

El Paso County Public Health COVID-19 School and Child Care Requirements and Recommendations



This guidance was updated on Dec. 17, 2021.

CDPHE's Practical Guide for Operationalizing CDC's School Guidance can be found [here](#).

This document provides direction from El Paso County Public Health (EPCPH) as it relates to COVID-19 mitigation, isolation and quarantine in the child care and school setting. EPCPH will not be issuing a separate Public Health Order. EPCPH has updated the local school requirements and recommendations based on Centers for Disease Control and Prevention (CDC) and the Colorado Department of Public Health and Environment (CDPHE) guidance. With this update, EPCPH will no longer require mandatory automatic quarantines for COVID-19 in local schools; however, isolation will continue to be required for any person who is positive with COVID-19 or a symptomatic contact of a positive COVID-19 case. Although no longer required, EPCPH continues to strongly recommend quarantine as a best practice for disease prevention as part of a layered approach. As part of targeted mitigation efforts, the Public Health Director has the legal authority to issue individualized isolation and quarantine orders.

These updated requirements and recommendations go into effect Dec. 18.

A full list of definitions can be found in **Appendix A** (see page 12).

Overview

The purpose of this document is to provide schools and child care facilities with an understanding of quarantine and isolation requirements and recommendations per EPCPH, effective Dec. 18.

For the past 22 months, school districts across our county have implemented layered approaches and processes that have contributed significantly to students and staff continuing to learn and work in person. We appreciate the partnership and collaboration, which we are fully committed to maintaining.

As a county, we are moving to targeted quarantine and isolation strategies.

- Individuals who are positive for COVID-19 in school settings—which includes positive cases as well as their symptomatic contacts—will still be required to isolate.
 - Please see **Appendix A** (page 12) for case definitions and what is considered a positive case.
- Quarantines of close contacts will no longer be automatically required; however, under certain circumstances, quarantine may be required as part of enhanced mitigation strategies.
 - Quarantine of household contacts will be required as they are at higher risk of becoming infected.
 - Schools and child cares will be required to issue exposure notification letters to close contacts as outlined below.
- EPCPH will provide templates and resources to facilitate clear communication of requirements to the school and child care communities.

Using a layered approach to the recommended prevention strategies in this document is essential to reduce the spread of COVID-19 and to promote the health and well-being of our school and child care communities. As EPCPH works with schools and child care facilities to keep students healthy and engaged in learning during this

school year, public health recommendations will continue to be based on CDC's current scientific understanding of COVID-19, with the priority of keeping students and their families, faculty and the broader community safe.

EPCPH will continue to have a dedicated team available to discuss requirements, specific scenarios, and best practice recommendations. EPCPH will continue to keep our partners up-to-date regarding public health guidance, as well as any applicable public health orders or other legal requirements.

EPCPH appreciates the collaborative efforts from school partners to help create safe learning environments, reduce the transmission of COVID-19, and protect the health of students, staff, teachers and communities.

Questions?

EPCPH's team of dedicated experts is available to answer questions:

- During business hours, you can reach us at (719) 578-3220.
- During nights and weekends, you can reach us at (719) 235-2278.
- You can also email our schools team at schoolscovid19@elpasoco.com.
- You can also report cases through EPCPH's secure REDcap survey.

EPCPH is issuing the following UPDATED El Paso County Public Health COVID-19 School and Child Care Requirements and Recommendations, effective Dec. 18.

El Paso County School Requirements

1. Per CDPHE's [Public Health Order 20-38](#), schools are required to report all COVID-19 positive cases and outbreaks to EPCPH. If school personnel perform and interpret rapid testing on-site, they are functioning as a clinical lab and are required to report all results. Per [6 CCR 1009-1](#), schools and child care facilities are also required to report single cases of which they become aware to EPCPH, even if testing was performed elsewhere. Schools are able to disclose this information to EPCPH without written prior consent under FERPA's health or safety emergency exception, because a person with COVID-19 represents a potential threat to the health and safety of others at the school. This is true even if there is not an outbreak.
 - Schools and child care facilities are required to report all outbreaks to their local public health agency or CDPHE within four hours per 6 CCR 1009-1.
 - Schools and child care providers must report both suspected and confirmed outbreaks.
 - Outbreaks of any disease, in any setting must be reported to the state or local public health agency immediately. Schools are required to report possible outbreaks that may be identified via unusual patterns in illness, increased illness and absence reports.

