

Austin Public Health Interim Guidance on Reopening for Austin-Travis County Schools



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Per "SY 20-21 Public Health Planning Guidance" published on August 4, 2020, by the Texas Education Agency (TEA), school systems must post a summary of their plan to mitigate COVID-19 spread at least one week prior to the start of on-campus activities and instruction. **Schools are not required to submit their reopening health and safety plans to the City of Austin, Travis County, or Austin Public Health.** Austin Public Health (APH) is committed to mitigating risks and spread of COVID-19 to students, teachers, staff, and their families as communities prepare to re-open schools.

In addition to the TEA guidance, Austin Public Health expects school districts and schools to adhere to guidance from the Centers for Disease Control and Protection (CDC) regarding school reopening and operating plans when creating and carrying out plans in order to do everything feasible to keep students, teachers, staff and our communities safe.

This document supplements the Health Authority Rules and guidance provided by the Texas Education Agency (TEA). These practices are essential baseline actions in order to minimize risk of exposure to COVID-19 for students, staff, and families. The recommendations are additional strategies that schools can use to minimize spread of COVID-19. All recommended practices will not be possible in all settings and should be tailored to each school/district as appropriate.

The guidance in this document is based on the best available evidence at this time. Austin Public Health guidance for schools may be updated throughout the school year as new information becomes available. The National Academies of Sciences, Engineering, and Medicine recommend that schools prioritize mask wearing, healthy hand hygiene, physical distancing, and limiting or eliminating large gatherings to mitigate the spread of COVID-19. The study recommends frequent cleaning, the creation of small cohorts of students, and improvements in HVAC systems/ventilation as additional mitigation strategies schools can focus on. (See Appendix A for a copy of "[Protecting and Educating Our Children During the COVID-19 Pandemic](#)" from Vital Strategies which includes a list of eight basic safety measures schools can follow.)

In addition to the strategies described in this guidance, the fall influenza season will complicate school and community efforts to curb the COVID-19 pandemic. Schools should actively recommend all staff and students get vaccinated against influenza and pneumococcal disease. Schools are encouraged to facilitate influenza vaccines for staff and students by offering one or more on-campus vaccination events.

It is important for staff, students, and their families to understand that, as the National Academies of Sciences, Engineering, and Medicine point out, **"Even if all of the mitigation strategies are in place and well implemented, it is impossible to completely eliminate the risk of COVID-19 in schools. Therefore, it is incumbent on school officials, in association with local public health authorities, to plan for the possibility that one or more students, teachers or staff will contract COVID-19."**

Stages of Risk, Phased-in Learning, and Mitigation Strategies

Stages of Risk

Austin Public Health (APH) has published a color-coded chart to help residents of Austin-Travis County understand the stages of risk and provide recommendations on what people should do to stay safe during the COVID-19 pandemic.

The risk stages system illustrates the regression and progress of several factors, including doubling time, healthcare capacity, and testing positivity rate on a seven-day moving average. These key indicators will inform recommendations on the tightening or loosening of restrictions on physical distancing, mass gatherings, business operations, and other safety measures in the months ahead.

COVID-19: Risk-Based Guidelines

	Practice Good Hygiene	Maintain Social Distancing	Wear Facial Coverings	Higher Risk Individuals Aged 65+, diabetes, high blood pressure, heart, lung and kidney disease, immunocompromised, obesity			Avoid Gatherings	Avoid Non-Essential Travel	Avoid Dining/Shopping	Workplaces Open
	Stay Home If Sick			Avoid Gatherings	Avoid Non-Essential Travel	Avoid Dining/Shopping				
Stage 1	•			Greater than 25		Except with precautions	Gathering size TBD			All businesses
Stage 2	•	•	•	Greater than 10		Except as essential	Greater than 25			Essential and reopened businesses
Stage 3	•	•	•	Social and greater than 10	•	Except as essential	Social and greater than 10			Essential and reopened businesses
Stage 4	•	•	•	Social and greater than 2	•	Except as essential	Social and Greater than 10	•	Except expanded essential businesses	Expanded essential businesses
Stage 5	•	•	•	Outside of household	•	Except as essential	Outside of household	•	Except as essential	Essential businesses only

Use this color-coded alert system to understand the stages of risk. This chart provides recommendations on what people should do to stay safe during the pandemic. Individual risk categories identified pertain to known risks of complication and death from COVID-19. This chart is subject to change as the situation evolves.



Phased-in Approach to On-Campus Instruction Based on Risk-Based Guidelines Stages

Phasing-in when reopening schools: A phased-in reopening strategy based on local risk stages would provide schools with the ability to scale up based on the risk stages listed in the APH "COVID-19: Risk-Based Guidelines." **APH recommends school districts begin on campus instruction at up to 25% capacity.** Schools should only increase capacity to the next higher percentage if able to safely do so and should remain at each percentage level for a minimum of two weeks and collaborate with Austin Public Health before moving to the next least restrictive level.

When planning for student return to on-campus learning, **administrators should consider student needs, staffing availability, adequacy of facilities, and mitigation efforts.** If any of these needs are lacking, the school districts should reduce the percentage of on-campus population to the next lowest level until these needs are sufficiently met. In addition, school districts should observe local public health guidelines when returning to school.

COVID-19: Risk-Based Guidelines Stages for Phased-in Learning

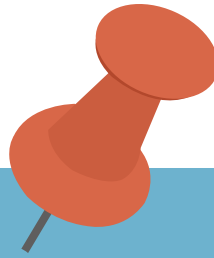
	CDC Level of Community Transmission	On-campus Population
Stage 1	No to minimal transmission	Up to 100% on-campus learning
Stage 2	Minimal to moderate transmission	Up to 75% on-campus learning
Stage 3	Substantial, controlled transmission	Up to 50% on-campus learning
Stage 4	Substantial, uncontrolled transmission	Up to 25% on-campus learning
Stage 5	Widespread uncontrolled transmission threatening our healthcare infrastructure	100% virtual learning



[AustinTexas.gov/COVID19](https://austintexas.gov/COVID19)

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Administrators should consider student needs when planning for student return to on-campus learning: The National Academies for Science, Engineering and Medicine recognize the importance of in-person interaction for learning and development and recommend that schools prioritize reopening with an emphasis on providing full-time, in-person instruction in grades (Pre) K-5 and for students with special needs who would be best served by in-person instruction.

School districts should recognize that disparities in educational outcomes caused by school closures are a particular concern for low-income and minority students and students with disabilities. Education leaders need to be careful when making the decision to reopen to not exacerbate these inequities. Persistent achievement gaps that already existed before COVID-19, such as disparities across income levels and races, can worsen and cause serious, hard-to-repair damage to children's education outcomes. Remote learning makes absorbing information more difficult for students with disabilities, developmental delays, or other cognitive disabilities. In particular, students who are deaf, hard of hearing, have low vision, are blind, or have other learning disorders (e.g., attention deficit hyperactivity disorder [ADHD]) and other physical and mental disabilities have had significant difficulties with remote learning.

Families and students who had to make alternative arrangements with community providers to receive services (e.g., school food programs, physical or occupational therapy, speech therapy, mental health services) during periods of school closures may need additional support and communication to establish a transition plan upon returning to school. Schools can take actions to identify, support, and communicate with families who need to initiate new services as schools prepare to open. Administrators can work with community partners to plan for additional school-based services and programs during the transition back to normal schedules in anticipation of an increased need for mental health services.

Mitigation Strategies

The guidance in this document is based on the best available evidence at this time. Guidance for schools may be updated throughout the school year as new information becomes available.

Reinforcement of prevention efforts is essential in congregate settings that serve children, including childcare centers and schools. Similar to the general population, children should be encouraged to wash their hands often, continue physical distancing, and wear a face covering when around persons outside of their families to reduce the risk for SARS-CoV-2 infection and transmission to others.

Until further notice, because of the unpredictable nature of this pandemic and paucity of research on COVID-19 and children, school districts should implement the following mitigation strategies to help decrease the transmission of the COVID-19 virus during the pandemic:

COVID-19: Risk-Based Guidelines to School Mitigation Strategies

Table last updated 7/31/2020	Controls	Engineering Controls			Administrative Controls					PPE
	Mitigation Strategies	Ventilation and air quality	Home-based Symptoms and Temperature Screening	Cleaning & Disinfecting	Cohorting	Physical distancing	Eliminate Large Gatherings	Avoiding Shared Materials and Equipment	Hand Hygiene	Face Coverings
No to minimal transmission	Stage 1	•	•	•	•	3 ft.	•	•	•	•
Minimal to moderate transmission	Stage 2	•	•	•	•	4 ft.	•	•	•	•
Substantial, controlled transmission	Stage 3	•	•	•	•	6 ft.	•	•	•	•
Substantial, uncontrolled transmission	Stage 4	•	•	•	•	6 ft.	•	•	•	•
Widespread uncontrolled transmission threatening our healthcare infrastructure	Stage 5	•	•	•	Virtual Education*	6 ft.	•	•	•	•

*Virtual Education applies for all columns in Stage 5



[AustinTexas.gov/COVID19](https://www.austintexas.gov/COVID19)

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<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)

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



Center Equity in Plans and Implementation

Recommendations

- Schools should actively apply an equity lens to the creation and implementation of health/safety and operational plans.
 - » "Across schools, plans need to address disparities in school facilities, staffing shortages, overcrowding, and remote learning infrastructures. Within schools, plans should address disparities in resources for students and families. These issues might include access to technology, health care services, ability to provide masks for students, and other considerations." (Source: National Academies of Sciences, Engineering, and Medicine 2020. Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25858>.)
- Ensure school health and safety plans and all COVID-19 related education and communication is distributed and readily available to students and families in their primary language.
- Use positive approaches to promoting behaviors that will mitigate the spread of COVID-19.
 - » "The fact that staff will need to monitor and enforce the guidelines around mask wearing, physical distancing, and handwashing opens up the possibility that patterns of enforcement of the new measures will follow the same trends that are seen in school discipline more generally. Should this be the case, Black students [and other students of color], boys, and students with disabilities will be particularly vulnerable to potentially harsh responses if they fail to follow the strategies consistently (Anderson and Ritter, 2017; U.S. Government Accountability Office, 2018). To guard against this, positive approaches to encouraging adherence to the strategies are preferred over punitive ones." (Source: National Academies of Sciences, Engineering, and Medicine 2020. Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25858>.)



