



COVID-19

**PREPAREDNESS AND  
RESPONSE PLAN  
FOR SCHOOLS**

**2021-2022 ACADEMIC YEAR**



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## Introduction and Overview

This document is designed by the Southern Nevada Health District to assist in planning for and responding to the operation of schools in Clark County for the 2021-2022 academic year. The Health District recognizes the importance of returning students to school campuses for in-person instruction and the overarching need to protect the health and safety of the students, teachers, staff, and the broader community. This document aims to help schools plan for and implement measures to reduce COVID-19 transmission in the school setting while meeting the educational needs of all students. This document is intended to apply to all K-12 public, charter, and private schools.

Education is an essential service in our community. However, the decision to operate educational campuses for in-person instruction while managing COVID-19 depends on several factors. These include, but are not limited to, availability of an effective vaccine against COVID-19; the percentage of fully vaccinated individuals; continually evolving scientific understanding of COVID-19 and its variants; the number of current COVID-19 cases in our community; the degree to which schools are being impacted by COVID-19 and contributing to its spread within the community; the capacity of our health system to identify and care for cases; the availability and use of widespread testing to identify new cases; Southern Nevada residents' ability to quickly and effectively isolate or quarantine; and our community's continued cooperation to follow CDC recommended mitigation in school settings (e.g., physical distancing, masks).

As schools and educational settings conduct in-person instruction, they should ensure plans for remote education and classroom, partial or full school closures. This document contains a series of public health requirements, recommendations, and considerations for schools re-opening and operating their campuses. These should be considered in conjunction with relevant local, state, and federal laws and school re-opening guidance.

The Southern Nevada Health District will coordinate the review, revision, and dissemination of this COVID-19 Preparedness and Response Plan. Suggestions for changes may be sent to [schoolcovid@snhd.org](mailto:schoolcovid@snhd.org).

## Previous and Current School Guidance Documents for COVID-19

During the COVID-19 pandemic 2020-2021 academic year, schools opened using full distance, hybrid, and on-campus educational models. Thanks to the collaboration of public, private, and charter schools, the Health District monitored COVID-19's impact and mitigation activities in Clark County schools. Based on these findings, and in conjunction with an effective COVID-19 vaccine, the Health District recommends on-campus participation for the 2021-2022 academic year when adherence to mitigation, vaccination, and contact tracing is followed. In addition, options for hybrid or full distance learning should be offered and anticipated.

## Recommended Communication to Parents and Staff about COVID-19 during the 2021-2022 academic year

At the end of the 2020-2021 academic year, many significant changes occurred within our community that allowed several recommended mitigation practices to retract. Many educators and parents may question why schools are still following more stringent mitigation practices (e.g., masks, physical distancing) when the public does not require it. This document is designed to help consolidate information so that schools can follow federal and state recommendations based on school-issued directives and guidance. This information will change according to updates from the Centers for Disease Control and Prevention (CDC). The Health District will respond promptly to any changes and modify this document, but a transitional period should be expected for all updates.

The response to the pandemic is ongoing, and more than half of school-age children are not yet eligible for a vaccine. Recommendations and mitigation practices for schools will vary during the 2021-2022 academic year. **It would benefit our community for schools to notify parents and caregivers that school participation will still incorporate enhanced mitigation practices for the upcoming academic school year.**

These are the recommended points to include in your correspondence to staff, parents/guardians, and students:

- Changes in response to COVID-19 are anticipated to occur throughout the 2021-2022 academic year.
- Half of the students are not yet eligible for vaccination and may not be until late 2021 or 2022.
- Experience shows that schools are at a lower risk for COVID-19 when implementing key mitigation strategies.
- Local health authorities will continue to require quarantine when exposure to COVID-19 and its variants occur, potentially even for vaccinated persons.
- Newer COVID-19 variants may not act the same and may become more infectious to children.
- Prevention through mitigation, such as physical distancing, masks, and hygiene, are still the best methods to prevent COVID-19 outbreaks in school settings, as well as any other common diseases (e.g., RSV)

# I. PREVENTION: MITIGATION STRATEGIES FOR COVID-19

# Current CDC Directives

## General Review:

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>
  - *Many schools serve children under the age of 12 who are not eligible for vaccination at this time. Therefore, this guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together) to protect people who are not fully vaccinated, including students, teachers, staff, and other members of their households. The guidance is intended to help administrators and local health officials select appropriate, layered prevention strategies and understand how to safely transition learning environments out of COVID-19 pandemic precautions as community transmission of COVID19 reaches low levels or stops. This guidance is based on current scientific evidence and lessons learned from schools implementing COVID-19 prevention strategies.*

*This CDC guidance is meant to supplement—not replace—any federal, state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply. The adoption and implementation of this guidance should be done in collaboration with regulatory agencies and state, local, territorial, and tribal public health departments, and in compliance with state and local policies and practices.*

- Legal Considerations:
  - Per NRS, the State Board of Health retains authority to add vaccines to the list of those required for school-aged children. NRS 392.435
  - Schools are recommended to consult their legal counsel on their ability and authority to ask persons about their COVID-19 vaccination status to verify mask exemptions or use.
  - Schools are recommended to consult their legal counsel on managing a person who openly discloses they are unvaccinated but chose not to wear masks.
  - School plans submitted to state educational authorities for the 2021-2022 academic year may be amended throughout the year if or when new guidance is issued by CDC, State, or local authorities.