In the event of a positive COVID-19 case, please notify EPCPH via email or phone:

- Routine business hours (must leave a voicemail): (719) 578-3220.
- After-hours/weekends (please leave a voicemail): (719) 235-2278.
- By encrypted email: schoolscovid19@elpasoco.com.

In Colorado, schools and child care facilities are required to follow these rules and regulations for communicable diseases:

- [Rules and Regulations Governing the Health and Sanitation of Child Care Facilities in the State of Colorado.](#)
- [Rules and Regulations Governing Schools in the State of Colorado.](#)
- [Infectious Disease Guidelines and Disease Reporting Requirements, for all Infectious Diseases Including COVID.](#)

School outbreak-associated cases are a case among students, teachers, or staff that meets the [outbreak definition](#). Family members of others outside the school who get sick should not be classified as outbreak associated.

2. MASKS: Per the [CDC order](#) for public transportation, which is subject to applicable exemptions and exclusions, bus drivers and passengers must wear a mask if aged 2 and up.
3. NOTIFICATIONS: When a student or staff COVID-19 case is identified, EPCPH requires exposure notifications in settings that include elementary students and younger. EPCPH requires notification of exposure to those who are considered close contacts as soon as possible, with every effort to make same-day notifications.
 - Exposure notifications provide a tool for parents and guardians to make informed decisions regarding health decisions for their students.
 - Elementary and children in child care spend more time with the same cohort, increasing risk of transmission when a positive case is identified in these settings.
 - Educational environments for younger children typically have more physical contact (e.g., play, supported activities, cooperative learning).
 - There is less consistency in adherence to layered prevention measures among these age groups.
 - Younger children may have less effective communication strategies to accurately describe social interactions, contacts throughout the school day, and absence and illness patterns impacting their peers.
 - Exposure notifications are intended for school-sponsored activities, with the exclusion of unstructured settings, which may include but are not limited to lunch, hallways during passing periods, and recess.
 - EPCPH can provide templates for exposure notifications as needed.
4. NOTIFICATIONS: Individual isolation requirements will be communicated by EPCPH and/or the school or child care to the parent or guardian of the child.
 - To expedite notification of isolation, schools and child cares may be asked to provide the letter on behalf of EPCPH.
 - When EPCPH is aware of a school or child care whose student(s) have been provided instructions to isolate, EPCPH will communicate that to the child care or school.
5. QUARANTINES: Household contacts are at higher risk of becoming infected and will be required to quarantine except in certain circumstances as determined by EPCPH. EPCPH will provide direction regarding the need to quarantine and duration for household contacts.
 - Full definitions of quarantine and isolation can be found in **Appendix A** (see page 12).

El Paso County School Recommendations

Prioritizing in-person learning

EPCPH along with school and child care partners share a responsibility to support a safe and healthy in-person learning environment. EPCPH continues to use local data and trends, in addition to evidence-based best practices and recommendations, to guide informed decision making.

Preventive measures

El Paso County continues to recommend a layered approach of best practices to COVID-19 prevention. These best practices are described in detail in the [Back to School Roadmap](#), and include ventilation, maximization of outdoor activities, sick leave policies, mask-wearing, testing, spacing, cohorting, symptom screening, cleaning and disinfecting, and handwashing. These policies will continue to be important for reducing and helping to reduce transmission of COVID-19 in school settings.

Quarantines

The CDC, CDPHE and EPCPH recommend quarantine as a public health best practice to reduce the spread of COVID-19. Quarantine means staying home for a period of time after you are exposed to someone with COVID-19. This is because you can be infected with the virus that causes COVID-19 but may not show symptoms for up to 14 days. Even though you may not show symptoms, you can still spread the virus. EPCPH recommends quarantines as noted in the table below.

Length of quarantine?	Is testing required?	Who should use this option?
14 days	No	People who have regular close contact with high-risk individuals. This includes people who live or work in residential or congregate living facilities.
10 days	No	This quarantine period is appropriate for most people who do not have contact with high-risk individuals.
7 days	Yes	The 7-day quarantine with testing is the least preferred option and not recommended by EPCPH in most cases. People who do not have contact with high-risk individuals and have a negative test collected 48 hours before the quarantine is discontinued (on day 5 or later).

