

# Austin Public Health Recommendations for the 2022-23 School Year on COVID-19 Operations for Pre-K-12<sup>th</sup> Grade Schools



This document serves as Austin Public Health (APH) recommendations to school districts/systems about COVID-19 prevention strategies for the 2022-23 school year. These strategies can also help prevent the spread of other infection diseases. These recommendations will be updated as the pandemic evolves. In addition to the recommendations in this document, APH strongly urges all pre-K through 12<sup>th</sup> grade schools to continue following the CDC’s [Guidance for COVID-19 Prevention in K-12 Schools](#).

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# I. Introduction

This document contains recommendations for Pre-K – 12<sup>th</sup> grade schools located in Austin-Travis County that are designed to minimize the risk of coronavirus transmission and other infectious diseases.

Schools can use the recommendations in this document to draft or update their school or district's health plan. Each school or district should have and implement a health plan that explains how the school is operating to control and reduce the transmission of COVID-19 and other infectious diseases, such as flu, RSV, norovirus, and monkeypox. The plan should include everyday prevention strategies and additional strategies that can be added when the [COVID-19 Community Level](#) increases or when there is an outbreak in a class or school. An electronic or hard copy of this plan should be shared with staff, parents, and guardians, or be provided upon request. A summary of the prevention strategies included in this document can be found on the next page.

Austin Public Health (APH) also encourages schools to review the Centers for Disease Control's (CDC) [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#). Schools may consider adding layers of prevention strategies at any COVID-19 Community Level based on child and staffing levels, child and staff vaccination rates, and community indicators, such as pediatric hospitalizations or other local information.

APH recognizes that schools may face barriers to implementing certain prevention strategies. **APH urges schools to focus on the strategies they are able to implement in order to keep children safely learning, and staff and parents safely working.** APH encourages schools that are unable to require adherence to certain prevention strategies to *strongly recommend, encourage, and normalize* implementation of the latest prevention guidance from APH and the CDC by students, staff, and families throughout the school year.

APH Information and Resources for Schools	
APH COVID-19 web page for Pre-K through 12 <sup>th</sup> grade schools, which includes APH operational recommendations	<a href="https://www.austintexas.gov/schools">https://www.austintexas.gov/schools</a>
APH email for schools for questions about COVID-19 or other public health issues	<a href="mailto:APHSchoolInfo@austintexas.gov">APHSchoolInfo@austintexas.gov</a>
APH Information Hotline for questions and guidance from COVID-19 APH nurses	512-972-5560 If you experience a wait time, email <a href="mailto:APHSchoolInfo@austintexas.gov">APHSchoolInfo@austintexas.gov</a> to request that you be called back.
To report school COVID-19 cases to APH	If you do not have access to the reporting form, email <a href="mailto:APHSchoolInfo@austintexas.gov">APHSchoolInfo@austintexas.gov</a> to request access.
APH Pediatric COVID-19 Vaccine Promotion Toolkit with social media posts and images, and printable posters and fliers, in several languages to encourage staff and families to vaccinate themselves and their children	
Sign-up to host an APH mobile COVID-19 vaccine clinic	
Sign-up to host an APH COVID-19 vaccine education event	
Information about COVID-19 in Austin and Travis County (vaccines, testing, risk-based guidelines, etc.).	<a href="https://www.austintexas.gov/covid19">https://www.austintexas.gov/covid19</a>
APH COVID-19 Dashboards, with data on key indicators for the COVID-19 Community Level, surveillance, and weekly testing	<a href="https://www.austintexas.gov/page/covid-19-dashboards">https://www.austintexas.gov/page/covid-19-dashboards</a>
APH monkeypox web page	<a href="https://www.austintexas.gov/department/monkeypox">https://www.austintexas.gov/department/monkeypox</a>

## Summary of the Strategies in this Document

**Everyday prevention strategies-** These are strategies schools should implement throughout the school year and at all COVID-19 Community Levels, to prevent the spread of infectious diseases, such as COVID-19, the flu, common colds, and monkeypox.

**Additional strategies-** These are strategies schools should implement when the COVID-19 Community Level is high or there is an outbreak. These strategies may be implemented at any Community Level; however, these strategies are *strongly recommended* when the Community Level is high.

### Everyday Strategies

*(Click on the bolded words to go to the corresponding section within this document.)*

1. Offer clear, consistent, and accessible COVID-19 [prevention messages to school community](#).
2. [Support student, staff, family, and visitor decisions to mask](#).
3. Encourage people who were recently exposed to COVID-19, have COVID-19, or have symptoms to [wear a mask for the period of time recommended by the CDC](#).
4. Encourage and support staff and students to follow the latest [quarantine](#) recommendations for people who have been exposed to someone with COVID-19.
5. Encourage and support adherence to [isolation](#) guidance for people who have [symptoms](#) of COVID-19 or have tested positive.
6. Send out timely [COVID-19 case notifications](#) to the school community.
7. [Report COVID-19 cases](#).
8. [Provide testing resources and information](#) to students, family, and staff.
9. [Promote COVID-19 vaccination](#) and staying [up to date](#) on routine immunizations to students, staff, and families.
10. Improve ventilation systems to [increase indoor air quality](#).
11. [Clean](#) surfaces daily. [Disinfect](#) surfaces that a sick person has touched.
12. [Promote handwashing](#) and [covering coughs and sneezes](#) among students, staff, and visitors.