Coping and Resilience

The National Academies of Sciences, Engineering, and Medicine note that this school year 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.

It is also important to consider that some students, adults, or groups of people in the school community may be experiencing stigma related to COVID-19. 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. Stopping stigma is important to making all communities and community members safer and healthier. Everyone can help stop stigma related to COVID-19 by [knowing the facts](#) and sharing them with others in their communities.

Recommendations

- Make school counselors available in-person and virtual to students and staff.
- Consider making peer counselors available to students. Information on establishing a peer program can be found on the [American School Counselor Association](#) website.
- Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.
- Encourage employees and students to eat healthy, exercise, get enough sleep, spend time outdoors, and find time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746. Work to actively address any stigma related to COVID-19 and educate the school community:
 - » 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.
 - » Post [anti-stigma fliers](#) available from Austin Public Health.

- Seek out and offer trainings for teachers and staff on providing trauma-informed teaching and services to students and families.
- Work with community partners for additional services, programs, and resources that address social determinants of health.
- Ensure the mental health supports, communication, and education efforts described above are offered and available to students and their families in their primary language.



Protecting Vulnerable Populations

Individuals who are **considered high-risk for severe illness** due to COVID-19 include people who:

- Are 65 years of age or older
- Have the following medical conditions:
 - » Cancer
 - » COPD
 - » Immunocompromised state (weakened immune system) from solid organ transplant
 - » Obesity (body mass index [BMI] of 30 or higher)
 - » Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - » Sickle cell disease
 - » Type 2 diabetes mellitus

The CDC lists additional [medical conditions which may cause people to be at increased risk for severe illness from COVID-19](#). These include moderate to severe asthma, hypertension or high blood pressure, pregnancy, smoking, Type 1 diabetes mellitus, among other conditions.

The CDC also states, “[children](#) who have medical complexity, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease might be at increased risk for severe illness from COVID-19 compared to other children. Similar to adults, children with obesity, diabetes, asthma and chronic lung disease, or immunosuppression might be at increased risk for severe illness from COVID-19.” (CDC, People with Certain Medical Conditions, Updated July 17, 2020)

CDC also notes that children with intellectual and developmental disabilities are more likely to have [comorbid medical diseases](#) of the circulatory system that may put them at increased risk for severe illness from COVID-19.

A recent CDC report found that most COVID-19 infections in children under age 18 are asymptomatic or mild and that children are less likely to require hospitalization due to COVID-19 than adults (8.0 per 100,000 population compared to 164.5 per 100,000). However, the report also found that children are at risk for severe COVID-19 and also noted, “Hispanic and black children had the highest rates of COVID-19–associated hospitalization,” and, “the rates among Hispanic and black children were nearly eight times and five times, respectively, the rate in white children.” About one-third of hospitalized children had to be admitted to the ICU, which is similar to findings among adults.

Furthermore, "forty-two percent of children in this analysis had one or more underlying medical conditions, with higher prevalences among Hispanic and black children. This suggests that the presence of underlying conditions place children at higher risk for COVID-19-associated hospitalizations and that observed disparities might in part be related to the higher prevalence of underlying conditions among hospitalized Hispanic and black children compared with those among white children."

Requirements

- Create a process for students and/or their families, teachers, and staff to self-identify as being at increased risk of severe illness from COVID-19 or as living in a household with someone at high risk.
 - » Enable teachers and staff who self-identify through this process to minimize face-to-face contact and allow them to maintain a distance of 6 feet from others, modify job responsibilities that minimize exposure risk, or to work remotely if possible.
 - » Implement remote learning and supports for students who are identified as high risk.
- Systematically review all current plans (e.g. Individual Healthcare Plans, Individualized Education Plans or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease risk for exposure to COVID-19.

Recommendations

- Encourage and facilitate those at increased risk of severe illness to receive recommended vaccinations against influenza and pneumococcal disease.
- When Austin-Travis County is in stages 2-5 on the APH Stages of Risk chart, schools should strongly encourage parents of [children](#) who have medical complexity, neurologic, genetic, metabolic conditions, or congenital heart disease to remain at home and participate via remote learning.



Designate a COVID-19 Point of Contact for each District and Campus

Requirements

- Austin Public Health requires that each school district designate a single staff member at the district level to communicate with Austin Public Health.
- Each school should designate a single staff member within each school (with an alternate) to be the COVID-19 point of contact for the school and responsible for responding to COVID-19 concerns.

Recommendations

- High schools could consider having student counterparts assist in this role to be a source of information for students, thereby supporting student ownership and responsibility for creating a safe and healthy campus (i.e. students involved in organizations such as the Student Council, Peer Health Educators, Austin Youth Council, etc.).



Healthy Hand Hygiene

Requirements

- Provide adequate supplies to support healthy hygiene behaviors and systematically and frequently check and refill supplies, including:
 - » Soap, hand sanitizer with at least 60% alcohol for safe use by staff and older children, paper towels, and tissues in each classroom, and
 - » Hand sanitizer with at least 60% alcohol at key building entrances and exits and in the cafeteria and gym for safe use by staff and older students.
- Teach and remind children and adults:
 - » About handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol by staff and older children.
 - » To cough and sneeze into their elbows, or to cover with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
 - » To **avoid touching their eyes, nose, and mouth** with unwashed hands.
- Incorporate frequent handwashing and sanitation breaks into classroom activity.
- Increase monitoring to ensure adherence among students and staff.
 - Supervise use of hand sanitizer by students.
 - Children with skin reactions and contraindications to hand sanitizer should use soap and water.
 - **Reinforce handwashing during key times such as:**
 - » Before and after eating food;
 - » After using the restroom;
 - » After blowing your nose, coughing, or sneezing;
 - » After handling your cloth face covering;
 - » After touching objects with bare hands which have been handled by other individuals; and
 - » When hands are visibly soiled



Physical Distancing and Minimizing Exposure

Requirements

- Limit common break rooms and ensure distancing among staff to increase safety, given that the highest risk to staff is from other staff. Limit nonessential visitors and activities involving external groups or organizations.
- Have teachers and staff monitor arrival and dismissal to discourage congregating and ensure students go straight from a vehicle to their classrooms and vice-versa.
- Discontinue in-person activities that involve bringing together large groups of people and activities that do not allow for social distancing (e.g. assemblies, performances).
- Ensure at least 6 feet social distancing in any outdoor setting when students, teachers, staff, and visitors are stationary (e.g. waiting in line for transportation, sitting in a group).
- Arrange furniture or block off seats, such as desks, chairs, or other seating in classrooms, reception areas, and cafeterias so that students, teachers, staff, and visitors are separated from one another by at least 6 feet to the greatest extent possible.
- Provide frequent reminders for students, teachers, staff, and visitors to stay at least 6 feet apart from one another.

Recommendations

- Schools are encouraged to use outdoor space more often, weather-permitting, to enable social distancing. Consider having teachers hold some classes outdoors. Use or create “outdoor classroom” areas, especially in shady or covered outdoor spaces.
- Encourage the use of outdoor seating areas and social distancing for any small-group activities such as lunches, breaks, and meetings.
- Consider converting larger indoor areas such as gymnasiums and cafeterias into classroom spaces to allow for greater physical distancing among students.
- Turn desks to face in the same direction (rather than facing each other) or have students sit on only one side of tables, spaced apart.
- In areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks), consider additional strategies such as installing physical barriers, such as sneeze guards and partitions. Provide physical distancing standing/seating markings in waiting and reception areas.
- Mark 6 feet of spacing to remind students to stay 6 feet apart in lines and at other times when they may congregate.
- Consider holding virtual, rather than in-person, staff and parent meetings.
- Designate hallways as one-way, posting directional reminders on the walls and/or floor.
- Stagger staff shifts, start times, and break times as feasible to reduce the number of employees in common areas such as screening areas, break rooms, and locker rooms.



Face Coverings

Wearing face coverings correctly and consistently can help slow the spread of COVID-19. The cloth face cover is not a substitute for social distancing; individuals are advised to continue to keep 6 feet between themselves and others, even when wearing masks. The use of [cloth face coverings](#) is especially important when students, teachers, and staff are indoors and when [social distancing](#) of at least 6 feet is difficult to implement or maintain. The CDC offers useful [strategies to support students' wearing cloth face coverings in schools](#), including strategies specific to elementary, middle, and high school settings, and for students with special healthcare needs.

Face coverings are used to prevent infected persons from spreading the virus to others; per the CDC "Masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. [This is called source control](#). This recommendation is based on what we know about the role respiratory droplets play in the spread of the virus that causes COVID-19, paired with emerging evidence from clinical and laboratory studies that shows masks reduce the spray of droplets when worn over the nose and mouth."

Requirements

- Except as otherwise provided in this document, all persons age 10 and over must wear a face covering on buses or other school transportation vehicles, inside school buildings, and anywhere on school grounds, including outside. In the school setting, this generally applies to students in 5th grade and above. However, face coverings are recommended for children two years of age and older; in the school setting, this generally applies to students in Pre-K and above.
 - » Children in early elementary grades, especially those in Pre-K and kindergarten, may have difficulty complying with mask usage. Nonetheless, efforts should be made to encourage compliance.
- [Face coverings](#) should **not** be placed on:
 - » Children younger than 2 years old.
 - » Anyone who has trouble breathing or is unconscious;
 - » Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance.
 - » A child with a significant behavioral or psychological issue undergoing treatment that is exacerbated specifically by a face covering;
 - » A child with severe autism or with extreme developmental delay who may become agitated or anxious wearing a mask; and
 - » A child with a facial deformity that causes airway obstruction.

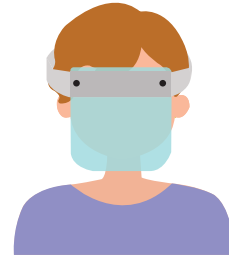
- Ensure teachers, staff, children, and families are aware that the CDC does not recommend that face shields be used for normal everyday activities or as a substitute for cloth face coverings.



