above.
- Exclusion of cohort group for 14 days.
- If no cohorting, the school, in conjunction with Public Health will investigate contacts and exclude all involved students and faculty for 14 days.
- Families can consider testing of known contacts after seven days; however, this will not change the 14 day quarantine period.
- School closure not necessary.
- Two or more confirmed non-household cases within a cohort/class over a 14-day period:
 - Exclusion of cases from school as described above.
 - Exclusion of cohorts for 14 days.
 - If no cohorting, the school, in conjunction with Public Health will investigate contacts and exclude all involved students and faculty for 14 days.
 - Families can consider testing of known contacts after seven days; however, this will not change the 14-day quarantine period.
 - If outbreak is limited to a single class or cohort, school closure may not be necessary.
- Two or more classes or cohorts meeting the outbreak definition over a 14-day period:
 - Exclusion of all cases as described above.
 - Exclusion of all involved classes/cohorts/contacts/faculty for 14 days.
 - Possible testing of contacts after seven days; however, this will not change the 14-day quarantine period.
 - Consider school closure if the two outbreaks appear to be true school transmission and not separate community-acquired outbreaks.
- Non-cohorted school outbreak:
 - Exclusion of all cases as described above.
 - Exclusion of all involved classes/contacts/faculty for 14 days.
 - Possible testing of contacts after seven days; however, this will not change the 14-day quarantine period.
 - Consider closing school if large number of faculty excluded or contact tracing unreliable.
- If greater than 10 percent of students/faculty absent for COVID-19:
 - Recommend 14-day schoolwide closure with contact tracing, testing after seven days, and quarantine of **ALL** students and staff for 14-day period.
- If greater than 10 percent above baseline absenteeism for illness in faculty and students:
 - Contact Public Health for investigation and technical support.
 - Immediate communication to faculty and students to encourage immediate COVID-19 testing of all symptomatic individuals before re-evaluation of possible school closure.

COVID-19 Related School Closures

The success of our schools' ability to control COVID-19 within their students and faculty will be driven largely by our success in preventing spread in greater El Paso County as well as the schools' ability to implement recommended preventative measures. Therefore, we must consider community-wide transmission rates as well as our hospital and public health capacity when determining whether in-person school is safe and reasonable. The following metrics can be used to drive our decision as to whether countywide school closures are necessary.

If the community-wide capacity metrics are not being met at the time school is scheduled to commence, safe in-person schooling may not be possible.

Return to Learn Decision Tree

Capacity Criteria:

- No confirmed school outbreaks.
- Decreasing, flat, or steady controlled increases in 14-day incidence (low or moderate range).
- Local hospital capacity stable as determined by three hospital systems.
- Adequate contact tracing capacity.
- Adequate testing results turn-around capacity.

Green: School in Session (mild to no disease spread):

- No capacity criteria breached **or**
- Confirmed positive case or outbreak in school only:
 - Proceed as described above in the *Outbreaks in Schools* section.
- Greater than 10 percent above baseline absenteeism across school district:
 - Contact Public Health for consultation and technical support.
 - Request all symptomatic faculty and students tested.
- Greater than 30 percent or more absent for three days in a row:
 - Remote learning may be deployed for three school days to allow for cleaning, testing or consultation with care providers and Public Health.
 - Request all symptomatic faculty and students get tested.
 - Plans should be communicated to Public Health, faculty, and parents after the first day of greater than 30 percent absent, so the school community is prepared for temporary remote learning.

Yellow: Alternate learning plan or remote learning (moderate disease spread)

If there is a **confirmed school outbreak** AND **more than two other criteria** listed above are beyond capacity, strongly consider temporary remote learning or alternate learning plan for 14 days in conjunction with Public Health consultation.

- Determination made in conjunction with schools, Public Health, and the Colorado Department of Public Health and Environment with agreed-upon timeline allowing for continuity of learning.
- Individual school plans could include:
 - Full-distance learning.
 - Modified schedules with alternating days, morning and afternoon, aggressive social distancing, masking, or cohorting with the goal of limiting students to 50 percent of baseline social contact or comingling.
 - Accommodations for students and families who choose to do distance learning.

Red: Stay at home (substantial disease spread)

If **all capacity criteria above** are overwhelmed or in the event of an executive or local public health order, school will be full-distance learning until viral transmission is controlled.

