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## Region 7 K-12 Guidance for Reopening to Classroom Instruction

Released August 7, 2020

The decision to reopen classroom instruction requires a complex analysis of myriad risks against the profound benefit of classroom instruction, especially for young and at-risk students. There are risks to reopening, and risks to not reopening, to the students and their families, to educators and their families, to the economy, and to the health of the broader community and the medically vulnerable therein. This decision requires selecting the “least bad” of multiple bad options.

As of this date, based upon best available evidence, the Health Officers of Chelan, Douglas, Grant, Kittitas, and Okanogan counties support the following approach, which reflects Washington State Department of Health guidance<sup>1</sup>:

- Schools and educators must be considered “essential businesses” and “essential workers”
  - Appropriate Personal Protective Equipment must be made available for staff and students to minimize risks during classroom instruction
  - Appropriate funding must be made available for engineering controls to minimize risks during classroom instruction
  - All accommodations made for other essential businesses should be extended to schools and educators, inclusive of remote education continuing through any future stay home orders.
- The risks of classroom instruction increase and decrease with the community prevalence of COVID-19. Therefore, schools should prepare various educational strategies to allow for reopening and reclosure throughout the school year as prevalence changes.
- Our understanding of COVID-19 transmission is nascent and developing, as is our understanding of risk mitigation around classroom instruction. Therefore, we support an iterative approach to reopening for classroom instruction, wherein reasonable strategies are deployed, the effects of those efforts are studied, and then further improvements are deployed. Such iterative approaches will carry large costs of confusion and disruption and remain the safest evidence-based path back to classroom instruction.
- Reopening COVID-19 incidence thresholds are introduced as a measure of risk related to educational activities:
  - We do not support a return to in-person classroom instruction when the county incidence of COVID-19 is above 75 / 100,000 / 14 days for 2 consecutive weeks.
  - We support a hybrid approach with K-5 and other educationally high-risk groups in-person in classrooms with COVID precautions when the county incidence of COVID-19 is < 75 / 100,000 / 14 days for 2 consecutive weeks (and > 25 / 100,000 / 14 days).

- We support return to in-person classroom instruction for all student populations, with COVID-19 precautions, when the county incidence of COVID-19 is < 25 / 100,000 / 14 days for 2 consecutive weeks.
- These thresholds may need to be adjusted should other metrics of disease prevalence (health-system capacity, testing capacity, % positive, severe disease) countermand them.
- School districts may petition the Local Public Health Jurisdiction for an exception to these reopening thresholds and other standards. Such petitions should be founded in evidence, on a reasonable basis and with supporting rationale. Petition must include:
  - Justification for exception
  - Safety plan for exception
  - Letters of support from:
    - Superintendent
    - Elected school board members

### COVID-19 outbreaks in school

- Outbreak definition: Two or more laboratory-confirmed COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked<sup>ii</sup>, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.
- In case of an outbreak:
  - If the school is grouping or cohorting students dismiss the entire classroom for home quarantine for 14 days. Close a school and switch to remote learning for 14 days when:
    - 2 or more classrooms are dismissed due to outbreaks (in schools with 10 or fewer classrooms)
    - >=10% of classrooms are dismissed due to outbreaks (in schools with > 10 classrooms)
    - School cannot function due to insufficient teaching or support staff.
  - If the school is not grouping or cohorting students quarantine close contacts and notify families if two or more confirmed cases are reported in a 14 day period. Evaluate to determine if transmission is occurring in the school. Consider the following to determine the need to close a school and switch to remote learning for 14 days when:
    - Rapid increase in cases
    - Prolonged chain of transmission (2 or more generations) believed to occur in the school.
    - School cannot function due to insufficient teaching or support staff.

### COVID Like Illness (CLI)<sup>iii</sup>

- Exclude and test all students or staff with CLI
- Criteria for return to school if ill (outbreak guidance supersedes):
  - If PCR testing for COVID-19 is not performed, stay home for at least 10 days after symptom onset, and at least 24 hours after fever has resolved and symptoms have improved (people with severe disease or immunocompromised may need to be isolated at home for longer).
  - If PCR testing for COVID-19 is negative, stay home until 72 hours after fever resolves and symptoms are improving.
  - If PCR testing for COVID-19 is positive, stay home for at least 10 days after symptom onset, and at least 24 hours have passed since recovery – defined as no fever without the use of medications and improvement in respiratory signs like cough and shortness of breath.



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- If a student or staff member tests positive for COVID-19, the local health jurisdiction will provide advice, but it is possible that many of the student’s classmates and teachers will be considered close contacts and need to be quarantined for 14 days.
- Requesting a medical provider to “clear” someone to return to class outside of this guidance is inappropriate.

#### Contact with someone who has COVID-19

- Healthy (not sick) person who believes they have had close contact to someone with COVID-19 should not go to work, child care, school, or public places for 14 days.
- During that time watch for signs of fever, cough, shortness of breath, and other COVID-19 symptoms during the 14 days after the last day they were in close contact with the person sick with COVID-19.
- If a person develops symptoms of COVID-19 during their quarantine, they should seek testing for COVID-19, and follow guidance above for confirmed COVID-19 cases.
- A negative test after exposure does not shorten the 14 day quarantine period.
- Requesting a medical provider to “clear” someone to return to class outside of this guidance is inappropriate.

#### Masking/face coverings

- All students, volunteers, or guests must wear cloth face coverings at school when indoors. The benefits of masking are diminished if not used by a large proportion of individuals on school premises (goal 90-95%). Requests to exempt from this rule must include specific diagnosis to justify exclusion.
- Must recommend alternative droplet retention method, or if none, recommend exclusion from school.
- Must be approved by Health Officer.
- In rare circumstances when a cloth face covering cannot be worn based on a medical diagnosis approved by health officer, students and staff may use a clear face covering or a face shield with a drape as an alternative to a cloth face covering. If used, face shields should extend below the chin, to the ears, and have no gap at the forehead.
- The use of face coverings does not eliminate the need for physical distancing of 6ft.

#### Data reporting

School districts will be responsible for collecting, collating, and reporting the following data to their local public health jurisdiction each week for both students and staff

- Total numbers of staff and students
- Number of staff and students excluded for CLI
- Positives (should include identifiers to reconcile with WSDS data)
- Outbreaks
- School closure and why

<sup>i</sup> <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/FallGuidanceK-12.pdf>

<sup>ii</sup> “Epidemiologically linked” – cases in which the patient has had contact with one or more individuals with the disease, and transmission of the agent is plausible.

<sup>iii</sup> “COVID-Like Illness” – a person with new onset of any of the following symptoms: Fever/chills, cough, shortness of breath, fatigue, body aches, headache, new loss of taste or smell, sore throat, nasal congestion, nausea/vomiting, diarrhea.



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