Cloth face cover



Clear face cover



Face shield

The CDC notes that clear face coverings are not face shields.

- Ensure that students and staff are aware of the [correct use of cloth face coverings](#), including wearing cloth face coverings over the nose and mouth and securely around the face. **Ensure that students, teachers, and staff are aware that they should:**
 - » [Wash or sanitize their hands \(using a hand sanitizer that contains at least 60% alcohol\)](#) before putting on a cloth face covering
 - » Not touch their cloth face coverings while wearing them and, if they do, they should [wash their hands](#) before and after with soap and water or [sanitize hands \(using a hand sanitizer that contains at least 60% alcohol\)](#)
 - » [Wash or sanitize hands \(using a hand sanitizer that contains at least 60% alcohol\)](#) before and after helping a student put on or adjust a cloth face covering
 - » Not wear cloth face coverings if they are wet. A wet cloth face covering may make it difficult to breathe.
 - » Never share or swap cloth face coverings. Encourage students' cloth face coverings to be clearly identified with their names or initials to avoid confusion or swapping. Students' face coverings may also be labeled to indicate top/bottom and front/back.
 - » [Wash](#) cloth face coverings after every day of use and/or before being used again, or if visibly soiled
- Provide cloth or disposable face coverings to staff, students, and visitors who do not have them or if face covering becomes soiled.
- Note that face coverings are **not required** for individuals who:
 - » Have a medical or behavioral condition or disability and cannot wear a face covering (including, but not limited to, any person who has trouble breathing, or is unconscious or incapacitated, or is otherwise unable to put on or remove the face covering without assistance)
 - If staff or parents have questions as to whether an individual's medical or behavioral condition or disability precludes them from wearing a face covering, they are encouraged to consult with their healthcare provider or with their district's medical director.

- Although the CDC does not recommend that face shields be used for normal everyday activities or as a substitute for cloth face coverings, individuals who cannot wear a cloth face covering may consider wearing a face shield.
- » Are eating or drinking
- » Are strenuously exercising, especially while practicing physical distancing of at least 6 feet from others
- » Are seeking to communicate with someone with hearing loss in a way that requires the mouth to be visible.
- In this instance, the individual may consider wearing both a face shield and a cloth face covering and pull the cloth face covering down when speaking with persons with hearing loss and replace the cloth face covering when not speaking.
- » **Note:** For additional exceptions to the face covering requirements, refer to the most recent [Health Authority Rules](#).

Recommendations

- Teachers and staff who may consider using clear face coverings that cover the nose and wrap securely around the face:
 - » Those who interact with students or staff who are deaf or hard of hearing, per the [Individuals with Disabilities Education Act](#)
 - » Teachers of young students learning to read
 - » Teachers of students in English as a second language classes
 - » Teachers of students with disabilities
- Provide face shields to teachers who work with children who cannot wear face coverings and would like to use them in combination with cloth face coverings.
- Consider having spare cloth face coverings available for students, teachers, and staff in case a back-up cloth face covering is needed during the day and to encourage every day washing of cloth face coverings.
- Store individual children's extra face coverings in a separate space designated for each student when not being worn (e.g., in individually labeled containers or bags, personal lockers, or cubbies).
- Consider building in "mask breaks" throughout the day when outside, as long as students are physically distanced 6 feet apart.



Screening for COVID-19 Symptoms before Entry

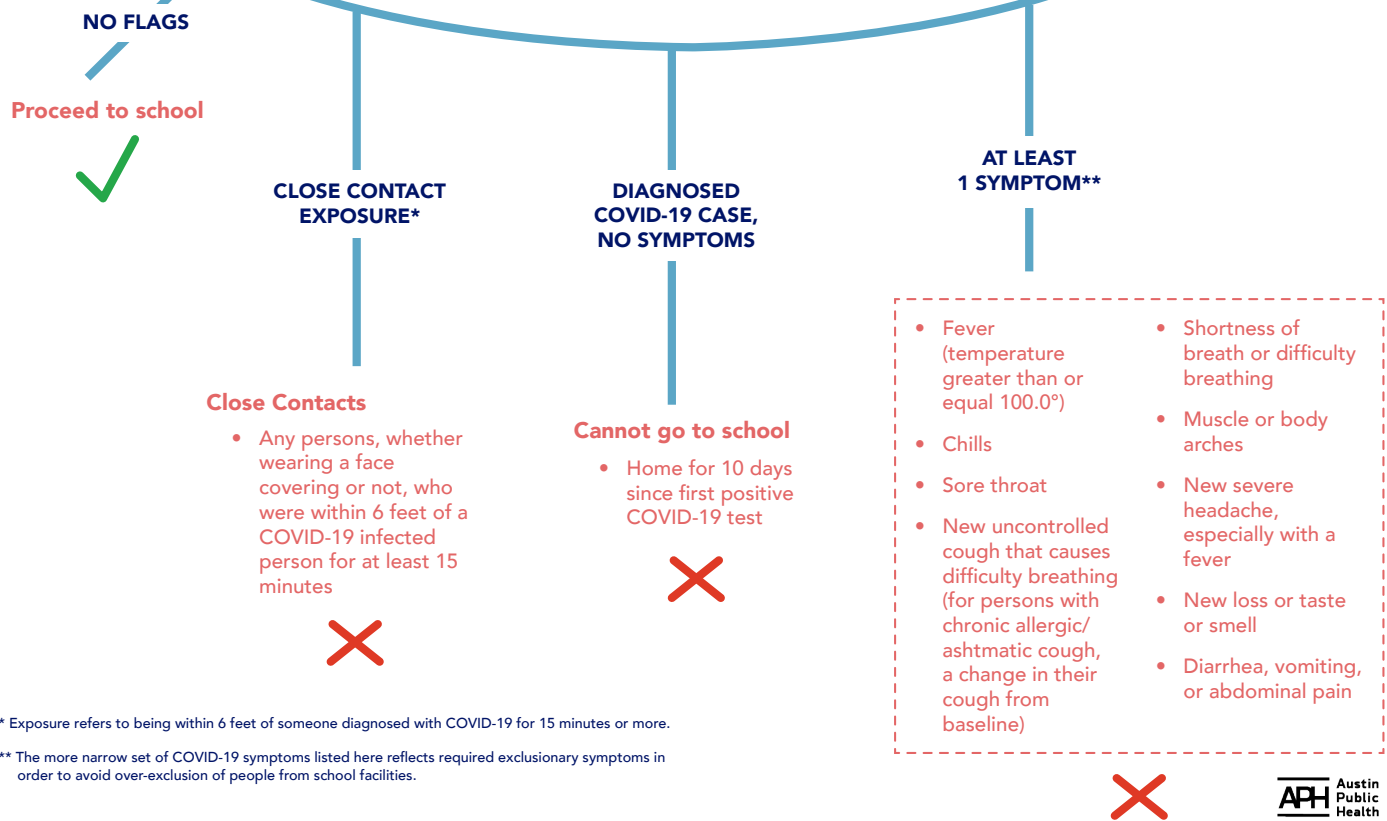
Requirements

- Schools must require all teachers, staff, and children to screen for COVID-19 symptoms and exposure at home each day prior to coming to school.
- Campuses must screen all individuals who come in school buildings. This includes parents, guardians, or caregivers who share a student's household only if those individuals are not screened as part of a student screening process. (See Appendix B for a Screening Flow Chart.)

Recommendations

- Austin Public Health **strongly recommends** that schools use the following list of symptoms for all screening of teachers, staff, students, and visitors, regardless of the screening type (self-screenings of teachers and staff; parents screening their children before bringing them; or screenings conducted by the school either in-person, by phone, or by other electronic means):
 - » Fever (temperature greater than or equal to 100.0 degrees Fahrenheit when taken by mouth)
 - » Chills
 - » Sore throat
 - » New uncontrolled cough that causes difficulty breathing (for persons with chronic allergic/asthmatic cough, a change in their cough from baseline)
 - » Shortness of breath or difficulty breathing
 - » Muscle or body aches
 - » New severe headache, especially with a fever
 - » New loss of taste or smell
 - » Diarrhea, vomiting, or abdominal pain
- APH strongly recommends that this list of symptoms be shared widely with the staff, teachers, parents, and children (who are old enough to self-monitor for symptoms). Individuals with one or more of these symptoms should not enter the school.
- Schools may consider using an app for staff and children (or their parents/guardians) to self-screen each day at home before coming to school.

Screening for COVID-19





Frequent Cleaning and Disinfection

Requirements

- Follow CDC guidance on effective and safe [cleaning and disinfection](#) practices and on cleaning and disinfecting the school if someone is sick.
- Wait 24 hours before you clean or disinfect areas used by a sick person. If 24 hours is not feasible, wait as long as possible. If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary beyond routine cleaning and disinfecting practices.
- Establish a schedule for and increase routine cleaning and disinfection of frequently touched surfaces at schools and on school buses such as:
 - » Door handles
 - » Stair rails
 - » Faucet handles
 - » Toilet handles
 - » Drinking fountains
 - » Light switches
 - » Desks and tables
 - » Chairs
 - » Shared supplies, such as art supplies
 - » High touch devices such as shared computers or tablets
 - » Kitchen countertops
 - » Cafeteria and service tables, carts, and trays
 - » Playground equipment
- Outdoor areas, like school playgrounds, generally require routine cleaning, but not disinfection. High-touch plastic and metal surfaces such as grab bars and railings should be cleaned routinely. Cleaning and disinfection of wooden surfaces is not recommended.
- To clean and disinfect school buses or other transport vehicles, see CDC guidance for [bus transit operators](#).
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children in child proof areas. Use products that meet [EPA disinfection criteria](#).
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
- Ensure that the [Safety Data](#) Sheets (SDS) are readily accessible to employees for all hazardous chemicals in their workplace.

Recommendations

- When possible, provide adequate supplies to assign for individual student use. Keep students' personal items separate and in individually labeled cubbies, containers, or lockers.