### Additional Strategies

1. Require everyone ages 2+, regardless of vaccination status, to [wear a well-fitting mask](#) indoors.
2. Use [cohorting](#) to limit the number of student, staff, and visitors who come into contact with each other.
3. Implement [screening testing](#), especially for high-risk activities and at the return from school breaks.
4. [Utilize outdoor spaces](#). Bring outdoor air into the school building and on transportation by opening windows and/or doors when safe to do so.
5. [Pause high-risk sports and extracurricular activities](#).
6. [Cancel or postpone field trips](#).

## II. Special Considerations

APH urges schools to especially consider health equity, populations most at risk for getting very sick from COVID-19, and mental health of students, staff, and families when developing plans for implementing the prevention strategies outlined in this document.

### A. Health Equity

First, **schools play critical roles in promoting [equity](#) in learning and health, particularly for groups disproportionately affected by COVID-19.** People living in rural areas, people with disabilities, immigrants, and people who identify as American Indian/Alaska Native, Black or African American, and Hispanic or Latino have been disproportionately affected by COVID-19; these disparities have also emerged among children. For this reason, health equity considerations related to the pre-K-12 setting are a critical part of decision-making about COVID-19 prevention strategies. Schools should actively apply an equity lens to the creation, communication, and implementation of health and safety plans. School administrators can do this by demonstrating to the school community that comprehensive prevention strategies are in place to keep students, staff, and families safe and provide supportive environments for in-person learning. Prevention strategies should not disproportionately affect any group of people. **The following are ways schools can promote health equity at all [COVID-19 Community Levels](#):**

- Ensure health and safety plans and all COVID-19 related education and communication is distributed and made readily available to students and families in their primary language and in accessible formats for people with disabilities
- Consider reasonable adaptations and alternatives to prevention strategies when serving [people with disabilities](#), so as to protect their rights and access to safe in-person learning, while also maintaining efforts to protect all students and staff from COVID-19
- Consider prevention strategies that protect the needs of people in the school that are most at risk for getting very sick from COVID-19
- Use positive, rather than punitive, approaches to promoting behaviors that help mitigate the spread of infectious diseases
- Ensure COVID-19 prevention resources are distributed evenly across campuses and families and staff are given equal access to COVID-19 resources

### B. Considerations for At-Risk Individuals

As mentioned above, considering the needs of students and staff at higher risk for worse COVID-19 outcomes is a key part of promoting healthy equity. **APH advises schools to consider the following information about this population and to share the information with staff and families so that they can think about their own risk level and how they would like to protect themselves from getting sick.**

Per the CDC, some people are more likely than others to become very sick if they get COVID-19, which means they are more likely to be hospitalized, need intensive care, require a ventilator to help them breathe, or die. Those people include [older adults](#), people with certain [medical conditions](#) (including some children), and [pregnant and recently pregnant people](#). Schools can let staff and families know that they can use the [APH Risk Calculator](#) to determine their risk level for getting very sick from COVID-19.



People at higher risk for severe illness should talk with their healthcare provider about how best to protect themselves from COVID-19. [Staying up to date with COVID-19 vaccines](#) (getting the primary series and recommended booster doses) and following [preventive measures for COVID-19](#) are important.

People who are unvaccinated are at greater [risk of becoming infected with and dying from COVID-19](#) than those who are vaccinated. A [January 2022 CDC report](#) found that during the period of Delta and the emergence of the Omicron variant, those who were vaccinated and had received booster doses had the lowest risk of becoming infected or dying from COVID-19. A [July 2022 CDC report](#) showed that boosters (third and fourth vaccine doses) provide important additional protection against moderate and severe COVID-19 illness in all age groups.

Those who are at high risk for getting very sick and those who are unvaccinated can take the following steps to protect themselves:

- Get vaccinated and boosted as soon as eligible and [stay up to date with COVID-19 vaccines](#)
- Wear a [well-fitting mask](#)
- Test early when [symptomatic](#) or exposed to someone with COVID-19

For people who test positive for COVID-19 and have [one or more health conditions](#) that increase their risk of severe illness, [treatment may be available](#) that could lower their chance of becoming very sick. These people are advised to contact a health professional right away after a positive test to determine if they are eligible for treatment, even if symptoms are mild. Treatment must be started within the first few days of symptom onset to be effective.

### C. Mental Health, Coping, and Resilience

Mental health issues among school age children have increased during the pandemic. In [June 2021, the CDC reported](#) that the proportion of mental health–related emergency department (ED) visits increased by 24% among U.S. children aged 5-11 years and 31% among adolescents aged 12-17 years, compared with 2019. According to a [February 2022 CDC report](#), among adolescent girls, the proportion of emergency department visits with eating disorders doubled, and visits for tic disorders approximately tripled, during the pandemic. Weekly emergency department visits among this population increased for two mental health conditions (eating and tic disorders in 2020), four conditions (depression, eating, tic, and obsessive-compulsive disorders) during 2021, and five conditions (anxiety, trauma and stressor-related, eating, tic, and obsessive-compulsive disorders), compared with 2019.

**Schools are encouraged to work with community partners to plan for additional school-based services and programs to meet the increased need for mental health services for students, staff, and families.**

The [National Academies of Sciences, Engineering, and Medicine](#) note that during the pandemic, in particular:

“The socioemotional and mental health needs of students and families will need to be a high priority. While much attention has been paid in the media to potential learning losses and the negative consequences for academic achievement, the collective trauma of the pandemic should not be underestimated. Particularly in the communities hardest hit by COVID-19, children may have experienced the extreme illness or death of multiple close family members even as their families and communities are facing the stress of serious economic setbacks.”

It is important to recognize that school staff and administrators may be experiencing the same types of trauma and stress, as well, and will also need support.