COVID-19 Related School Closures

Testing: Asymptomatic viral PCR testing or antibody testing should not be used as criteria for admission to school or activities. These should also not be used for employment decisions for staff. All schools should have identified PCR testing site options for referral of symptomatic students and faculty to minimize barriers to testing. Schools may want to assist Public Health in mass testing events in the case of an outbreak or participate in organizing rotating or mobile testing sites but will not be expected to provide testing for students or faculty. A negative test result cannot override a positive test result when determining appropriate quarantine and/or isolation recommendations.

Bus Transportation: Transportation is a critical piece of infrastructure for schools. Schools should encourage alternate forms of transportation for families who are able. Ride sharing is an effective option but would require considerations of cohorting. For children who require bus transportation, to reduce transmission, consider masking for all riders, keeping windows open for ventilation, seating siblings together, cohorting by class, assigned seating, one person per seat if non-household contacts, or skipping rows (if appropriate or feasible) in combination or separately. Bus drivers should be masked, and interiors should be disinfected regularly and modified to minimize high-touch surfaces. Inability to identify exposed individuals and implement appropriate cohorting will result in the need to exclude a greater number of students and/or staff.

Class Size: Currently, no definitive national or state guidelines exist regarding maximum class size or teacher to student ratios with respect to COVID-19. Schools will need to be flexible and accommodate the maximum spacing and minimal cohort size that is achievable given staffing, classroom space, school population, age, and activity. In situations where ideal spacing is not achievable, alternate mitigation like masks should be utilized. Keep in mind that the recommendation to limit the number of students and staff in cohorts will again lower the number of people needing to be excluded.

Mask Use: Masks reduce disease transmission. Nearly all current research confirms the effectiveness of mask use, especially in environments where social distancing is not possible. The more people wear masks, the better. Although it may be challenging to wear masks all day (especially among young children), school staff should wear masks and students should be taught to wear them and strongly encouraged to do so. Teachers of young students, students with disabilities, teachers of foreign language or English as a second language (ESL), or speech therapy may opt to use masks with clear “windows” or use clear face shields to allow facial expressions and lips to be seen. Classes offered outside or in widely spaced areas can forgo mask use with ideal social distancing. However, in instances where students K-12 cannot distance (riding the bus, entering or exiting school, sharing hallways, locker rooms, during group work, while sharing restrooms, or when moving about classrooms), mask use should be strongly encouraged to be considered as part of the dress code for those physically able to wear them.

Social Distancing: There is no definitive answer to what is ‘ideal distancing.’ And while six feet is the widely accepted number, it is clear that any length of distance is better than less. Schools must do the best job they can at distancing within the constraints of the teaching environment.

Recess: Free play and physical activity is critical to our youth’s mental, physical, and social well-being. It is very challenging to maintain social distancing in these environments, so cohorting of small playgroups, outdoor play, or organizing activities that encourage alternate forms of play such as running or ‘shadow tag’ are prioritized.

Performing Arts: For many of our students, the performing arts are the gateway to personal expression, friendship, self-confidence, and mental well-being. The performing arts should be continued with mitigation strategies in place. Outdoor practice and performance, smaller group practice sessions or performances, and creative expression in non-traditional environments that allow open air are strongly encouraged.

Field Trips: Experiential learning and application of knowledge are important to real world learning. Outdoors is far, far safer than indoors, so adventure is encouraged. Group transportation can be a challenge, so bus safety, masks, open windows, cohorting, and appropriate mitigation strategies for the destination are critical. Local hikes or trips around school grounds may offer benefits without the inherent risk of traditional field trips.

School Lunches: There is no evidence that COVID-19 is transmissible through food. However, the traditional communal eating experience of school lunch carries an increased risk of disease transmission. Schools should forgo buffet style food service and opt for grab-and-go, delivery to classroom, packed lunch or staff-plated meals. If cafeteria seating is necessary, staggered lunch shifts, spaced tables, cohorting, seating assignments, and socially distanced lines and seating arrangements are effective options.

Visitors: For the immediate future, schools should limit visitors, guest speakers, parents, or non-essential personnel. Those who must enter the school should be subjected to the same screening criteria as faculty and students.

Sports: Because of the inherent challenge in creating guidance for the variety of sports and activities throughout all levels of K-12, youth sports guidance is beyond the scope of this document.

While the risk of viral transmission or an outbreak can never be eliminated, the consistent, appropriate, and strategic application of the mitigation strategies described above give each school the optimal chance at a successful 2020-2021 academic school year. This guidance will be updated when additional scientific or regulatory standards become available.