



COVID-19 GUIDELINES DURING OUTBREAKS OR SUSPECTED OUTBREAKS IN SCHOOL SETTINGS

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Background

Schools are an essential part of community infrastructure and have a critical role both in providing supportive learning environments and the health and wellbeing of students and staff. As schools reopen it is important to expect and plan for occurrences of COVID-19 within the school communities. Early detection of illnesses consistent with COVID-19 is essential to control the spread of disease within schools.

According to the Centers for Disease Control and Prevention (CDC), the virus that causes COVID-19 is spreading very easily and sustainably between people. Information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious. In general, the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.

The virus is thought to spread mainly from person-to-person in the following ways:

- Between people who are in close contact with one another.
- Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It is important to note that COVID-19 may be spread by people who are not showing symptoms.

This guidance document is intended to protect the health and wellbeing of our students, staff, school communities, and families. The guidance is based on the best available evidence at the time of its creation. As new information regarding COVID-19 emerges, this guidance may be updated as needed and the date of the update will be noted on the document.

Reporting

School staff obtaining Incoming Reports of Absence

When a report of absence is received it is important for staff documenting the absence to inquire if the absence is related to illness. If the absence is related to illness, it is essential for staff to inquire about specific symptoms. This is a vital step in early identification of COVID-19 to ensure that sick students are isolated appropriately. It is recommended to follow a script so that symptom information is collected in a systematic fashion throughout the schools. While the individual taking the report is not expected to diagnose any specific condition, it is expected that the symptoms are logged, and basic exclusion criteria conveyed to the person reporting at the initial point of contact.

The key to successful ascertainment is staff training. Once symptoms information is gathered, the reports also need to be reviewed and tabulated by symptoms. If it is determined there is an increase in any predominant symptoms, a report needs to be made to Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH). The following is an example of a script:

School Script for Symptom Ascertainment

Date: _____

Name of Student: _____ Grade/Teacher _____

Date and Time Symptoms Started: _____

Specific Symptoms:

- | | | |
|---|-----|----|
| • Do symptoms include fever? | Yes | No |
| • Do symptoms include shortness of breath? | Yes | No |
| • Do symptoms include cough? | Yes | No |
| • Do symptoms include fatigue? | Yes | No |
| • Do symptoms include chills? | Yes | No |
| • Do symptoms include vomiting? | Yes | No |
| • Do symptoms include diarrhea? | Yes | No |
| • Do symptoms include headache? | Yes | No |
| • Do symptoms include loss of taste and/or smell? | Yes | No |
| • Do symptoms include sore throat? | Yes | No |

Reporting to DHHS-DPBH:

Any instances of students or staff having tested positive for COVID-19 must be reported to DHHS-DPBH immediately. In addition, any increase or clusters of students or staff reporting symptoms consistent with COVID-19 in the absence of being tested, should also be reported to DHHS-DPBH immediately:

- Nevada Division of Public and Behavioral Health (DPBH): (775)-684-5911 (M-F 8:00 AM to 5:00 PM); (775)-400-0333 (after hours)

Daily illness reports to DHHS-DPBH may be requested throughout the duration of the disease/outbreak investigation.

Exclusion and Re-Admittance Criteria:

EXCLUSION CRITERIA: If a student or staff member develops signs of COVID-19 as evaluated by the school nurse or clinical aide, (see list under Health Check on page 3), separate the symptomatic person away from others, with supervision at a distance of at least six feet (6') until the ill person can leave.

- While waiting to leave school, the individual with symptoms should continue to wear a cloth face covering or mask if tolerated.
- Circulate the air and clean and disinfect the areas where the person was after they leave.
- Contact your local/state health department as soon as possible.
- Create a list of all (students and staff) who could have been exposed (contacts).

RE-ADMITTANCE CRITERIA: A student or staff member who had signs of suspected or laboratory confirmed COVID-19 can return to the school when:

- At least 24 hours have passed since recovery – meaning that it has been 24 hours of the individual having no fever (measured temperature of 100.4 F or greater) *without* the use of medications and an improvement in respiratory symptoms like cough and shortness of breath; **AND**
- At least 10 days have passed since the individual first displayed symptoms of COVID-19 **OR** It has been at least 24 hours since recovery **AND** a health care provider has certified that the student does not have suspected or confirmed COVID-19.