Cohorts

Grouping students and staff into cohorts (sometimes called pods) is a strategy that schools may use to limit contact between students and staff as part of their efforts to limit transmission of SARS-CoV-2 (the virus that causes COVID-19). This strategy works by keeping groups together over the course of a pre-determined period of time. Ideally, the students and staff within a cohort will only have physical proximity with others in the same cohort. This practice may help prevent the spread of COVID-19 by limiting cross-over of students and teachers to the extent possible, thus:

- Decreasing opportunities for exposure or transmission of SARS-CoV-2;
- Reducing contact with shared surfaces;
- Facilitating more efficient contact tracing in the event of a positive case; and
- Allowing for targeted testing, quarantine, and/or isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases.

Requirements

- To the greatest extent possible, divide students and teachers into cohorts, stable groups that are smaller than normal class sizes.
- Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff from day to day (all day for young children and as much as possible for older children).
- Limit mixing among cohort groups as much as possible (e.g. during recess, special areas classes, lunch, arrival, dismissal, etc.).

Recommendations

- It is strongly recommended that, to the greatest extent feasible, schools limit group sizes 10 people or fewer, including children and adults.
- Consider using a [Room Capacity Calculator](#), such as the one available on the Kentucky Department of Education [website](#).
- Consider staggering arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.
- Schools may alternate cohorts by days or weeks, with cohorts assigned to specific days or weeks.
- Schools may adopt a hybrid approach, with some cohorts assigned to in-person learning and others assigned to online learning.



Ventilation and Air Quality

The National Academies of Sciences, Engineering, and Medicine cites a report from the Harvard School of Public Health (Jones et al, 2020) which identifies key ventilation and air quality strategies, including:

- Bringing in outdoor air to dilute or displace any droplets containing the virus that may be present in the air
- Avoiding recirculation of indoor air, increasing filter efficiency, and supplementing with portable air cleaners
- Verifying the performance of ventilation and filtration through testing and working with outside expert

The National Academies note that, "These additional strategies represent additional costs to schools, but they may be especially important for older school buildings with outdated HVAC system, or for buildings with limited ventilation."

Requirements

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms).
 - » <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>
- Ensure the safety of your building water system and devices after a prolonged shutdown:
 - » Follow the CDC Guidance for Building Water Systems, which describes 8 steps to take before reopening the building.
 - » <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>
 - » <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Recommendations

- Consider improving the engineering controls using the building ventilation system. This may include some or all of the following activities:
 - » Increase ventilation rates.
 - » Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
 - » Increase outdoor air ventilation, using caution in highly polluted areas. With a lower occupancy level in the building, this increases the effective dilution ventilation per person.
 - » Disable demand-controlled ventilation (DCV).
 - » Further open minimum outdoor air dampers (as high as 100%) to reduce or eliminate recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold or hot weather.
 - » Improve central air filtration to the MERV-13 or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
 - » Check filters to ensure they are within service life and appropriately installed.
 - » Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
 - » **Note:** Some of the above recommendations are based on the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) Guidance for Building Operations During the COVID-19 Pandemic. Review these ASHRAE guidelines for further information on ventilation recommendations.
 - » <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- Review the Field Guide for Camps on Implementation of CDC Guidance: Facilities Management of Ventilation and Plumbing Systems by Environmental Health and Engineering, Inc. <https://acacamps.app.box.com/s/3saoz2rn24q9tcn20t7xhgdmduceiez>



Transportation

Requirements

- Follow guidance from the CDC for [bus transit operators](#) and their employees.
- Provide training and health and safety supplies to all bus and transportation drivers and operators on measures to mitigate spread of COVID-19 to help keep themselves, students, and their families safe.
- Ensure that students, all teachers, staff, and adult visitors wear face coverings when they are on a bus or other transportation vehicles. Refer to face covering section for additional guidance.
- Limit close contact with others by maintaining a distance of at least 6 feet, when possible.
 - » Create distance between and among the driver and passengers on school buses (e.g., seat children one child per row, skip rows) when possible.
 - » Allow no more than one passenger per school bus seat (unless they are members of the same household).
 - » Institute measures to physically separate or force distance greater than 6 feet between bus transit operators and passengers. These may include use of physical partitions or visual cues (e.g., floor decals, colored tape, or signs to indicate to passengers where they should not sit or stand near the bus operator).
- Clean and disinfect transportation vehicles regularly. Children must not be present when a vehicle is being cleaned.
 - » Ensure [safe and correct use](#) and storage of cleaning and disinfection products, including storing products securely away from children and adequate ventilation when staff use such products.
 - » Clean and disinfect frequently touched surfaces in the vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) prior to morning routes and prior to afternoon routes.
 - » Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
 - » Clean, sanitize, and disinfect equipment including items such as car seats and seat belts, wheelchairs, walkers, and adaptive equipment being transported to schools.
- Students and bus operators should perform a screening for symptoms and exposure daily before going to the bus stop or reporting to work.
 - » Individuals must stay home and not board transportation if they are experiencing symptoms of COVID-19 or have been exposed to someone positive for COVID-19.

- Create a plan for getting students home safely if they are not allowed to board the vehicle.
- Enforce that if an individual becomes sick during the day, they must not use group transportation to return home.
- If a driver becomes sick during the day, they must not return to drive students.
- Provide hand sanitizer (with at least 60% alcohol) to support healthy hygiene behaviors on all school transportation vehicles for safe use by staff and older children.
 - » Hand sanitizer should only remain on school transportation while the vehicles are in use.
 - » Systematically and frequently check and refill hand sanitizers.
- Whenever appropriate and safe, keep windows open while the vehicle is in motion to help reduce the spread of the virus by increasing air circulation.

Recommendations

- Identify one adult to accompany the driver to help monitor children during transport.
- As feasible, consider using larger vehicles with more seats and increasing the frequency of routes to reduce occupancy and allow for 6 feet of physical distancing between individuals.



Food Services

Requirements

- Serve individually plated meals or, when feasible, have children bring their own meals, while ensuring [safety of children with food allergies](#).
- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should [wash their hands](#) after removing their gloves or after directly handling used food service items.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the [safety of children with food allergies](#).
- Have hand hygiene stations available at the entrances and exits of the food service area(s) to assist in hand-washing before and after meals. Refer to the Healthy Hand Hygiene section in this document.

Recommendations

- Schools may allow meals to be served in classrooms or outdoors, instead of in a communal dining hall or cafeteria, when physical distancing cannot be maintained in the cafeteria or dining hall.



Recess and Physical Education Class

Vigorous exercise in a confined space (e.g., indoors) may [contribute to transmission of COVID-19](#) and should be limited unless additional protections are in place.

Requirements

- Ensure students practice physical distancing to protect students at recess or in physical education class.
- Whenever possible, conduct physical education classes and recess outdoors.
- Choose physical education activities that limit the use of shared equipment and ensure any close contact between students during those activities is limited and brief.
- Closed shared spaces such as locker rooms, if possible; otherwise, stagger use and clean and disinfect between use.
- See CDC's guidance on [youth sports](#) for more information.
- [Adaptations and alternatives](#) should be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading.



Band, Choir, and Music Class

In light of evidence that singing may contribute to COVID-19 transmission, the National Federation of State High School Associations [issued guidance](#) that discourages indoor group or ensemble singing until mitigation techniques have been tested and proven effective and recommends that instrumental groups be limited in size to meet physical distancing requirements. The American Choral Directors Association [has issued guidance](#) recommending that choirs rehearse and perform in small, physically distanced groups and outdoors if possible.

Requirements

- When students are not singing or playing an instrument that requires the use of their mouth, they should wear a cloth face covering in music class (unless class is outdoors and distance can be maintained).
- Practice social distancing and hand hygiene practices during music class.
- While students are singing or playing an instrument, use visual cues to keep them at least 6 feet apart.
- Close shared spaces such as locker rooms, if possible; otherwise, stagger use and clean and disinfect between use.
- Limit or avoid the playing of woodwind and brass instruments due to increased risk of respiratory droplets and inability to wear a cloth face covering while playing.

Recommendations

- If it's safe and weather permits, consider moving class outdoors where air circulation is better than indoors and maintain at least 6 feet distance between students.
- Teachers can reduce their own emissions by using a portable amplifier to keep their voices at a low conversational volume.



Sports and Other Extracurricular Activities

An extracurricular activity is an activity not necessarily directly related to instruction of the essential knowledge and skills but may have an indirect relation to some areas of the curriculum. Extracurricular activities include, but are not limited to, public performances, contests, demonstrations, displays, and club activities. Extracurricular activities include both UIL and non-UIL sponsored activities.

Participation in sports and other extracurricular activities where guidelines for limitation of group size, social distancing, and masking are not practical or possible will increase the risk of disease spread. Therefore, these activities are likely to contribute to increased disruption in the academic year and continuity of education for students. Schools should consider forgoing extracurricular activities in order to reduce disruptions to the school year and facilitate a more timely return to in-person instruction for a greater number of students and staff, unless those activities may be done virtually or within the guidelines for masking, social distancing, and group size.

If extracurricular activities take place, TEA advises they be carried out following TEA guidance for non-UIL extracurricular activities, and following guidance on the UIL website for all UIL activities. Even when TEA and UIL guidance is followed, **participation in extracurricular activities while there is uncontrolled community spread of COVID-19 poses an increased risk to children, coaches, their family members, and indirectly to the children's classroom teachers and their families, as well.**

Requirements

- Provide each parent or guardian of a student who participates in sports or extracurricular activities with a written notice about an increased risk of COVID-19 transmission to the student and the household.
 - » This written notice should also include a recommendation that a student who participates in extracurricular activities in which physical distancing cannot be maintained or masking is not practical or possible should practice physical distancing and wear a mask while at home to protect family members.
- Base the resumption of in-person sports and other school-affiliated or school-sponsored extracurricular activities on Austin Public Health's COVID-19 Stages of Risk as follows:
 - » **Stage 5-** No in-person extracurricular activities. Districts may consider having students perform skill-building drills or conditioning at home, alone or with family members.
 - Schools may not hold athletic practices or competitions during Stage 5.
 - » **Stage 4-** Allow only in-person extracurricular activities, such as student council and clubs, in which participants are practicing physical distancing and wearing face coverings. When possible, however, schools are encouraged to hold these activities remotely.
 - Schools may not hold athletic practices or competitions during Stage 4.
 - Strength and Conditioning may be allowed if:
 - The school has provided the parent or guardian written notice of the increased risk of COVID-19 transmission to the student and the household. The written notice should also include a recommendation that the student practice physical distancing and wear a mask while at home to protect family members.
 - Schools recommend participating students wear a face covering and practice physical distancing at home
 - The requirements in the strength and conditioning section of this document are followed
 - Students participating in these activities remain in separate learning cohorts during the school day; Cohorting will not alleviate the risk of transmission of COVID-19 to participants' family members, but may reduce the risk of transmission among teachers and staff.
 - » **Stage 3-** Continue to allow only in-person extracurricular activities in which participants are practicing physical distancing and wearing face coverings.
 - Schools may consider holding team-based practice and within-team competition. Practices and competitions should not include participants from other schools/teams.