- A close contact in a traditional classroom setting is defined as someone who:
 - Was within three feet for 15 cumulative minutes over a 24-hour period, OR
 - Lives in the same household, OR
 - Sleeps in the same space (e.g., roommate), OR
 - Had direct contact with sick individuals, OR
 - Is identified as a close contact based on public health determination
- Quarantine for Household contacts:
 - For household members who are not able to quarantine separately from the ill household member, quarantine would begin after the ill individual has completed their 10-day isolation period (day 11).
 - EPCPH will calculate the length of quarantine based on the following:

- COVID-19 positive test result or symptom onset date plus quarantine. For example, if a parent of a student who tested positive cannot be separated from the ill student, the parent would need to complete the following:
 - Stay home for the duration of the 10-day isolation period of the ill student. This is because during this time, there is ongoing exposure to a COVID-19 positive case.
 - Upon completion of the 10-day isolation period (which would be the last day of exposure), they would need to complete one of the quarantine options listed in the table above. Household members who are fully vaccinated (two weeks after completing the vaccine series) or have a positive test result in the previous 90 days will be exempt from quarantine.
- If at any point during the quarantine period an individual tests positive, their quarantine will be converted to a 10-day isolation. If an individual becomes symptomatic at any point during the quarantine period, consult EPCPH for further recommendations. EPCPH will provide instructions regarding how to quarantine for distribution via school partners, the EPCPH website, case investigation team and in outbreak mitigation conversations.
 - In collaboration with school partners as an outbreak mitigation tool, EPCPH may provide letters requiring quarantine under certain circumstances.
- Please see below for county population, school community and individual protections that may impact quarantine decisions.

County Population Protections	School Community Protections	Individual Protections
Low community transmission <ul style="list-style-type: none"> • Counties with <35 cases per 100K per 7 days • Find county-level transmission data 	High rates of school community COVID-19 vaccination <ul style="list-style-type: none"> • ≥80% of staff and students aged 5 and older with at least one COVID-19 vaccination OR High rates of weekly school screening testing <ul style="list-style-type: none"> • ≥70% of unvaccinated staff and students participating in weekly testing 	Fully vaccinated (two weeks after last recommended vaccine dose) OR Previously positive in the past 90 days OR Participating in weekly screening testing OR Both parties wearing a mask at the time of exposure
Quarantine of close contacts is not recommended for routine classroom exposures if any of the above are met by the county, school or individual considered a close contact.		

Face coverings

Wearing a mask helps to significantly reduce disease transmission. Face coverings can be a critical component of disease mitigation when physical distancing cannot be maintained. In alignment with CDC and CDPHE guidance, EPCPH recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools,

regardless of vaccination status. Please see the most recent [CDPHE](#) and [CDC](#) guidance concerning updates, changes, or special circumstances concerning mask use in K-12 education. ECPH continues to strongly recommend wearing masks in public indoor settings. This is especially important in settings where vaccination rates are low.

- **Free masks for schools**

- As part of ongoing efforts to slow the spread of COVID-19, the state and Gov. Polis are offering free KN95 and surgical masks to school districts, BOCES, charter schools, private schools and facility schools for staff and students. To learn more, [click here](#).

Improving ventilation

COVID-19 and other respiratory illnesses are spread through respiratory droplets that are produced when we breathe, talk, sneeze, or cough. Improving ventilation by increasing air exchanges and filtration assists with the dilution of contaminants that might be present, including respiratory droplets. Schools can improve ventilation in a number of ways.

Existing HVAC systems should be maintained in good working order and should run for at least two hours before and after the building is occupied. Schools without existing HVAC systems or inadequate systems can open windows during the school day to increase ventilation and air flow. Additionally, HEPA filters can be added to an existing HVAC system and portable HEPA filters can be added to areas to filter out contaminants from the air.

- When there is a public health crisis such as a pandemic, additional modifications to school operations are necessary; however, the fire code must still be adhered to.
- Fire doors serve an important purpose in the event of a fire and can help to contain heat and smoke. Fire doors should be utilized in the manner intended and in accordance with the fire codes within the school's jurisdiction.
 - More information regarding Maintaining Fire Safety During a Pandemic can be found here: [Maintaining a Fire Safe School During a Pandemic](#).

Outdoor activities are strongly encouraged, especially for higher risk activities and mealtimes. Additional resources on improving ventilation can be found on the [Colorado Department of Education's website](#).