Schools can support a healthy and safe school year by:

- Recognizing that students, families, and staff may need extra support throughout the school year
- Making school counselors available to students and staff, both in person and virtually – The American School Counselor Association has resources on [School Counseling and School Reentry During COVID-19](#) available on their website
- Encouraging employees and students to take breaks from watching, reading, or listening to the news, including social media, if they are feeling overwhelmed or distressed
- Encouraging employees and students to eat healthy, exercise, get enough sleep, spend time outdoors, and find time to unwind
- Encouraging employees and students to talk with people they trust about their concerns and how they are feeling
- Sharing with parents and families the CDC's [COVID-19 Parental Resources Kit](#)
- Sharing crisis support information with students, staff, and families available on the CDC [Coping with Stress](#) website
- Sharing the information in the [Suicide Prevention flier from Integral Care](#) with students, teachers, and families. The flier includes signs to look out for that indicate someone may be thinking about suicide and ways people can help.
- Making information about mental health supports such as the following readily, regularly, and widely available to students, staff, and families:
  - [Integral Care's 24/7 HELPLINE](#) at **512-472-HELP (4357)** for immediate support in a **mental health crisis** from a mental health professional.
    - Based on the nature of the call, hotline staff can direct callers (whether students, school staff, or parents) on the appropriate crisis services, including dispatching our mobile crisis intake team. Helpline staff can also help callers get appointments.
  - Call 9-1-1 and ask for a mental health officer
  - [Texas HHSC COVID-19 Mental Health Support Line](#) at **833-986-1919** to speak with a mental health professional for help dealing with stress, anxiety, depression, grief, or worry – Available 24/7
  - [988 Suicide and Crisis Lifeline](#): 988 is the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline
  - [National Suicide Prevention Lifeline](#): 1-800-273-TALK (8255) for English, 1-888-628-9454 for Spanish, or [Lifeline Crisis Chat](#)
  - [National Domestic Violence Hotline](#): 1-800-799-7233 or text LOVEIS to 22522
  - [National Child Abuse Hotline](#): 1-800-4AChild (1-800-422-4453) or text 1-800-422-4453
  - [National Sexual Assault Hotline](#): 1-800-656-HOPE (4673) or [Online Chat](#)
  - [Veteran's Crisis Line](#): 1-800-273-TALK (8255) or [Crisis Chat](#) or text: 8388255
  - [Disaster Distress Helpline](#): CALL or TEXT 1-800-985-5990 (press 2 for Spanish).
  - [The Eldercare Locator](#): 1-800-677-1116 – [TTY Instructions](#)

It is also important to consider that some children, staff, or families may be experiencing stigma related to COVID-19. Stigma could come in many forms. In a school setting, some examples could be a child



being teased or bullied because people think they may have COVID, for having COVID, or for taking preventive measures like wearing a mask.

Stigma can negatively affect the emotional, mental, and physical health of stigmatized groups and the communities they live in. Stigmatized individuals may experience isolation, depression, anxiety, or public embarrassment. Everyone can help stop stigma related to COVID-19 by knowing the facts and sharing them with others in their communities. Stopping stigma is important to making all communities and community members safer and healthier.

Schools should actively work to prevent and address stigma related to COVID-19 and educate the school community. Here are some ways schools can do that:

- Correct negative language that can cause stigma by sharing accurate information about how the virus spreads
- Provide mental health or other social support services to individuals in the school community who have experienced stigma or discrimination
- Maintain the privacy and confidentiality of those seeking healthcare and those who may have COVID-19

### III. Prevention Strategies

#### A. Messaging to the School Community

**It is strongly recommended that throughout the school year, schools clearly communicate to parents/guardians, students, and staff the following:**

- COVID-19 is still present in our community, and COVID-19 prevention measures will be in place during the school year. Here is what you need to know about CDC's [COVID-19 Community Levels guidance](#).
- Any COVID-19 operational plans that school districts/systems create are subject to change before the school year starts and/or during the school year based on how the COVID-19 situation evolves.
- [Vaccines are widely available](#). The more eligible students and families who get vaccinated, the less interruptions and COVID-19 illness there will be throughout the school year.
- Students, families, and staff play an important role in helping prevent diseases, including COVID-19, from entering the schools by:
  - Screening daily at home for signs and symptoms of [influenza](#) (flu) or [COVID-19](#)
  - Staying home and contacting your healthcare provider if you have any [symptoms](#) of infectious illness



- Getting tested if you have any [symptoms](#) of COVID-19
- Notifying the school of any COVID-19 positive test results
- Students and staff should stay home (isolate) if they test positive for COVID-19 or have symptoms of COVID-19. Students and staff who stay home because they are sick will not be penalized for doing so.
- Your child's school will notify you if your child was potentially exposed to someone who has COVID-19. This could be by a phone call, email, or letter home.
- Students and staff who have been exposed to someone with COVID-19 may need to stay home (quarantine). Students and staff who quarantine because they are a close contact of someone with COVID-19 will not be penalized for doing so. The Centers for Disease Control recommends close contacts wear a mask around others for 10 days following the time of exposure.
- Anyone may choose to wear a mask, including a child with a disability or who is at risk for getting very sick with COVID-19. If someone in your household is at risk for getting very sick with COVID-19, you may choose to have your child wear a mask indoors at any [COVID-19 Community Level](#).

**When crafting COVID-19 messages for students, families, and staff, schools are encouraged to:**

- Considering how messaging may be interpreted by people of different backgrounds and cultures, such as by immigrant families, for example;
- Provide vital messaging about COVID-19 to families and staff in their native languages and in accessible formats for people with disabilities; and
- Communicate messages through multiple modes of communication (text, robocall, email, website, social media, paper handouts, etc.).