Per the CDC, within-team competition elevates the risk level due to the physical closeness of players and the length of time that players are close to each other or to staff. Sports that require frequent closeness between players may make it more difficult to maintain physical distancing, compared to sports where players are not close to each other.

- » **Stage 2-** Resume in-person extracurricular activities while, to the greatest extent possible, ensuring all participants (children, coaches, teachers, parents, fans or audience members) practice physical distancing and wear masks.
 - Districts may consider competition between teams from the same local geographic area.
- » **Stage 1-** Schools may continue in-person extracurricular activities while, to the greatest extent possible, ensuring all participants (children, coaches, teachers, parents, fans or audience members) wear masks.
 - Districts may consider competition between teams from different geographic areas.

Recommendations

- Students and adults at high risk for severe illness due to COVID-19, and those who live in the same household with individuals at high risk, should consider forgoing extracurricular activities altogether.
- Families of a student who participates in extracurricular activities in which physical distancing cannot be maintained or masking is not practical or possible, should consider having the child practice physical distancing and wear a mask while at home to protect family members.
- As extracurricular activities are allowed within each Stage of Risk (above), when making decisions about which activities to resume, schools should consider the risk level of each activity and the extent to which physical distancing and masking are feasible for participants. For example, football, basketball, choir, and band, are higher risk than cross country running and tennis.
 - » Consider carrying out practices for high-risk activities remotely.
- When close-contact sports (e.g., wrestling, basketball, football) resume, play should be modified to safely increase distance between players. For example, players and coaches can:
 - » Limit the time players spend close to others by playing full contact only in game-time situations
 - » Decrease the number of competitions during a season



Strength and Conditioning

Vigorous exercise in a confined space (e.g., indoors) may contribute to transmission of COVID-19 and should be limited unless additional protections are in place.

Requirements

- Follow [CDC's guidance on youth sports](#) for more information.
- Clean surfaces on equipment (i.e. benches, barbells, dumbbells, kettlebells, training ropes, medicine balls, pull-up bars, weight bars, etc.) **after individual use**. CDC recommends that a schedule be developed for increased, routine [cleaning and disinfection](#).
- Make sure there are adequate supplies of items to minimize sharing of equipment to the greatest extent possible (e.g., protective gear, balls, bats, water bottles); otherwise, limit the use of supplies and equipment to one group of players at a time and clean and disinfect between use.
- Ensure students practice physical distancing. Ensure any close contact between students during activities is limited and brief.
 - » Space players at least 6 feet apart on the field.
 - » Reduce the capacity of students to as few as possible in order to adhere to physical distancing measures.
 - » Close shared spaces such as locker rooms, if possible; otherwise, stagger use and [clean and disinfect](#) between use.
 - » During times when players are not actively participating in practice or competition, attention should be given to maintaining [social distancing](#) by increasing space between players on the sideline, dugout, or bench.
- Whenever possible, conduct activities outdoors.
- Limit the use of carpools or van pools. When riding in an automobile to a sports event, encourage players to ride to the sports event with persons living in their same household and continue to wear face coverings.
- [Adaptations and alternatives](#) should be considered whenever possible to increase the feasibility of wearing a cloth face coverings or to reduce the risk of COVID-19 spreading.

Recommendations

- Provide physical guides, such as signs and tape on floors or playing fields, to make sure that coaches and players remain at least 6 feet apart.
- Coaches can encourage athletes to use downtime for individual skill-building work or cardiovascular conditioning, rather than staying clustered together.
- Designate a youth sports program staff person to be responsible for responding to COVID-19 concerns. All coaches, staff, officials, and families should know who this person is and how to contact them.



After School Programs

Requirements

- On-campus after-school programs should adhere to the requirements for schools in this document and to the school's or district's health and safety plan.

Recommendations

- When campuses reopen for in-person instruction, to reduce group sizes in after-school programs, families who are able should be encouraged to care for their children at home during the after-school hours or to seek virtual afterschool enrichment programming, rather than enroll in in-person after schools programs.
- Encourage families needing after-school care to consider **on-campus** options before considering off-site locations to minimize the need for additional transportation to other programs and the mixing of children from various schools in a program.
- To minimize the number of children students will come into contact with, after-school programs should divide children into small, stable groups or cohorts (possibly by grade). Avoid mixing of children and adults across groups. To the extent possible, keep groups in separate spaces from other groups. To the extent possible, siblings, especially those close in age, could be grouped together.
- When more than one after-school program is available on a campus, the programs could be encouraged to coordinate so that each program focuses on providing care to children in specific grades.



Procedures to Follow When Individuals Present with COVID-19 Symptoms on Campus

Schools may encounter situations where individuals develop COVID-19 symptoms while on campus.

Requirements

- **Isolate sick people:** Individuals who develop COVID-19 symptoms should be quickly isolated from other students and staff.
 - ◇ School districts should have an illness management policy to minimize, which includes infection control, to minimize COVID-19 transmission to others. The illness management policy should include the creation of a dedicated isolation area and identification of designated staff, such as a school nurse, to monitor and care for the sick individual until they can be safely transported home or to a healthcare facility. Districts should include the school nursing staff when developing illness management policies.
 - ◇ Schools should designate two rooms, when feasible, for patient care.
 - » One room should be designated for healthy students to obtain medications and nursing care (e.g. blood sugar checks and first aid).
 - » The second room will be used only for isolating sick individuals, have disposable or dedicated equipment, and be cleaned according to [CDC Cleaning and Disinfecting guidelines](#) between uses.
 - » Ideally, the isolation area will be vented to the outside to prevent droplets containing the virus to circulate in the rest of the building.
 - ◇ Individuals who are sick and waiting to go home or to a healthcare facility must wear a face covering, unless an exception in the Face Covering section of this document applies. Refer to the Face Coverings section of this document for additional guidance.
 - [Face coverings](#) should **not** be placed on:
 - » Children younger than 2 years old;
 - » Anyone who has trouble breathing or is unconscious;
 - » Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance;
 - » A child with a significant behavioral or psychological issue undergoing treatment that is exacerbated specifically by a face covering;
 - » A child with severe autism or with extreme developmental delay who may become agitated or anxious wearing a mask; and
 - » A child with a facial deformity that causes airway obstruction.

◇ **Note:** In developing plans for placing students with symptoms in an isolation area, schools should be mindful of appropriate safeguards to ensure that students are isolated in a non-threatening manner, within the line of sight of adults, and for very short periods of time. Schools should also be sensitive to the possible development of stigma regarding COVID-19. Schools must maintain the privacy and confidentiality of those seeking healthcare and those who may be part of any contact tracing investigation and notification.

- **Protect school staff:** School staff (e.g., workers, teacher aides, school health staff) who interact with a student who becomes ill while at school should use Standard and Transmission-Based Precautions when caring for sick people. The illness management policy should consider aerosol generating procedures (AGP) in the school setting.

- » Districts should provide equipment for and training on the use of [Standard and Transmission-based Precautions and Personal Protective Equipment \(PPE\)](#).

◇ **Standard Precautions** are used to care for all patients in all settings and include:

- Hand hygiene
- Environmental cleaning and disinfection
- Injection and medication safety
- Risk assessment with use of appropriate personal protective equipment (e.g., gloves, gowns, face masks) based on activities being performed
- Minimizing potential exposures (e.g. respiratory, hygiene, and cough etiquette)
- Cleaning and reprocessing of reusable medical equipment between each patient and when soiled (e.g., thermometers, pulse oximeters, stethoscopes)
 - » School staff should maintain separation between clean and soiled equipment to prevent cross contamination.
 - » School staff should consult with and adhere to manufacturer's instructions for cleaning and reprocessing.
 - » Schools should ensure school staff have easy access to the manufacturer's instructions and have been trained on equipment cleaning and reprocessing.

◇ **Transmission-Based Precautions** are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. School districts should refer to [CDC Infection Control guidance and consider Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) when developing their illness management policies.

- **Provide care guidance for sick students and/or staff:** Schools should send sick individuals home or to a healthcare facility, depending on how severe their symptoms are, and provide CDC guidance for caring for oneself and others who are sick. (See Appendix C for CDC's handout, "[10 things you can do to manage your COVID-19 symptoms at home.](#)")

- » Schools should refer sick individuals to their healthcare provider.
 - » Schools should provide information on quarantine, isolation, and return-to-campus criteria to individuals sent home.
 - » **Note:** If a school needs to call an ambulance or bring a student to the hospital, they should first alert the healthcare staff that the student may have been exposed to someone with COVID-19.
- **Clean and disinfect:** After the student is placed in an isolation area, school staff who work in the isolation area should follow CDC's Considerations for Cleaning and Disinfecting your Building or Facility. (See Appendix D for copies of CDC handout "[Cleaning and Disinfecting Your Facility](#).")
 - » **Note:** Schools should follow the [CDC's "Cleaning and disinfecting your building or facility if someone is sick" guidance](#) and, at a minimum:
 - ◇ Close off areas used by the person who is sick.
 - ◇ Open outside doors and windows to increase air circulation in the area.
 - ◇ Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
 - ◇ Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
 - ◇ Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.
 - ◇ If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - ◇ Continue routine cleaning and disinfection.