Monitoring and communication

Fully vaccinated individuals are not recommended to quarantine if they are exposed to someone with COVID-19; however, all individuals who are exposed should monitor themselves for symptoms for 14 days and get tested if symptoms develop.

We continue to recommend alerting students, staff, and parents of known classroom exposures so all individuals are appropriately informed, beyond the requirement for elementary schools. Notification provides individuals with the opportunity to monitor closely for symptoms, and to increase personal mitigation measures as necessary when living or working with vulnerable individuals (e.g., a high school student who volunteers in a nursing home or who lives with an immunosuppressed relative).

For more detailed information and guidance on quarantine and isolation best practices, visit [CDPHE's Practical Guide for Operationalizing CDC's School Guidance](#).

Higher-risk exposures and individuals at severe risk for disease

Information on higher-risk exposures and individuals at risk for severe disease can be found in [CDPHE's Practical Guide for Operationalizing CDC's School Guidance](#).

Vaccinations in schools

The Colorado Springs and El Paso County Vaccine Consortium has an extensive network of vaccine providers across more than 100 locations throughout the county. To get connected to a provider, visit www.elpasocountyhealth.org.

The Pfizer vaccine is authorized for the 5-11 age group. Mobile vaccinations are available as a convenient resource and supporting K-12 schools is a priority. If you are interested in hosting a mobile vaccination clinic at your school, please submit this online [form](#). It's important to note that parental consent is required for vaccination of minors.

Staff and students should stay home when they are sick

Identifying and separating students/staff exhibiting illness is critical to prevent the spread of disease. This requires clear expectations and communication with parents and staff. Consider implementing policies that allow ill students and employees the flexibility to stay home when sick.

Testing

All schools should identify PCR or antigen testing site options for referral of symptomatic students and faculty. The most up-to-date list of community testing sites in El Paso County can be found on EPCPH's website [here](#).

- CDPHE is offering all K-12 Colorado schools (public, private, charter, and tribal) a free and voluntary screening testing program for the 2021-22 school year that provides weekly rapid antigen tests and screening resources. Learn more [here](#).

Recommended tests include:

- Qualitative PCR or,
- Molecular tests like Abbott ID NOW.
 - *These tests do not require confirmatory testing; PCR is considered the gold standard test and is preferred when available.*

OR Antigen Point of Care (POC) or rapid tests such as:

- BinaxNOW
 - [Click here](#) for more detailed information
 - *Confirmation of negative results with PCR is recommended for symptomatic individuals.*

Hand hygiene

Recommend washing hands frequently with soap and water, including implementing practices to allow students and staff to wash hands often. Promote touch-free surfaces by reducing the frequency of touching surfaces or have dedicated supplies for each student.

Physical distancing

CDC recommends schools maintain at least three feet of distancing in addition to mask use in school settings for

unvaccinated individuals. For more information, please review the [CDC](#) K-12 school guidance. Strategies to support physical distancing:

- 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.
- Consider hybrid learning approaches for older students to decrease cohort size.

Enhanced cleaning

Schools and child cares should follow the applicable regulations for cleaning, sanitizing and disinfecting, including frequency and surfaces. Use [Environmental Protection Agency \(EPA\)-approved cleaners](#) and disinfectants after known COVID-19 exposures in a classroom, including but not limited to diluted bleach, 70 percent alcohol solutions, or other approved products for all touchable surfaces as indicated by the manufacturer. Disinfectants must also meet the requirements of the applicable school or child care regulations. Understand that many of the products are not appropriate for use by or in contact with young children. Ensure that the manufacturer’s recommendations, including concentration and contact time and rinse steps, for each product is being followed to allow for adequate disinfection.

Additional Considerations

Schools offer many resources for social and emotional health of students. Schools are encouraged to evaluate the means available to them to support the emotional and mental health of the school community and enhance tools and protocols (such as regularly scheduled check-ins, peer mentorship, individual learning plans/goal setting and outreach for identified concerns) to support the school community. Additional community resources for managing mental and emotional needs can be found [here](#).