## B. Masking

APH's recommendations for masking in schools are informed by the [CDC's Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#) and Austin's [COVID-19 risk-based guidelines](#). In general, people do not need to wear masks when outdoors. The recommendations are as follows:

1. **People with [symptoms](#), a positive test, or exposure to someone with COVID-19 should wear a [well-fitting mask](#) that covers their nose and mouth for 10 full days any time they are around others** inside their home or in public (regardless of whether they are vaccinated or have recently had COVID-19), [per CDC](#). They should not go to places where they are unable to wear a mask.
2. **Schools are strongly urged to require that everyone ages 2 and older, regardless of vaccination status, wear a [well-fitting mask](#) indoors when the [COVID-19 Community Level](#) is high.** This would apply to all staff, children ages 2+, parents and guardians, volunteers, and visitors. (Schools that are restricted from requiring masks are urged to strongly recommend that everyone ages 2 and older, regardless of vaccination status, wear a well-fitting mask indoors when the COVID-19 Community Level is high.)
3. **Schools may choose to require that people wear masks indoors at any COVID-19 Community Level depending on their community's needs. APH supports the decisions of these schools.** For example, some children, such as those with disabilities, may be at risk for

getting very sick with COVID-19. Having people in their classroom wear masks indoors could help ensure they can safely remain in the classroom.

4. **Schools experiencing a COVID-19 outbreak should consider having people ages 2+ mask indoors.**
5. **Schools should support individual staff and family decisions to mask**, even if not required.
  - a. Model and teach respect for individual choices regarding masking. Make clear that bullying of individuals for their personal choices around masking will not be tolerated.
  - b. Keep in mind that there are many reasons people may choose to continue to mask when the community level is low or medium. The American Academy of Pediatrics (AAP) provides a [list of considerations for families](#) when deciding whether their child should mask. These factors include:
    - i. If their child is immunocompromised and may not have a protective immune response to the COVID-19 vaccine, or is at high risk for severe COVID-19 illness
    - ii. If their child is not immunized
    - iii. If other members of their family are at higher risk of severe disease or are not immunized
    - iv. If the [COVID-19 Community Level](#) is high

Refer to the CDC guidance on the [Use and Care of Masks](#) and on [Types of Masks and Respirators](#) for more information on when and how to wear masks. Note that **face coverings should not be worn by:**

- Children younger than 2 years old
- [A person with a disability](#) who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the American with Disabilities Act (42 U.S.C. 12101 et seq.)
- Children who are sleeping
- Anyone participating in activities where the mask could get wet, like swimming or water play

Also note that [vinyl and non-breathable materials are generally not recommended for masks](#). However, as an exception to that general guidance, staff who interact with young children could consider wearing a clear mask or cloth mask with a clear panel for ease of lip-reading and to facilitate learning and social and emotional development.

### C. Cohorting

[Cohorting](#) means keeping people together in a small group and having each group stay together throughout an entire day, while minimizing contact with other cohorts. **Cohorting can be used to limit the number of students, teachers, and staff who come into contact with each other, particularly when Austin-Travis County is experiencing a high [COVID-19 Community Level](#).** The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group.

It is a school's responsibility to ensure that cohorting is done in an equitable manner that is inclusive of all students and does not result in segregation of any groups. For instance, cohorting strategies should

support the inclusion of English language learners, students with disabilities, and students with underlying medical conditions. Grouping people who are [up to date on vaccination](#) and people who are not up to date on vaccination into separate cohorts is also not recommended.

## D. Quarantine and Isolation

### Definitions

[Isolation](#) is used to separate people infected with COVID-19 from those who are not infected. People who are in isolation should stay home until it's safe for them to be around others.

[Quarantine](#) is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, wear a mask, get tested, and monitor their health.

For detailed guidance on quarantine and isolation, refer to the “Austin Public Health Quarantine and Isolation Guidance for Pre-K through 12th Grade Schools” and the “How Long to Quarantine: Information for Child Care & Pre-K – 12th Grade Schools” flow chart on the COVID-19 web page for schools – <https://www.austintexas.gov/schools>. These guidance documents detail who needs to isolate, who needs to quarantine, and when individuals can end isolation and quarantine. The guidance is based on [CDC guidance for quarantine and isolation](#) and the “Communicable Disease Chart and Notes for Schools and Childcare Centers” from the Texas Department of State Health Services, available [here](#).

Schools should inform people who might have been in close contact with someone with COVID-19 in the school of their potential exposure and the actions they should take to remain safe and reduce transmission. Timely notification to all staff and families of children in a classroom or cohort with a potential exposure could include a phone call, email, or letter. [See the next section for information on notifying the school community about COVID-19 cases.](#)

APH strongly urges schools to adopt policies that are supportive of staff and students who may need to be absent because they have COVID-19 or were exposed to someone with COVID-19. Schools should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level, and provide excused absences for students who are sick. Employers should ensure that workers are aware of and understand these policies. The [CDC also advises schools](#) to, “provide excused absences for students who are sick, avoid policies that incentivize coming to school while sick, and support children who are learning at home,” because they:

- Have tested positive for or been diagnosed with COVID-19 and need to isolate
- Are a close contact of a person with COVID-19 and need to quarantine
- Have one or more [symptoms](#) of COVID-19

## E. COVID-19 Case Notifications to School Community

In the event an individual who has been in the school is found to have COVID-19, schools should be prepared to identify who on campus may have been in [close contact](#) with the COVID-19-positive individual. The school should also be prepared to notify the exposed staff and the exposed students' family. **Notification of exposure helps staff and families make decisions about how they can protect themselves from getting sick, such as whether they may need to mask or quarantine** ([see quarantine section of this document for specifics on masking and exceptions to quarantine](#)).