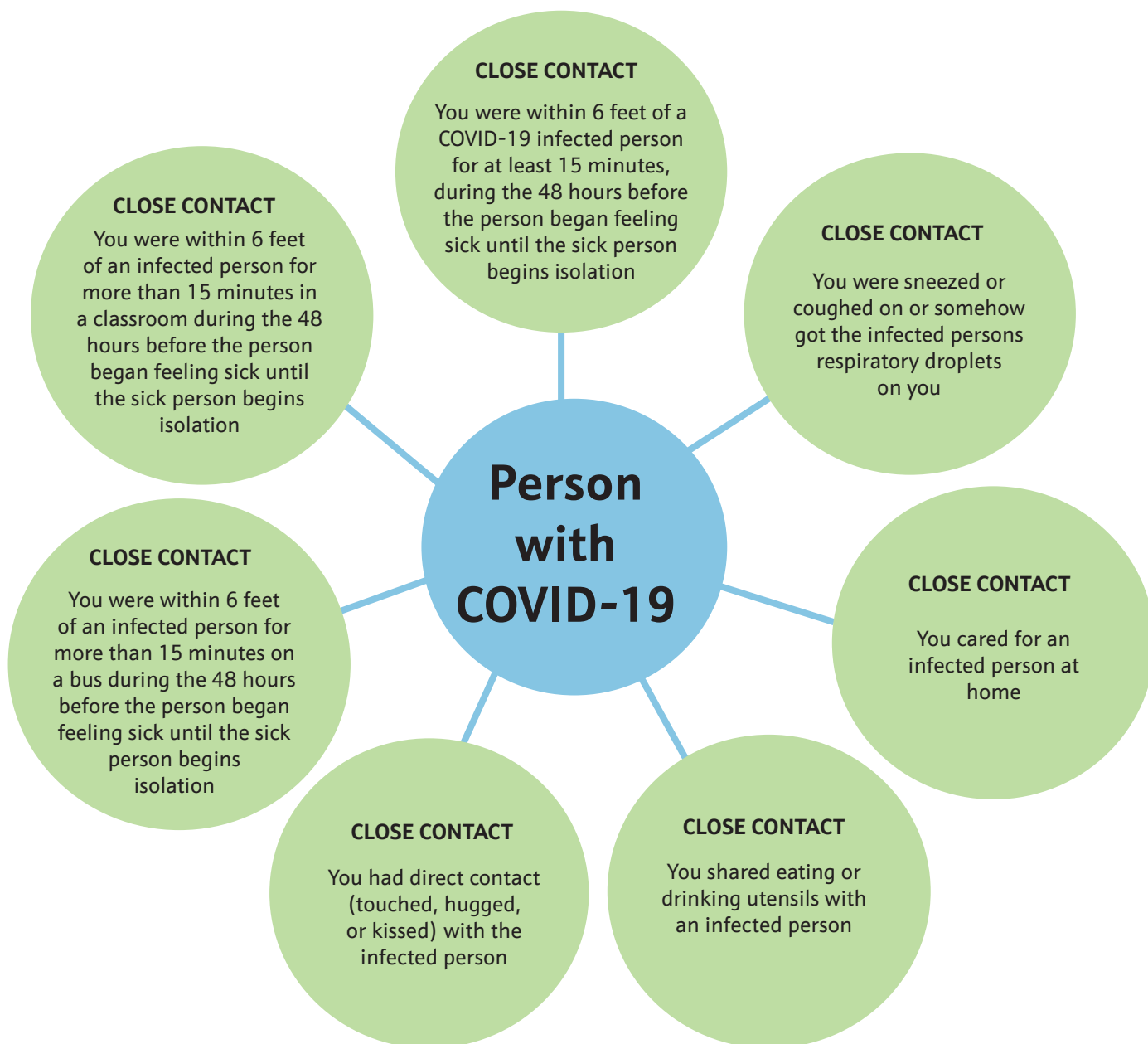


COVID-19: Who Quarantines, Who Isolates, Who is a Close Contact?

Definitions:

- **Isolation, Close Contacts, and Quarantine:** Schools may receive questions about the differences between and need for quarantine and isolation. Schools should use the latest CDC guidance when addressing these questions. (See Appendix E for a copy of CDC handout, "[COVID-19: Quarantine vs. Isolation.](#)")
 - **Isolation** is used to separate people infected with SARS-CoV-2, the virus that causes COVID-19, from people who are not infected.
 - People who are in isolation should stay home until it's safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).
 - **Close Contacts** are any persons who were within 6 feet of a COVID-19 infected person for at least 15 minutes, during the 48 hours before the person began feeling sick until the sick person began isolation.
 - **The most recent guidance from the CDC clarifies that "an individual is still considered a close contact even if wearing a cloth face covering while around someone with COVID-19.** Cloth face coverings are meant to prevent someone from transmitting the disease to others, and not to protect someone from becoming infected." [This is called source control.](#) This recommendation is based on what is currently known about the role respiratory droplets play in the spread of the virus that causes COVID-19, paired with emerging evidence from clinical and laboratory studies that shows masks reduce the spray of droplets when worn over the nose and mouth. This guidance is subject to change as more evidence-based research becomes available.
 - **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 for 14 days, separate themselves from others, monitor their health, and follow directions from their state or local health department.

Note: Per the CDC, if you have been around someone who was identified as a close contact to a person with COVID-19, you should closely monitor yourself for any symptoms of COVID-19. You do not need to self-quarantine.



Close contacts should QUARANTINE for 14 days
Persons diagnosed with COVID-19 should ISOLATE for minimum of 10 days

Quarantine:

People who are close contacts of a person who has tested positive for COVID-19

- Stay home for 14 days after your last contact with a person who has COVID-19
- Monitor your health: Watch for fever (100.0°), cough, shortness of breath, or other symptoms of COVID-19
- If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19
- Consult with your healthcare provider
- Even if you test negative for COVID-19 or feel healthy, you should stay home (quarantine) since symptoms may appear 2 to 14 days after exposure to the virus

Isolation:

People who have symptoms of COVID-19 and are able to recover at home

People who have no symptoms (are asymptomatic) but have tested positive for infection with SARS-CoV-2

- Notify your healthcare provider
- Stay home except to get medical care
- Monitor your symptoms. If you have an emergency warning signs (including trouble breathing), seek emergency medical care immediately
- Stay in a separate room from other household members and use a separate bathroom, if possible
- Avoid contact with other members of the household and pets.
- Don't share personal household items, like cups, towels, and utensils
- Wear a cloth face covering when around other people, if you are able to

Please refer to chart on page 39 for return to campus criteria



Reporting and Notification Procedures to Follow Regarding COVID-19 Positive Individuals on Campus

Schools may encounter situations where individuals were on campus and later tested positive for COVID-19.

Reporting and Notification of COVID-19 Diagnoses

Public health surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice. Continued tracking of SARS-CoV-2 infection among children is important to characterize morbidity and mortality.

COVID-19 data can be used to help public health professionals, policy makers, and health care providers monitor the spread of COVID-19 in the United States and support better understanding of illness, disease severity, effectiveness of community interventions, and social disruptions associated with COVID-19 in the U.S. These data help inform U.S. national, state, local, tribal, and territorial public health responses to COVID-19.

Requirements

- **Notify their local health department when a student or staff member is diagnosed with COVID-19.**
 - » Individual schools should follow their district's policy for notifying their district when a student or staff member is diagnosed with COVID-19.
 - » Districts should notify Austin Public Health when one of their notifying schools falls within Austin-Travis County.
 - Districts should call Austin Public Health at 512-972-5560.
- **Determine when the person with a lab-confirmed COVID-19 case was last on campus.**
 - » Schools should establish procedures that allow school staff to quickly determine when a lab-confirmed COVID-19 individual was last on campus.
 - ◇ All classrooms and school transportation (e.g. buses, vans) should have assigned seating to facilitate the rapid identification of close contacts should the school become aware of a COVID-19 infected individual.
 - ◇ Schools are encouraged to maintain those seating charts in a central location (e.g., central office, shared online site) for ease of availability.
 - ◇ When the school is notified of a COVID-19 infected individual, a designated staff member should review the individual's class schedule and review the seating charts to identify the close contacts of the lab-confirmed COVID-19 individual.
 - Schools should notify the close contacts of their potential exposure to COVID-19 and advise those contacts to quarantine for 14 days from the time of their last contact with the infected individual. The close contacts should not return to campus until the 14-day quarantine period has passed. Refer to page 39 for return to campus criteria.

- ◇ Schools should also follow their district protocols for notifying close contacts.
- **Schools must identify the classrooms and areas** the lab-confirmed COVID-19 individual was in and follow CDC's "Cleaning and disinfecting your building or facility if someone is sick." Schools should, at a minimum:
 - ◇ Close off areas/classrooms used by the person who is sick.
 - ◇ Open outside doors and windows to increase air circulation in the area.
 - ◇ Wait 24 hours before you clean or disinfect the area/classroom. If 24 hours is not feasible, wait as long as possible.
 - ◇ Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
 - ◇ Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.
 - ◇ Continue routine cleaning and disinfection.
 - ◇ If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
- **Schools must follow all privacy guidelines** when identifying close contacts and notifying individuals of potential exposure to COVID-19.

Contact Tracing

Contact tracing is used to prevent the spread of infectious disease. In general, contact tracing involves identifying people who have an infectious disease (cases) and their contacts (people who may have been exposed) and working with them to interrupt disease transmission. For COVID-19, this includes asking cases to isolate and contacts to quarantine at home voluntarily. Schools can educate individuals that local health departments may contact close contacts. Contact tracing is conducted by the local health departments upon notification of a lab-confirmed COVID-19 positive case. Schools may be asked by Austin Public Health to provide information and assist in contact tracing efforts.

When Can a Person who is Quarantining Return to Campus?

When an individual has been sent home to quarantine, they may return to campus after the 14-day quarantine period has ended. If individuals develop COVID-19 symptoms while in quarantine, they should contact their healthcare provider and follow the "When Can a Person who is Isolating Return to Campus?" guidance below.

When Can a Person who is Isolating Return to Campus?

Current CDC guidance does not support schools requiring testing results as a part of return to school policies. When an individual has been sent home for COVID-19 like symptoms, schools may use the following decision tree for return to campus decisions:

Individual tested positive for COVID-19 or was clinically diagnosed for COVID-19 and has symptoms

Isolate until all three conditions have been met:

- At least 10 days since symptoms first appeared, **AND**
- At least 24 hours with no fever without fever-reducing medication, **AND**
- Symptoms have improved

Individual tested positive for COVID-19 but has no symptoms

Isolate until:

- 10 days have passed since test
- If individual develops symptoms, follow the guidance for "Individual tested positive for COVID-19 or was clinically diagnosed for COVID-19 and has symptoms"

Individual tested negative for COVID-19 and has symptoms

Stay home until symptoms have improved.