EPCPH Support and Assistance

- EPCPH will increase frequency of the COVID Coordinators Office Hours to a weekly occurrence.
- EPCPH will provide instructions and recommendations for quarantine and/or isolation as best practices for disease prevention.
- Local public health has statutory authority to require isolation and quarantine. EPCPH may issue targeted isolation and quarantine orders as needed. EPCPH will discuss with the school or child care facility if targeted orders are being considered prior to any such order.
 - Circumstances under which this may be considered include but are not limited to:
 - As part of a response strategy related to mitigation of outbreaks in school settings. For more detailed information, please see **Appendix B: Targeted Mitigation Strategies for Schools** (page 14).
 - Vulnerable populations, high-risk settings, rapid growth of the outbreak
- EPCPH will provide technical assistance and/or training as needed to support disease mitigation in school environments.
- Provide a preferred point of contact (POC) or “COVID coordinator” for your district or facility to EPCPH. Please ensure EPCPH has the most up-to-date contact information.
- EPCPH will continue our notification process by email or phone to POCs within each school or child care

facility of confirmed or probable cases who worked or attended school in-person during their infectious period.

- Work with EPCPH on case investigation and contact tracing; EPCPH will provide targeted mitigation support as needed and/or requested.
 - For examples of targeted mitigation strategies for schools, please see **Appendix B** (page 14).

When EPCPH is Notified of a COVID-19 Positive Case

- EPCPH will notify the COVID coordinator, child care director, or best point of contact for the facility in the event an exposure occurred at school or child care via email or phone call.
- EPCPH will recommend mitigation strategies to include exposure notifications.
- EPCPH will provide health education and materials to support mitigation strategies.

COVID-19 Related Closures

The success of our schools' and child care facilities' ability to safely sustain in-person learning this year will be driven largely by our community's success in preventing spread in greater El Paso County as well as the schools' and child care facilities' capacity to implement the above 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.

- There is no formula for when a facility may need to consider a temporary pivot to e-learning. It may be a facility decision if it is determined that operations are not feasible due to reasons such as low staffing. For other scenarios, it would ultimately be a conversation between the facility and EPCPH on whether switching to e-learning is recommended to prevent ongoing COVID-19 transmission.

COVID-19 Related Special Topics

Throughout the pandemic, schools have been flexible and adaptable and have successfully implemented many layers of protection for their school community. Below are additional measures that can be considered in your layered approach to prevention of disease transmission.

Bus transportation: Access to transportation is critical for schools and enhanced safety recommendations include the following:

- Encourage non-shared forms of transportation for families who are able.
- Ride sharing can be an effective option but would require considerations of cohorting.
- For children who require bus transportation, to reduce transmission, consider 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.
- Per the [CDC Order](#) for public transportation, which is subject to applicable exemptions and exclusions, bus drivers and passengers must wear a mask if aged 2 and up. Bus 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 are strongly encouraged to plan for 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, layered prevention strategies such as masking 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.

Recess: Free play and physical activity is critical to our youth’s mental, physical, and social well-being. It is very challenging to maintain physical 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 strongly encouraged.

Field trips: Experiential learning and application of knowledge are important to real world learning. Outdoors is much 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. If cafeteria seating is necessary, effective strategies include staggered lunch shifts, eating outdoors when possible, tables, cohorting, seating assignments, and physically distanced lines and seating arrangements.

Staff meetings or staff-only activities: It is suggested that schools keep groups of staff to a minimum. Physical distancing and face coverings are recommended during staff meetings and staff-only activities.

Visitors: Best practice is to limit the number of visitors, guest speakers, parents, or non-essential personnel. It is recommended that child cares follow the current visitor guidance issued by the Colorado Department of Human Services (CDHS) and CDPHE.

Sports and Extracurriculars: Participating in sports and extracurriculars with and against other individuals, in any capacity during this pandemic, holds an inherent risk of possible infection for participants and risk of transmission to other individuals, such as their household members. Adherence to public health guidance is recommended to minimize risk and disruptions to scheduled activities. Organizers should be familiar with recommendations from their national, state, and local governing bodies regarding illness (including, but not limited to, COVID-19).

While the risk of viral transmission or an outbreak can never be eliminated, the consistent, appropriate, and strategic application of the prevention and mitigation strategies described above give each school the optimal chance at a successful 2021-2022 academic school year. This guidance will be updated when additional scientific or regulatory standards become available.