The CDC definition of [close contact](#) for **students** in the school setting is different than for adults in the school setting and for the general public, and is as follows:

**"Close Contact through [proximity and duration of exposure](#):** Someone who was within [6 feet of an infected person](#) (laboratory-confirmed or a [clinically compatible illness](#)) for a cumulative total of 15 minutes or more over a 24-[hour](#) period (for example, *three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for [discontinuing home isolation](#).

- **"Exception:** In the **K–12 indoor classroom** setting, the close contact definition *excludes* students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a [clinically compatible illness](#)) if both the infected student and the exposed student(s) [correctly and consistently](#) wore well-fitting [masks](#) the entire time.
- "This exception does not apply to teachers, staff, or other adults in the indoor classroom setting or individuals who have symptoms of COVID-19."

Another way to think about close contact is whether any of the following situations between an individual and the sick individual may have occurred. If an individual was exposed to the following situations, then the individual may be a close contact:

- The individual provided care at home to someone who is sick with COVID-19
- The individual had direct physical contact with someone with COVID-19 (hugged or kissed them)
- The individual shared eating or drinking utensils with someone with COVID-19
- The individual was sneezed on, coughed on, or somehow got respiratory droplets from the sick individual on them

For a visual illustration of who is a close contact in the indoor classroom setting, refer to the "Who is a COVID-19 Close Contact in a School?" flyer on [the APH Schools and Education webpage](#).

Even if a school is not conducting [contact tracing](#) (i.e., identifying close contacts according to the CDC's definition of a close contact in the K-12 school setting) schools should still provide timely notification of potential exposure to people in the class, group, or cohort (via phone, email, text, letter) and provide information on what to do to remain safe and reduce transmission. Schools may use the CDC's [customizable letter templates](#) for notification of a COVID-19 case in the school, class, or cohort. Per the CDC, notification of close contacts should [focus on those who were exposed in the last 5 days](#).

APH recommends that schools include the following COVID-19 information in notifications to the school community:

- Any relevant school policy
- Monitoring for [symptoms](#)
- [Testing options](#) in the community
- Latest [APH recommendations on masking and quarantine](#) for close contacts
- Latest [APH recommendations on isolation](#) and [treatment](#)
- [Vaccine options](#) in the community

## F. Reporting COVID-19 Cases to Austin Public Health

Per the [Texas Administrative Code](#), public and private/independent schools are required to report COVID-19 cases to APH. The Texas Department of State Health Services' (DSHS) [Communicable Disease Chart and Notes for Schools and Childcare Centers](#) says that schools should immediately report COVID-19 cases to their local health department.

APH has created an electronic form for schools to use to submit self-reported COVID-19 cases. If your school system is not connected to the electronic form, please email [COVIDPreK-12FormHelp@austintexas.gov](mailto:COVIDPreK-12FormHelp@austintexas.gov) to give us the name, email, and phone number of the person who will be responsible for reporting cases to APH. APH will reach out to those individuals to connect them with the electronic form.

Schools should **submit self-report cases to APH as soon as the school is notified** of the positive case. The electronic form is available for use throughout the week and on weekends/holidays.

**If schools are experiencing difficulties with the reporting form or have questions about reporting,** schools may email [COVIDPreK-12FormHelp@austintexas.gov](mailto:COVIDPreK-12FormHelp@austintexas.gov). Please do not include personally identifiable information (PII) or protected health information (PHI) in the email.

## G. Testing

It can be helpful for schools to **keep a supply of rapid tests on hand, if possible, to offer to staff or families who need them, such as staff or families who have [COVID-19 symptoms](#) or have been recently exposed to someone with COVID-19.** A school may also provide tests to staff and families if the school is doing screening testing. (See more about screening testing below.) APH urges schools to



**use emergency relief funding and grants to support testing operations.** Information on the current TEA K-12 COVID-19 Testing Project can be found [here](#).

Whether or not a school provides tests, schools are urged to **share information with staff and families about how they can obtain tests for themselves.** (See the Testing Resources section below for more information.)

**APH has created flowcharts for schools to use to help determine when a child or staff member can return to school based on their COVID-19 test results and whether the individual has symptoms.** The “Flow Charts with COVID-19 Testing Guidance for Schools and Child Care” can be found on the [APH Schools and Education webpage](#). More information follows about testing of people with [symptoms](#), testing of close contacts, testing resources, screening testing, and Test to Stay programs.

### Testing Symptomatic Individuals

Diagnostic testing to identify current COVID-19 infection in people who have [symptoms](#) or have been recently exposed to someone with COVID-19 is an important strategy schools can promote to families and staff. Schools should recommend anyone with COVID-like symptoms get tested, even if they are vaccinated and/or have had COVID-19 before. **Testing people who have COVID-like symptoms can help prevent possible spread of COVID-19, especially if key prevention strategies of masking, distancing, and cohorting are not in use.**

### Testing Resources

**Encourage staff and families to test right away if they have symptoms of COVID-19. Urge those who have been in close contact with suspected or confirmed COVID-19 to be tested 5 days or more after close contact. Share the following information about COVID-19 testing resources with staff and families:**

- **Free at-home COVID-19 tests are [available to order](#) from the federal government.** Every home in the U.S. is eligible to order a 3<sup>rd</sup> round of free at-home tests. Visit <https://www.covidtests.gov/> to place an order or call 1-800-232-0233 (TTY 1-888-720-7489).
- **Testing is also available at private [sites around Austin](#), including pharmacies, hospitals, and urgent care centers.** Those who have private insured should contact their doctor’s office of insurer for assessment and testing options.
- **At-home tests can be purchased in pharmacies and retail stores or online.** Some private health insurance plans will cover the full cost of purchasing at-home tests. Ask at the pharmacy or check with your health insurance provider.
- **APH offers in-home testing throughout Travis County.** In-home testing is ideal for anyone with mobility issues, or those lacking transportation within the Austin-Travis County area. To sign up for a home test, please call the nurse hotline at 512-972-5560, where they will walk through an assessment and then help schedule a home test.