- Follow specific return guidance from the school district, such as being fever free for 24 hours without the use of fever-reducing medication

Individual was not clinically evaluated and is monitoring symptoms at home

Isolate until all three conditions have been met:

- At least 10 days since symptoms first appeared, **AND**
- At least 24 hours with no fever without fever-reducing medication, **AND**
- Symptoms have improved

Individual has symptoms and wants to return to campus before isolation period ends

(1) Individuals may obtain an alternate medical diagnosis from their healthcare provider and follow specific return guidance from the school district and healthcare provider, **OR**

(2) Per TEA guidance, individuals can return to campus before meeting all three isolation conditions **IF** they obtain an acute infection test at an approved testing location (<https://tdem.texas.gov/covid-19/>) that comes back negative for COVID-19.



Opening and Closing Schools

The decision to close schools for in-person learning should take into account a number of factors, such as:

- The level of community transmission;
- Whether cases have been identified among students and staff;
- Other indicators that local public health officials are using to assess the status of COVID-19 in their area; and
- Whether student and staff cohorts have been implemented within the school, which would allow for the quarantining of affected cohorts/classrooms rather than full school closure.

Schools may need to temporarily close classrooms or dismiss school for 2-5 days if a student or staff member attended school before being confirmed as having COVID-19. Closures may occur on a classroom, hallway, grade, wing, or building level, depending upon the extent of an outbreak and its associated contacts. This initial short-term dismissal would allow time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities.

If there is substantial transmission in the local community, local health officials may suggest extended school dismissals (e.g., dismissals for longer than two weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community.

Schools may use the Decision-Making Protocol for Responses to Multiple COVID-19 Cases in a School on pages 41-42 to guide decisions on when to close classrooms and/or schools.

A. Decision-Making Protocol for Responses to Multiple COVID-19 Cases in a School

PREVENTION MEASURES

EXPECTED in ALL SITUATIONS:



Cloth face coverings



Social distancing

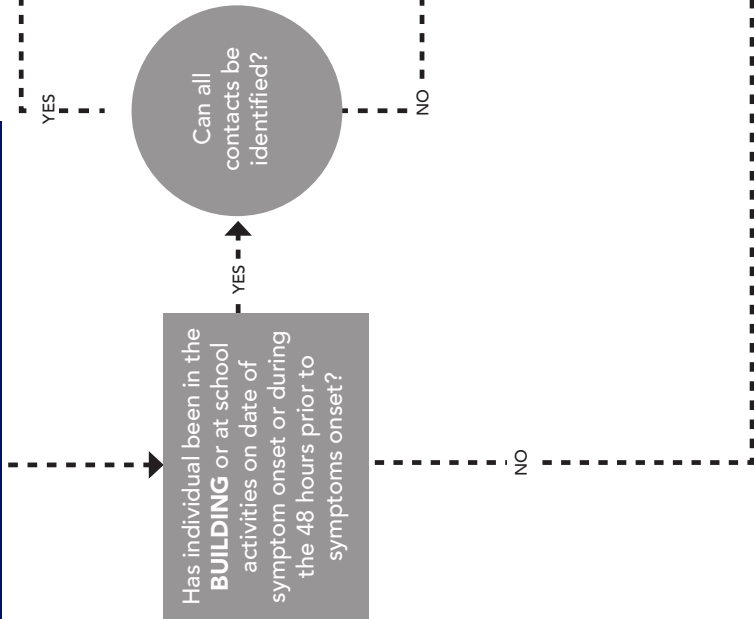


Hand hygiene

Cohort students & staff into small groups that remain together over time as much as possible

District representatives should contact Austin Public Health for guidance, as needed.

For EVERY Identified Case



For district closures, district administrators are strongly encouraged to included local, regional, and/or state public health officials in any discussions.

Close Contacts are any persons who were within 6 feet of a COVID-19 infected person for at least 15 minutes, during the 48 hours before the person began feeling sick until the sick person began isolation.

Districts should assist local health departments with contact tracing efforts.

Following local health departments guidance, close contacts should not return to the building until the 14-day quarantine period has passed.

SPECIFIC STEPS when in:

Stage 1

Close CLASSROOM
for 2-5 days for cleaning & disinfection

- Close contacts must quarantine for 14 days.

Reopen CLASSROOM

- Reinforce prevention measures
- Eliminate large gatherings

Stage 2 & 3

Close CLASSROOM
for 2-5 days for cleaning & disinfection

- Close contacts must quarantine for 14 days.

Reopen CLASSROOM

- Reinforce prevention measures
- Eliminate large gatherings

Stage 4

Close CLASSROOM
for 2-5 days for cleaning & disinfection

- Close contacts must quarantine for 14 days.

Reopen CLASSROOM

- Reinforce prevention measures
- Eliminate large gatherings

Close BUILDING
for 2-5 days for cleaning & disinfection

- Close contacts must quarantine for 14 days.

Reopen BUILDING, including CLASSROOM

- Reinforce prevention measures
- Eliminate large gatherings

Close BUILDING
for 2-5 days for cleaning & disinfection

- Close contacts must quarantine for 14 days.

Reopen BUILDING, including CLASSROOM

- Reinforce prevention measures
- Eliminate large gatherings

Close BUILDING
for 2-5 days for cleaning & disinfection

- Close contacts must quarantine for 14 days.

Reopen BUILDING, including CLASSROOM

- Reinforce prevention measures
- Eliminate large gatherings



Adapted from TN Departments of Health and Education "COVID-19 Case Response Rubric"

B. Decision-Making Protocol for Responses to Multiple COVID-19 Cases in a School

PREVENTION MEASURES

EXPECTED in ALL SITUATIONS:



Cloth face coverings



Social distancing



Hand hygiene

Cohort students & staff into small groups that remain together over time as much as possible

District representatives should contact Austin Public Health for guidance, as needed.

For two or more **unlinked** cases
e.g., no common classes, close friends, teammates

Two or more **linked** cases within 14 days
e.g., common classmates, friend group, teammates, etc (excludes siblings)

Are cases within a physical **CLASSROOM** space or relatively confined area?

YES

YES

Can all contacts be easily identified?

School confident that close contacts have been identified?

YES

NO

Increasing number of cases identified within a 14-day period

SPECIFIC STEPS when in:

Stage 1

Refer to p. A, "Every Identified Case"

Also see section below, "Increasing number of cases identified within a 14-day period"

Stage 2 & 3

Refer to p. A, "Every Identified Case"

Consider a 14 day CLOSURE

of a section, hallway, grade, or building depending upon the number of classrooms or areas impacted.

Consider a 14 day CLOSURE

of a section, hallway, grade, or building depending upon the number of classrooms or areas impacted.

Seriously consider a 14 day CLOSURE

of a section, hallway, grade, or building depending upon the number of classrooms or areas impacted.

Refer to p. A, "Every Identified Case"

Consider a partial or complete building closure for 14 days if exposure is widespread.

Seriously consider 14-day BUILDING closure

if exposure is extensive.

Seriously consider a 14 day BUILDING closure

Seriously consider a 14 day BUILDING closure

Seriously consider a 14 day BUILDING closure

For district closures, district administrators are strongly encouraged to include local, regional, and/or state public health officials in any discussions.

Close Contacts are any persons who were within 6 feet of a COVID-19 infected person for at least 15 minutes, during the 48 hours before the person began feeling sick until the sick person began isolation.

Adapted from TN Departments of Health and Education "COVID-19 Case Response Rubric"



Signage, Communication, and Combatting Misinformation

Requirements

- Disseminate COVID-19 information and combat misinformation through multiple channels to students, families, teachers, and staff. Ensure that families have access to communicate with appropriate staff at the school with questions and concerns.
- Put up signs, posters, and fliers at main entrances and in key areas throughout school buildings and facilities to remind students and staff to use face coverings, wash hands, and stay six feet apart whenever possible. Teach students who cannot yet read what the signs mean.

Recommendations

- Make reliable, [age-appropriate](#), and culturally responsive information available to students, families, teachers, and staff about COVID-19 prevention and mitigation strategies, using methods such as sharing resources through social media, newsletters that include videos, hosting online webinars, or distributing printed materials like FAQs.
- Ensure all COVID-19 information, signage posted, and education is distributed and readily available to students and families in their primary language.
- Share regular announcements on reducing the spread of COVID-19 on PA systems.
- Refer students and families to [ConnectATX](#) and [2-1-1](#) for community resources.
- Include messages and updates about stopping the spread of COVID-19 in routine communications with students, families, teachers, and staff, such as in newsletters, emails, and online.
- Involve students and families in outreach by collaborating with the PTA or other local groups/ organizations to support disseminating important information on COVID-19.
- Make use of posters and signage available from [CDC print resources](#) including the following posters and signs for younger and older children:
 - » [K-12 Students: Did You Wash Your Hands?](#)
 - » [K-12 Students: Don't Feel Well? Stay Home When You Are Sick](#)
 - » [K-12 Students: Keep Space Between You and Others](#)
 - » [K-12 Students: Don't Let Your Germs Go for a Ride](#)
 - » [K-12 Students: Class Rules](#)
 - » [Handwashing Is Your Superpower- Fight off germs. Wash your hands.](#)
 - » [Symptoms of Coronavirus \(COVID-19\)](#)
 - » [Stop the Spread- Preventive actions to help protect yourself and others](#)
 - » [Cover Coughs and Sneezes-](#) Educate children on how to stop the spread of germs

- » [Wear a Cloth Face Covering to Protect You and Your Friends](#) – Fact sheet for young people on how to put on and take off a face covering.
 - » [Slow the Spread of COVID-19](#)- Fact sheet for high school students telling them how to reduce the spread of COVID-19
 - » [Protect Yourself and Others from COVID-19](#) – Fact sheet for high school students telling them how to protect themselves from COVID-19
 - » [Symptoms of Coronavirus](#)
 - » [Stay Safe On And Off The Field](#)- Sports banner to educate players on how to stay safe on and off the field
 - » [Keep Youth Athletes Safe](#) – Follow these tips to reduce the spread of COVID-19 in youth sports
 - » [Checklist for Coaches](#)- Help protect players and staff from COVID-19
- Combat stigma:
 - » Correct negative language that can cause stigma by sharing accurate information about how the virus spreads.
 - » Make sure that images used in communications show diverse communities and do not reinforce stereotypes.
 - » Make use of [City of Austin COVID-19 Shareable Information and Signage resources](#), including anti-stigma fliers.