Isolation of Ill Students and Staff:

Students and staff with any of the symptoms of COVID-19 should be isolated. The school's current illness management policy should be followed to minimize transmission to others and optimize learning opportunities. The exclusion and readmission criteria outlined above should be followed.

Students who meet the exclusion criteria must be immediately isolated in a separate area, and their parent(s)/guardian(s) immediately called to pick up the student, with supervision at a distance of at least six feet (6') until the ill student can leave.

Health Check:

School staff should be reminded to look for symptoms of illness and send symptomatic students to the school nurse or clinical aide for evaluation. The school nurse should report illnesses to the chief nurse, or school district or charter school designee for tracking and instructions in a timely manner. During a school outbreak, the chief nurse should report all illnesses and exclusions to DHHS-DPBH staff through the line list method (complete with all data elements) for each ill/excluded student or staff by the close of each day school is in session and the outbreak is ongoing.

In a school outbreak situation, staff must actively ask parent(s)/guardian(s) when students are dropped off (or ask students when they arrive at school) to ensure students have no signs or symptoms.

Individuals with COVID-19 have reported a wide variety of symptoms, which range from mild to severe illness. Symptoms may appear 2-14 days after exposure to the virus and may include:

- Fever and Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Quarantine of Unvaccinated Close Contacts:

CDC defines a close contact (exposure to COVID-19) as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic persons, two days prior to positive specimen collection). Those that meet this definition should quarantine consistent with CDC guidelines.

On December 2, 2020 the CDC updated [quarantine guidance](#) for contacts of people who tested positive with COVID-19. The new guidelines allow individuals who have come in contact with someone infected with COVID-19 to resume normal activity after 10 days with no symptoms, or 7 days if they tested negative starting on day 5 of the quarantine and have no symptoms. This includes, but is not limited to, at home quarantine, in a hotel or dormitory room, or in a group quarantine facility. The individual should continue to self-monitor for symptoms for the full 14 days following exposure. In the case symptoms develop during these 14 days, the person should either get (re)tested or assume they are a probable case and immediately self-isolate for 10 days from symptom onset. The Technical Bulletin for the updated quarantine period can be found [here](#).

Due to resource restraints and focusing State and LHA resources on disease investigation and contact tracing, DHHS and LHAs will not be responsible for providing proof of negative test result for contacts to end their quarantine at 7 days. If a proof of a result is required by a school or employer to stop quarantine before 10 days, it is the responsibility of the individual tested to obtain a copy of the result from their medical provider or the testing location.

Quarantine of Fully Vaccinated Close Contacts:

CDC updated the quarantine guidance for those that have been fully vaccinated on February 10, 2021. Persons who have been fully vaccinated and subsequently exposed to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

Persons who do not meet all three of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.

Fully vaccinated persons who do not quarantine should still monitor themselves for symptoms of COVID-19 for 14 days following their last exposure to someone with suspected or confirmed COVID-19. If symptoms develop, they should be clinically evaluated and tested for COVID-19 if indicated.

Cleaning and Disinfecting:

Close off areas used by the individuals with COVID-19 and wait as long as practical and ideally 24 hours before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces (e.g. doorknobs, drinking faucets, keyboards, touchscreens, and hallway handrails).

Staff/personnel should ensure that desk surfaces are cleared of items at the end of the day to facilitate janitorial staff's ability to rapidly disinfect surfaces without having to remove student and teachers' possessions.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

- For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>. **Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).**
- Additionally, diluted household bleach solutions can be used if appropriate to disinfect surfaces. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing **½ cup of bleach per one gallon of water.**

- Avoid using splash-less, color-fast, or bleach with fragrance as those include additives that make them unsafe for food contact surfaces as some districts and schools may be using classrooms for nutrition services.

Handwashing/Shared Items:

- Monitor and ensure frequent and thorough handwashing, especially after handling nose and throat discharges.
- Schools should minimize shared items between students and staff.