### Testing of Close Contacts

Schools should [recommend close contacts seek a viral COVID-19 test](#) (PCR or rapid antigen). Per the CDC, regardless of their vaccination status, people who have a known exposure to someone with

suspected or confirmed COVID-19 should [get tested at least 5 days after exposure](#). (Note: If a close contact has had COVID-19 in the last 90 days, they do not need to test unless they develop symptoms.) [Per CDC](#), people who have been exposed to someone with COVID-19 should wear a well-fitted mask for 10 full days any time they are around others inside their home or in public (regardless of whether they are vaccinated or have recently had COVID-19). They should not go to places where they are unable to wear a mask.

## Screening testing

**Screening testing** is a prevention strategy [schools can consider implementing](#) at medium and high [COVID-19 Community Levels](#) to identify infected people who do not have COVID-19 symptoms or known exposure to someone with COVID-19. The [CDC also recommends](#) maintaining the infrastructure for screening testing when the community level is low, to allow for testing to be ramped up as needed. For information about screening testing in extracurricular activities, refer to the [Sports and Extracurricular Activities section](#).



APH recommends that tests be offered at schools or district sites to allow families to get tested before returning from school breaks. Staff and families who travel during school breaks should be encouraged to follow all testing recommendations for [domestic](#) and [international](#) travel.

Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect privacy. Consistent with state legal requirements and [Family Educational Rights and Privacy Act \(FERPA\)](#), schools should obtain parental consent for testing children.

The CDC has a [communication toolkit](#) to help schools promote COVID-19 testing programs and encourage participation. The toolkit includes customizable letters explaining school testing for parents and staff, and printable posters and flyers, like the one pictured here, to promote the program. Schools can also share with families the CDC's [What to Know About COVID-19 Testing in Schools](#).

## Test to Stay

The CDC has encouraged K-12 schools to implement [Test to Stay](#) (TTS) programs. **TTS programs are as an alternative to quarantine for close contacts with no symptoms who would otherwise need to quarantine.** TTS allows close contacts to continue in-person learning if they do not test positive or develop symptoms of COVID-19.

Schools considering TTS should [read more about TTS](#) to learn who is eligible. For example, TTS is not recommended for close contacts who were exposed to COVID-19 by someone they live with. In addition, eligible TTS participants must be able to wear a [well-fitting mask](#) for 10 days after their last close

contact. Finally, TTS programs require frequent testing and can be resource and time-intensive.

## H. Promoting Vaccination

For COVID-19, staying [up to date](#) with [COVID-19 vaccination](#) is the leading public health strategy to prevent getting very sick, being hospitalized, or dying. When infections occur among vaccinated people, they tend to be milder than among those who are unvaccinated.

When promoting COVID-19 vaccination, keep in mind that some communities and groups have been more affected by COVID-19 illness, hospitalizations, and death. Some communities might have experiences that affect their trust and confidence in the healthcare system. Staff and families may differ in their level of vaccine trust.



**Schools are urged to promote COVID-19 vaccination among staff and families. The following are ways schools can promote vaccines:**

1. Encourage parents to talk to their child's pediatrician about the COVID-19 vaccine.

2. **Partner with Austin Public Health to host a vaccine event at your school for staff and families.**

- To host a **vaccine information session**, complete [this questionnaire](#). APH health educators will provide information about the safety, efficacy, and benefits of COVID-19 vaccines and answer questions.
- To host a **pop-up vaccination clinic**, complete [this questionnaire](#).



3. Share fact-based information with staff and families about COVID-19 and the benefits, safety, and efficacy of COVID-19 vaccines. Use information from evidence-based sources. Provide information in the languages spoken by the population you serve and in accessible formats for people with disabilities. The following is key information you can provide to staff and families about COVID-19 vaccines:

- The CDC recommends COVID-19 vaccines for everyone 6 months and older, and boosters, when eligible.
- Per the CDC, both children and adults can get infected with COVID-19, get very sick, suffer short- and long-term health problems from COVID-19, and spread COVID-19 to others.
- COVID-19 vaccines are safe, effective, and free. The vaccines help prevent children and adults from getting very sick, being hospitalized, or dying from COVID-19.
- As with other routine vaccines, [side effects](#) may occur after vaccination. These are normal signs that their body is building protection and should go away within a few days.
- COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. [People who are pregnant or were recently pregnant](#) are more likely to get very sick from COVID-19 compared to people who are not pregnant. People who have COVID-19 during pregnancy are at increased risk of complications that can affect the pregnancy and the developing baby.

For more information to share with families, visit and share these CDC web pages:

- [Frequently Asked Questions about COVID-19 Vaccination](#)
  - [6 Things to Know about COVID-19 Vaccination for Children](#)
  - [COVID-19 Vaccines for Children and Teens](#)
  - [Resources to Promote the COVID-19 Vaccine for Children & Teens](#) (this link includes social media graphics, posters, videos, and a customizable parent letter)
4. Let staff and families know where they can get vaccinated against COVID-19. Encourage families to get their child vaccinated at the pediatrician's office or to find other vaccination locations by:
    - Visiting [vaccines.gov](https://www.vaccines.gov) ([vacunas.gov](https://www.vacunas.gov) for Spanish) or <http://austintexas.gov/covid19-vaccines>
    - Texting your ZIP code to 438829 (822862 for Spanish)
    - Calling 1-800-232-0233
  5. Establish policies that make getting vaccinated as easy and convenient as possible. See CDC's [Workplace Vaccination Program](#) for steps employers can take to increase COVID-19 vaccination among workers. Offer flexible, supportive sick leave options (e.g., paid sick leave) for employees and their family members to get vaccinated and for staff who have side effects after vaccination. See CDC's [Post-Vaccination Considerations for Workplaces](#) for more information.
  6. Remind families that children should get all [routine vaccinations](#) to help protect themselves and others from [vaccine-preventable diseases](#) in addition to regular well-child visits and preventive screenings, such as screening for autism and [lead poisoning](#). Remind staff and families about [routine vaccinations for adults](#).