A Note on Sources

- American Academy of Pediatrics. <https://www.aap.org/>
- American School Counseling Association. School Counseling During COVID-19. <https://www.schoolcounselor.org/school-counselors/professional-development/learn-more/covid-update>
- The Centers for Disease Control and Prevention. <https://www.cdc.gov/>
- Jones, et al. Harvard School of Public Health. [Schools for Health: Risk Reduction Strategies for Reopening Schools](#). June, 2020
- Kentucky Department of Education. Room Capacity Calculator. <https://education.ky.gov/comm/Pages/COVID-19-Reopening-Resources.aspx>
- MMWR Morbidity and Mortality Weekly Report. Hospitalization Rates and Characteristics of Children Aged <18 Years Hospitalized with Laboratory-Confirmed COVID-19. [http://dx.doi.org/10.15585/mmwr.mm6932e3external icon](http://dx.doi.org/10.15585/mmwr.mm6932e3external%20icon)
- National Academies of Sciences, Engineering, and Medicine 2020. Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25858>.

- Occupational Safety and Health administration (OSHA). Hazard Communication Standard: Safety Data Sheets. <https://www.osha.gov/Publications/OSHA3514.html>
- Prevent Epidemics. *Reopening America's Schools: A Public Health Approach*. June 29, 2020.
- Tennessee Department of Health. *COVID-19 Case Response Rubric*. July 27, 2020.
- Texas Education Agency. *Strong Start 2020-21, Guidebook for Public Health Operations*, July 28, 2020.
- Texas Education Agency. *SY 20-21 Public Health Planning Guidance*. August 4, 2020.

Appendices

Appendix A- Vital Strategies "*Protecting and Educating Our Children During the COVID-19 Pandemic*"

Appendix B- Screening for COVID-19 chart

Appendix C- CDC "10 things you can do to manage your COVID-19 symptoms at home" handout

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf>

Appendix D- CDC "Cleaning and Disinfecting Your Facility" handout

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf>

Appendix E- CDC "COVID-19: Quarantine vs. Isolation" handout

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-Quarantine-vs-Isolation.pdf>

COVID-19



JULY 2020

Protecting and Educating Our Children During the COVID-19 Pandemic



About Us

Vital Strategies is a global public health organization working in 70+ countries to strengthen public health systems. Resolve to Save Lives, an initiative of Vital Strategies, aims to prevent at least 100 million deaths from cardiovascular disease and epidemics.

More information at
PreventEpidemics.org
ResolveToSaveLives.org
VitalStrategies.org

There is still so much we don't know about COVID-19, but we have important decisions to make. The question of whether and how to re-open schools this fall is one of the most difficult decisions.

Schools are essential to the educational and social development of children and the functioning of the economy. As places where large groups of people gather and mix indoors, they are also a place where the virus can spread. Available evidence suggests that children may be somewhat less likely to become infected with COVID-19 and to spread it to others. If children do get infected, they are definitely much less likely to get seriously ill. **But reopening schools can only be done if COVID-19 is under control in the community, schools make adjustments to protect the safety of students, their families, teachers and staff, and all involved prepare for cases to occur in the school community.**

With careful planning and precautions, we can make schools safer and increase the likelihood that schools will open ... and stay open. There are eight basic safety measures to follow:

1 Shield the most vulnerable: Anyone with underlying health conditions should participate remotely and not return to school in person unless there is little or no community transmission.

2 Reduce risk whenever possible: Reduce the number of surfaces touched (e.g., keep hallway doors open) and forgo large assemblies and choir. Close cafeterias; students should instead eat in classrooms.



3 Keep the virus out: Schools should forbid non-essential visits and require everyone who enters to wash their hands (or apply hand sanitizer) on entry and mask up. No one should come to school when sick, and every person who works at the school should have paid sick leave.

4 Reduce occupancy, especially indoors: Keep students physically apart. Consider alternate day or alternate week schedules to reduce crowding, especially of older students. Rearrange classrooms by orienting desks in the same direction instead of facing each other. Whenever conditions allow, hold class outdoors.

5 Reduce mixing among students and staff: Divide students and staff into smaller cohorts or “pods” which stay together throughout the day. Close staff break rooms and limit in-person interactions among adults.

6 Mask up: Students, teachers, and staff should all mask up throughout the day, and schools might consider monitoring and reward systems to encourage mask-wearing.



7 Implement new health and safety protocols: Install handwashing and sanitizing stations and increase cleaning during and at the end of the school day, and of buses. Limit sharing of supplies.

8 Prepare for cases: Despite precautions, there will inevitably be COVID-19 cases. Schools must function as if the virus could arrive at any moment and be ready to respond and provide ongoing education when it does. Responding quickly and effectively can prevent cases from growing into large outbreaks.

Resolve to Save Lives has produced detailed answers to frequently asked questions on reopening schools, [available here](#).

Screening for COVID-19

NO FLAGS

Proceed to school



CLOSE CONTACT
EXPOSURE*

Close Contacts

- Any persons, whether wearing a face covering or not, who were within 6 feet of a COVID-19 infected person for at least 15 minutes



Cannot go to school

- Home for 10 days since first positive COVID-19 test



DIAGNOSED
COVID-19 CASE,
NO SYMPTOMS

AT LEAST
1 SYMPTOM**

- Fever (temperature greater than or equal 100.0°)
- Shortness of breath or difficulty breathing
- Chills
- Muscle or body aches
- Sore throat
- New severe headache, especially with a fever
- New uncontrolled cough that causes difficulty breathing (for persons with chronic allergic/asthmatic cough, a change in their cough from baseline)
- New loss or taste or smell
- Diarrhea, vomiting, or abdominal pain



* Exposure refers to being within 6 feet of someone diagnosed with COVID-19 for 15 minutes or more.

** The more narrow set of COVID-19 symptoms listed here reflects required exclusionary symptoms in order to avoid over-exclusion of people from school facilities.

10 things you can do to manage your COVID-19 symptoms at home

Accessible Version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you have possible or confirmed COVID-19:

1. **Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



6. **Cover your cough and sneezes.**



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



3. **Get rest and stay hydrated.**



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a cloth face covering.



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Cleaning And Disinfecting Your Facility

Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

How to clean and disinfect

Wear disposable gloves to clean and disinfect.

Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.



High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant.** **Follow the instructions on the label** to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

Leave solution on the surface for **at least 1 minute**

Bleach solutions will be **effective** for disinfection **up to 24 hours**.

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water

OR

- 4 teaspoons bleach per quart of water

- **Alcohol solutions with at least 70% alcohol.**



Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.



CS316270A 05/15/2020

cdc.gov/coronavirus

COVID-19: Quarantine vs. Isolation

QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.



If you had close contact with a person who has COVID-19



- Stay home until 14 days after your last contact.



- Check your temperature twice a day and watch for symptoms of COVID-19.



- If possible, stay away from people who are at higher-risk for getting very sick from COVID-19.

ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.



If you are sick and think or know you have COVID-19



- Stay home until after
 - At least 10 days since symptoms first appeared **and**
 - At least 24 hours with no fever without fever-reducing medication **and**
 - Symptoms have improved



If you tested positive for COVID-19 but do not have symptoms



- Stay home until after
 - 10 days have passed since your positive test



If you live with others, stay in a specific “sick room” or area and away from other people or animals, including pets. Use a separate bathroom, if available.



- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

- **Additional key times to wash hands** include:

- After blowing one's nose, coughing, or sneezing.
- After using the restroom.
- Before eating or preparing food.
- After contact with animals or pets.
- Before and after providing routine care for another person who needs assistance (e.g., a child).

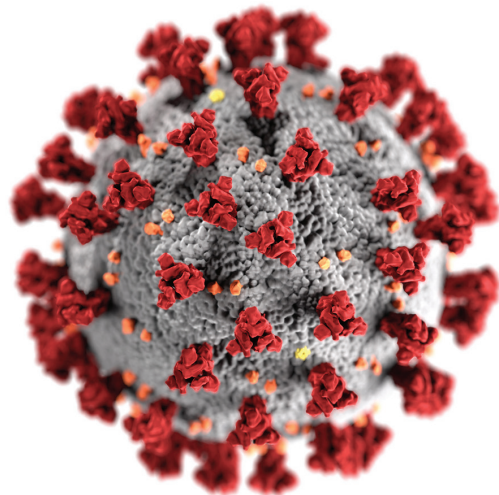
Additional Considerations for Employers



- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions **on what to do if they develop symptoms within 14 days** after their last possible exposure to the virus.
- Develop **policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
 - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are **trained on the hazards of the cleaning chemicals** used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200](#)).
- **Comply** with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030](#)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132](#)).

For facilities that house people overnight:

- Follow CDC's guidance for [colleges and universities](#). Work with state and local health officials to determine the best way to isolate people who are sick and if temporary housing is needed.
- For guidance on cleaning and disinfecting the bedroom/bathroom for someone who is sick, review CDC's guidance on [disinfecting your home if someone is sick](#).



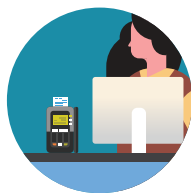
- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- **Disinfect with an EPA-registered household disinfectant.** [These disinfectants](#) meet EPA's criteria for use against COVID-19.

Electronics

- For electronics, such as **tablets, touch screens, keyboards, remote controls, and ATM machines**
- Consider putting a **wipeable** cover on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
 - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol.** Dry surface thoroughly.



Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick **can be washed with other people's items.**
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- **Remove gloves**, and wash hands right away.



Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the person who is sick.
- **Open outside doors and windows** to increase air circulation in the area. **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.



When cleaning

- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a person who is sick.