Closure of Rooms and School Buildings:

During outbreaks, closure of rooms and school buildings may be necessary to reduce the risk of spread of illness. Rooms are closed based on the need to sanitize and eliminate close contact exposures. If several rooms are affected in a building, the entire building may be closed. If there is substantial risk of spread of contagion or severe illness, the school building may be closed. The requirement to close and the extent and length of closure of a room or school depends on the specific illness and measures that must be taken to control the spread of illness and ensure the safety of students, staff, their families, and the community. The following applies:

- **Closure of Rooms** – For any vomiting or fecal incidents in a classroom or other areas, the classroom or area shall also be closed and sanitized prior to being reoccupied. During outbreaks, rooms may be closed by DHHS or the school district superintendent if cases are linked to room occupancy or if the layout of the room does not allow for adherence to CDC guidelines to control and prevent the spread of infection. In all cases, rooms must be sanitized following protocol for the specific illness.
- **Closure of School Buildings** – For any infectious disease, a school building may be closed as necessary to control the spread of illness throughout the school site. School buildings shall be closed under the following criteria:
 - Directives from the Governor of the State of Nevada, Nevada DHHS, or determinations by the school district superintendent or charter school leader.
 - Indeterminate or high risk of school-wide exposures to highly infectious diseases or diseases with high risk of serious illness such as COVID-19, Pertussis, or Norovirus. Schools may also be closed for uncontrolled outbreaks exceeding 30 days.

For outbreaks such as COVID-19, levels of school building closure may depend on the ability to occupy the school site at a limited occupancy and ensure the required social distancing is adhered to:

- Elementary and middle school students: minimum of three feet (3') of social distancing and six feet (6') of social distancing when feasible
- High school students and all staff: minimum of six feet (6') of social distancing

Sanitizing protocols will be implemented in sections of the school that are open during an outbreak. As a supplemental measure to sanitizing affected rooms and areas, increase of airflow is recommended and can be accomplished by opening doors and windows and changing filters in the Heating, Ventilation, and Air Conditioning (HVAC) system. If a room is closed, change all air filters in that room's HVAC system and if a building is closed, all air filters in the building's HVAC should also be changed.

The length of closure will be determined by potential exposures as indicated by case reports and contact tracing as well as updated information from the CDC on guidelines to reduce spread. There are currently four levels of closure that apply:

- **Level 1:** Closure for 24 hours to allow for sanitizing and air exchange. During the COVID-19 pandemic and local outbreaks of COVID-19, Level 1 Closure for 24 hours is for individual cases in isolated areas not to

exceed the expected number of illnesses with COVID-19 symptoms and up to one positive case per classroom or work area. Level 1 closure will likely be extended if close contacts cannot be identified and interviewed.

- **Level 2:** Closure for 72 hours to allow for further investigation by DHHS and the school district or charter school. Level 2 Closure for 72 hours is for two or more positive cases in the same room or work area and individual cases in isolated areas exceeding the number of expected illnesses with COVID-19 symptoms.
- **Level 3:** Closure for 96 hours to 14 days to allow for determination of asymptomatic spread. Level 3 Closure is the longest intermittent range for closure and is implemented if contact tracing and case reports do not indicate that potential spread has been controlled within 72 hours, a very likely extension of Level 2 in the midst of the COVID-19 pandemic.
- **Level 4:** Closure for a period of time beyond 14 days to be determined by DHHS and the school district or through State Directives. Level 4 Closure for an extended period will occur if an outbreak remains out of control in the school or general population. Level 4 Closure will end once an outbreak is declared over and restrictions are lifted by DHHS. Outbreaks are generally declared over by DHHS when reports of illness are below baseline and potential for close contact spread has been resolved.

During school building closure, it may be necessary for some staff and students to occupy buildings. Such occupancy is allowable as long as protocols to reduce exposure and spread of illness are being followed. The closure of school buildings will likely be followed by the suspension of athletic events and school gatherings both on and off campus to control for person-to-person spread. Communication with families and the community is crucial to ensure that they understand the reason for the closure and what is being done to address the outbreak.

Outbreak Closures:

DHHS-DPBH will monitor school outbreaks daily and compile the line list data daily to determine if the spread of COVID-19 is slowing or has discontinued within the school. Outbreaks will be declared over when baseline of COVID-19 illness has been achieved for two incubation periods (28 days).