## I. Ventilation

Per the CDC, [improving ventilation in school buildings can help reduce the spread of COVID-19 and offer other health benefits](#), like reduced allergy symptoms. In addition to improving indoor air quality, we know that the risk of COVID-19 transmission is less outdoors than indoors. **APH encourages schools to:**

- 1) **improve indoor air quality at all COVID-19 Community Levels, and**
- 2) **to hold more activities outdoors when the COVID-19 Community Level is high.**

APH also urges schools to **use emergency relief funding and grants to support ventilation system improvements.**

**To optimize ventilation and improve indoor air quality, schools can:**

- Repair, upgrade, or replace Heating, Ventilation, and Air Conditioning (HVAC) systems
- Use portable air cleaners with HEPA filters
- Safely open doors and windows with screens to bring fresh outdoor air in
- Use child-safe fans to increase the effectiveness of open windows
- Use the CDC's [Interactive School Ventilation Tool](#) to learn how your school can optimize ventilation to reduce virus particles in classrooms



Opening windows, using portable air cleaners, and improving building-wide filtration are ways you can increase ventilation in your school or childcare program.

The [CDC has found](#) that schools can reduce COVID-19 transmission by improving ventilation through:

- **Dilution methods** (opening doors, opening windows, and using fans to improve circulation from open windows);
- **Filtration methods** (installation of high-efficiency particulate absorbing [HEPA] filters); and
- **Purification methods** (installation of ultraviolet germicidal irradiation [UVGI] units, installed in upper room areas and shielded from persons or installed in the heating, ventilation, and air conditioning [HVAC] system). Purification strategies should be considered in rooms that are difficult to ventilate or have an increased likelihood of being occupied by persons with COVID-19 (e.g., nurse's office).

A [CDC study](#) published May 21, 2021, found, “In schools that improved ventilation through dilution methods alone, COVID-19 incidence was 35% lower, whereas in schools that combined dilution methods with filtration, incidence was 48% lower.”

For more information about ventilation, visit the CDC's [Ventilation in Schools and Child Care Programs](#) and [Ventilation FAQs](#). The Environmental Protection Agency's (EPA) [Clean Air in Buildings Challenge](#) also details specific steps schools and other buildings can take to improve indoor air quality and reduce the risk of airborne spread of viruses and other contaminants.

## J. Cleaning and Disinfecting Surfaces

According to the CDC, in most situations, the [risk of COVID-19 infection from touching a surface is low](#). However, **cleaning and disinfecting surfaces is an important everyday strategy to prevent the spread of infectious diseases from touching surfaces.**

APH, [in alignment with the CDC](#), recommends schools do these following:

- Clean indoor surfaces and objects routinely with soap (or detergent) and water at least once a day to reduce the risk of spreading germs by touching surfaces.
- Not every surface needs to be disinfected every time it is cleaned. Prioritize disinfecting surfaces that a sick person has touched.
- Clean AND disinfect spaces where a sick person or someone who tested positive for COVID-19 has been within the last 24 hours.
- Do not use disinfection products near children or allow children to use these products.

## K. Hand Hygiene and Respiratory Etiquette

[Handwashing](#) at key times (such as before and after eating and after recess) and covering [coughs and sneezes](#) are important everyday actions people can take to reduce the risk of spreading viruses.

**To establish a culture of hand hygiene and respiratory etiquette, programs should:**

- Continue to teach and reinforce regular handwashing with soap and water for at least 20 seconds
- Build time into daily routines for students and staff to wash hands



- Use visual cues to promote handwashing and covering coughs and sneezes throughout the program

This poster and others like it from the CDC are available to print in multiple languages [here](#).

Schools should make hand sanitizer with at least 60% alcohol available for use when soap and water are not available. Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.



## IV. Recommendations for Specific Situations

### A. When Someone Develops Symptoms at School

Follow these steps when someone develops [symptoms](#) at school:

- Sick individuals should be excused from the classroom, cohort, or area within the school to go to an isolation area where they can isolate until they go home AND if the symptomatic student or staff member is not already wearing one, provide them with a mask as soon as possible. Any individual supervising or caring for a symptomatic individual should also wear a mask.
  - If multiple ill students must be placed in the same isolation area, ensure mask use and stay at least 6 feet apart while supervised.
- Administer a COVID-19 test, provide an at-home COVID-19 test, or give information about [where to get tested](#) to the sick staff member or the parent/guardian that picks up sick student(s). (Refer to [Testing section](#) for more details on what type of information to share with staff and families).
- Provide the sick staff member or family of the sick student with information about quarantine, isolation, and [treatment](#). (Refer to [Quarantine and Isolation section](#) for more information.)
- [Clean and disinfect areas](#) that the sick individual(s) occupied.