Resources

CDPHE, COVID-19 School Guidance

<https://covid19.colorado.gov/practical-guide-for-operationalizing-cdc-school-guidance>

Children’s Hospital Colorado, Coronavirus (COVID-19) Resources

<https://www.childrenscolorado.org/conditions-and-advice/coronavirus-covid19-resources-updates/>

CDPHE, Vaccine Information

<https://covid19.colorado.gov/vaccine>

CDPHE, How to Quarantine

<https://covid19.colorado.gov/how-to-quarantine>

CDC, Guidance for COVID-19 Prevention in K-12 Schools

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

Appendix A: Definitions

Case definitions

- **Confirmed:**
 1. Case who has a positive molecular amplification test (such as PCR, rapid molecular/NAAT, etc.) from a clinical respiratory specimen or a post-mortem specimen, performed by a CLIA-certified provider
OR
 2. Case who has SARS-CoV-2 detected by genomic sequencing

- **Probable:**
 1. Meets clinical criteria* AND epidemiologic linkage^e with no confirmatory laboratory testing** for SARS-CoV-2
OR
 2. Has tested positive using an antigen test in a post-mortem obtained respiratory specimen or clinical specimen performed by a CLIA-certified provider, with report date on or after 9/1/2021.
OR
 3. Has a death certificate that lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death with no confirmatory laboratory testing performed for COVID-19.

- **Suspect[^]:**

Someone with no prior history of being a confirmed or probable case

 1. who has tested positive using an antibody test in serum, plasma, or whole blood specific to natural infection with SARS-CoV-2 (IgA, IgG, IgM, total antibody)
OR
 2. Has tested positive for specific antigen by immunocytochemistry in an autopsy specimen
OR
 3. Meets clinical criteria* AND epidemiologic linkage[†] with no positive test result and a negative molecular amplification test (such as PCR) in the fourteen days after symptom onset.
OR
 4. Has tested positive for specific antigen using a test performed without CLIA oversight and does NOT meet clinical criteria.

Notes:

***Clinical Criteria: patient must have one of the following AND no alternative more likely diagnosis**

- Acute onset or worsening of least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose
OR
- Acute onset or worsening of any one of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder, confusion or change in mental status, persistent pain or pressure in the chest, pale, gray, or blue-colored skin, lips, or nail beds depending on skin tone, inability to wake or stay awake
OR
- Severe respiratory illness with at least one of the following:
 - Clinical or radiographic evidence of pneumonia
 - Acute respiratory distress syndrome (ARDS)

†Epidemiologic Linkage: patient must have one of the following in the 14 days prior to symptom onset

- Close contact[†] with a confirmed or probable case of COVID-19 disease
OR
- Member of a risk cohort as defined by public health authorities during an outbreak or during high community transmission

****Beginning October 19, 2020**, CDPHE interprets “no confirmatory laboratory testing” as the absence of any positive molecular test.

Close contact: Defined as having direct contact or being within three feet for a total of 15 minutes or more.

Isolation: Staying home from work, school, and activities when a person is sick or diagnosed with COVID-19. Isolation lasts for at least 10 days (specifically 10 24-hour periods) after the onset of symptoms — and for 24 hours after being fever-free without the aid of fever-reducing medication and if the person shows an improvement of symptoms. For people who have not had symptoms, isolation lasts 10 days from the day they had their first positive test. In rare instances (for example, if a person was very sick or has certain medical problems), isolation may last 20 days. Public health experts do not recommend repeat testing to decide when to end the period of isolation except in rare circumstances in consultation with a medical provider. Find information about [how to isolate](#).

Quarantine: Staying home from work, school, and activities after a person was in close contact with someone with COVID-19. Find [guidance on how to quarantine and how long quarantine lasts](#). A person should not attend work, school, or out of school activities if they are under quarantine following an exposure in school. If a person develops symptoms of COVID-19 during their quarantine period, they should begin [isolation](#).

Appendix B

Targeted COVID-19 Mitigation Strategies for Schools

Background

El Paso County Public Health (EPCPH) and schools share a common goal of maintaining safe and healthy in-person learning for students, staff and families, and we continue to use data and disease trends to make informed decisions. With the school year underway, we are seeing an increase in cases and outbreaks in school settings. As we know, the Delta variant is much more contagious and spreads easily, which emphasizes the importance of implementing a multitude of prevention strategies. We acknowledge that each school community has its own unique complexities, and we are here to provide technical assistance to include education on disease mitigation strategies to minimize disruptions in school settings.

We are committed to maintaining open lines of communication to increase coordination efforts as we navigate together through these challenging times. EPCPH values our collaborative partnership with schools in implementing disease mitigation strategies.