### B. Sports and Extracurricular Activities

According to the CDC, [some sports and extracurricular activities put students, coaches, teachers, and others, at a greater risk](#) for getting and spreading COVID-19 due to increased and forceful exhalation that occurs during some activities, such as physical activity, choir, theater, and band. **Close contact sports and sports and extracurricular activities that meet indoors are particularly risky.** The guidance for sports and extracurriculars in this section is designed to:

- Help schools navigate prevention measures based on [COVID-19 Community Level](#)
- Prevent athletes and extracurricular participants from transmitting COVID-19 to teammates, opponents, and participants- both within Travis County and across geographic areas (and vice versa) through competitions and events



- Allow for participation in sports and extracurriculars as much as COVID-19 conditions allow, while protecting the health of the participants and their families as well as the broader school community

The [CDC advises schools](#) to “consider temporarily stopping these [high-risk] activities to control a school or program associated outbreak, or during periods of high COVID-19 Community Levels.”

### Screening Testing in Extracurricular Activities

[Per the CDC](#), schools can consider using screening testing at all **COVID-19 Community Levels** to identify asymptomatic participants in high-risk activities, such as close contact sports and indoor sports and other indoor extracurricular activities. **Because of COVID-19 infections and reinfections caused by new variants, APH recommends that schools consider testing all participants, regardless of vaccination status, up to 24 hours before competitions and performances.**

### Reporting

As with all school-related COVID-19 cases, schools should report any cases linked to sports and extracurricular activities to APH.

In the event a participant has tested positive for COVID-19, the American Academy of Pediatrics (AAP) and the American College of Cardiology (ACC) advise that, depending on their symptoms, participants who have COVID-19 may need to consult with their physician to receive clearance before returning to participate in athletic activities and some extracurricular activities, like marching band. For more information on returning to sports and extracurricular activities, refer to [AAP guidance](#).

### Venue Logistics and Mitigation Measures

**At all community levels**, APH recommends schools do the following:

- Maximize ventilation in spaces where sports events, concerts, and theater productions are held. The CDC offers [tools and tips to improve ventilation](#) in buildings.
- At venue entrances, make masks available to those who may want them but have not brought their own. Ensure access to handwashing facilities on site and make alcohol-based hand sanitizer with at least 60% alcohol available throughout the venue.
- Post visible signage throughout the venue to remind student, staff, participants, and guests of hygiene and safety protocols.

The table below includes additional recommendations regarding masking, physical distancing, and venue, based on the COVID-19 Community Level.

Additional Recommendations for Sports & Extracurricular Events based on COVID-19 Community Level	
LOW	<ul style="list-style-type: none"> <li>Masks optional</li> </ul>
MEDIUM	<ul style="list-style-type: none"> <li>Masks optional but recommended indoors when physical distancing of 6 feet is not possible</li> <li>Consider implementing physical distancing of 6 feet between people of different households</li> </ul>
HIGH	<ul style="list-style-type: none"> <li>Require universal indoor masking for all people ages 2 and older, regardless of vaccination status</li> <li>Implement physical distancing of 6 feet between people of different households</li> <li>Hold the event outdoors <ul style="list-style-type: none"> <li>If it is not possible to hold the event outdoors, in order to allow 6 feet of distancing between people from different households, either: <ul style="list-style-type: none"> <li>Use a larger venue, or</li> <li>Divide up the event and hold multiple smaller events</li> </ul> </li> </ul> </li> <li>Encourage groups that congregate to socialize after the event to move outside</li> <li>Avoid serving refreshments and food indoors so that people can remain masked indoors</li> </ul>

## C. Meals and Snacks

Everyday strategies to prevent the spread of infectious disease should be used during snack and mealtimes. For example, schools should monitor and reinforce handwashing before and after eating.

**Schools should consider using additional prevention strategies during meals and snacks when the [COVID-19 Community Level](#) is high and when there is an outbreak in a class or cohort.** These strategies could include:

- Eating outdoors
- Bringing in fresh outdoor air by safely opening doors and windows
- Using portable air cleaners
- Increasing distance between people who are eating

## D. Field Trips and Transportation

Ahead of field trips, **remind parents and staff that people who are sick or have one or more [symptoms](#) should stay home.**

The CDC no longer requires that people wear masks on buses or vans operated by schools. But, schools with the authority to do so may choose to require that people wear masks on buses or vans at any [COVID-19 Community Level](#) to help prevent the spread of COVID-19.

To improve ventilation and air circulation, APH recommends that schools **open or crack windows in buses and other forms of transportation**, if doing so does not pose a safety risk. Schools may choose to do this at any Community Level.



Opening vehicle windows even a little bit can improve ventilation.

**When the COVID-19 Community Level in Austin-Travis County is high, APH strongly recommends that schools suspend all field trips and not host large events or gatherings. Postpone trips to other counties that have a high COVID-19 Community Level.**

## E. Child Care and After School Programs

Schools should **ensure that a campus COVID-19 point of contact maintains close communication with child care and after school programs** – both those that are on campus as well as those that pick up children from school and provide services elsewhere – about student cases and exposures of COVID-19 and other infectious diseases. Strong communication between these programs and school campuses can help programs make operational decisions to prevent COVID-19 transmission across grades levels. It is important for school representatives to keep in mind that child care and after school programs, even some located on school campuses, may follow different COVID-19 policies or regulations than schools.

**APH strongly encourages schools, afterschool programs, and child care programs to work together to create a communication protocol to:**

- Let each other know if students develop [symptoms](#) and must leave school or the afterschool program early
- Share information about closures of on-campus programs or classes due to COVID-19
- Coordinate on who is reporting cases of COVID-19 among school-age children to Austin Public Health
- Quickly identify close contacts of COVID-19 infected individuals
- Inform families of close contacts and provide quarantine recommendations in a timely manner