Targeted disease mitigation strategies

To help guide the identification and implementation of prevention measures, our team is providing several targeted mitigation strategies below for your consideration. While this list is not exhaustive, the consistent use of some or all of these prevention measures will help reduce the spread of COVID-19 and maximize the opportunity for in-person education.

Increased classroom disease mitigation

- Any classroom with more than one positive case should be placed on an enhanced mitigation plan which may include:
 - Consideration of required quarantine for close contacts, in consultation with EPCPH.
 - Recommended implementation of symptom screening for these students prior to school attendance.
 - Recommended low threshold for suspicion requiring the exclusion of students for any symptoms, and recommended exclusion until test results can be provided or isolation completed.
 - Recommended mask wearing: more individuals will be protected from disease transmission.
 - Recommended social distancing will also limit the number of individuals who are considered close contacts while decreasing transmission.
 - Recommended whole classroom quarantines: with an increase in the number and size of outbreaks when compared to this time last academic year, trends are showing that COVID-19 is moving through classrooms quickly. Whole class quarantine is recommended when you are experiencing multiple cases and targeted strategies are unlikely to successfully disrupt transmission. In classrooms reporting greater than 15 percent of students testing positive, there is a high likelihood that additional classmates have been exposed and are incubating the virus. Applying quarantine to the entire classroom provides the opportunity to limit transmission to avoid impact to the entire school.

- EPCPH epidemiologists will provide technical assistance and consultation in these situations.

Other Strategies to maximize in-person learning

Seating charts to support targeted quarantines

- By providing a seating chart, EPCPH is able to identify, contact and recommend targeted quarantine for those most at risk for becoming ill due to a classroom exposure. Under some circumstances, quarantine may be required.
 - To facilitate this, schools can consider providing a precise and accurate list of close contacts to EPCPH. This can most often be accomplished through the use of a seating chart.

Symptom screening and illness tracking

- Recommended symptom screening is one of the easiest ways to keep kids safe and in person. Screening can be completed at home or within the school. Screening for symptoms and staying home when sick is a foundational prevention strategy to help reduce COVID-19 transmission.
- Recommended illness tracking to help identify probable cases (individuals who have been exposed to a positive case and are now symptomatic) and unusual patterns in illness. This allows for greater insight into disease transmission within the school and enables schools to stop the spread of disease by excluding close contacts from school.
- Recommended utilization of [CDPHE's Practical Guide for Operationalizing CDC's school guidance](#) for return to learn following illness, who is a close contact, etc. This guidance can be used to support decision making and disease mitigation to allow schools to make safe decisions on how symptomatic individuals can be brought back to learning safely.

Clear language to parents around quarantine requirements

- Schools are required to notify EPCPH when they are notified by an employee or parent of a student of a positive COVID-19 result.
- Schools should use specific language in communicating with parents and/or guardians to provide information on length of quarantine and specific return to learn dates. This will help to reinforce the message that individuals who are placed in quarantine are required to remain out of school.

COVID-19 vaccinations

- If staff or a student is fully vaccinated, they will not be recommended to quarantine if they are a close contact unless the staff or student has COVID-19 symptoms.
- With more than 30 providers and over 100 convenient locations to get vaccinated in El Paso County, it is free, easy and convenient to get a COVID-19 vaccine. Get connected to a provider here: www.elpasocountyhealth.org/how-can-i-get-a-vaccine.
- Schools, businesses and community organizations can request a mobile vaccine clinic to come to your location by using this online form: https://forms.office.com/pages/responsepage.aspx?id=2_qwiDTPxEe56hOZY4IYIE7yidWhkM5PocKtnEFAm_b9UQks3U0xHSVpVTDk3SjFBNjI5WUtMNUdSQy4u

COVID-19 testing

- There are several free, community-based COVID-19 testing sites in El Paso County: www.elpasocountyhealth.org/covid-19-testing-information.
- NOTE: The Chapel Hills Mall and Citadel Mall sites offer both COVID-19 tests and COVID-19 vaccines.
- CDPHE is offering all K-12 Colorado schools (public, private, charter, and tribal) a free and voluntary screening testing program for the 2021-22 school year that provides weekly rapid antigen tests and screening resources. Learn more [here](#).

Free masks for schools

- As part of ongoing efforts to slow the spread of COVID-19, the state and Gov. Polis are offering free KN95 and surgical masks to school districts, BOCES, charter schools, private schools and facility schools for staff and students. To learn more, [click here](#).