***CDC:*** Existing laws and regulations require certain vaccinations for children attending school. K-12 administrators regularly maintain documentation of people’s immunization records. Since recommended prevention strategies vary by COVID-19 vaccination status, K-12 administrators who maintain documentation of students’ and workers’ COVID-19 vaccination status can use this information, consistent with applicable laws and regulations, including those related to privacy, to inform masking and physical distancing practices, testing, contact tracing efforts, and quarantine and isolation practices. Schools that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information from students. The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA) statutory and regulatory requirements. Policies or practices related to providing or receiving proof of COVID-19 vaccination should comply with all relevant state, tribal, local, or territorial laws and regulations. As part of their workplace COVID-19 vaccination policy, schools should recognize that a worker who cannot get vaccinated due to a disability (covered by the ADA), has a disability that affects their ability to have a full immune response to vaccination, or has a sincerely held religious belief or practice (covered by Title VII of the Civil Rights Act of 1964) may be entitled to a reasonable accommodation that does not pose an undue hardship on the operation of the employer’s business. Additionally, school employers should advise workers with weakened immune systems about the importance of talking to their healthcare professional about the need for continued personal protective measures after vaccination. Currently, CDC recommends continued masking and physical distancing for people with weakened immune systems. For more information on what you should know about COVID-19 and the ADA, the Rehabilitation Act and other Equal Employment Opportunity Laws visit the Equal Employment Opportunity Commission website.



## Physical Distancing

- Section 8 of NV Directive 044 provides county school districts, charter school sponsors, and private schools the ability to create certain mitigation measures for social distancing and capacity limitations.
- CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing by people who are not fully vaccinated, to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as indoor masking.

## General Recommendations

- While studies indicate the vaccination is unlikely to transmit COVID-19, there is a possibility a vaccinated individual who contracts COVID-19 (e.g., breakthrough variant) may still transmit it. So, even when vaccinated, an adult should maintain 6-feet when possible from their unvaccinated students. All unvaccinated adults need to remain 6-feet from both adults and children.
- Communicate with students, staff, and families regarding physical distancing requirements and recommendations.
- Train staff and students on protocols for physical distancing for both indoor and outdoor spaces.
- Post signage reminding students and staff about physical distancing in prominent locations.
- Allow only necessary visitors and volunteers on campus and limit the number of students and staff who come into contact with them.
- Assign stable seating arrangements for students (this ensures that close contacts within classrooms are minimized and easily identifiable).
- Follow State and Local guidelines for large gatherings and take all necessary precautions.

## Arrival and Departure Recommendations

- If students' crowding occurs during arrival or departure, consider staggering arrival or departure times and designating multiple pick-ups and drop-off locations while minimizing scheduling challenges for students and families.
- Designate routes for entry and exit.
- Instruct drivers to remain in their vehicles, to the extent possible, when dropping off or picking up students. When in-person drop-off or pick-up is needed, only a single parent or caregiver should enter the facility.
- Disperse students gathering during school arrival and departure.

## Classroom Settings Recommendations

- Fixed cohorts:
  - Where possible, it is recommended students and staff remain in fixed cohorts by keeping the same students, teachers, or staff together for the entire school day. Students should avoid mixing with other fixed cohorts. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group.
    - Cohorting fully vaccinated people and unvaccinated into separate cohorts is not recommended. It is a school's responsibility to ensure that cohorting is done in an equitable manner that does not perpetuate academic, racial, or other tracking
- Un-fixed cohorts:
  - When it is not possible to cohort and students are ineligible to be vaccinated, it is especially important to layer multiple other prevention strategies, such as indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk. Mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.
- Physical Education
  - Conduct physical education classes outdoors or within large, well ventilated gymnasiums or auditoriums.
  - Students in fixed cohorts should avoid mixing with other fixed cohorts.
  - Common equipment may be used as needed and without limitations with recommended hand hygiene and disinfection policies.

## Non-Classroom Settings Recommendations

- **Restrooms:** Stagger use for fixed cohorts to the extent practicable.
- **Libraries:** Stagger use for fixed cohorts. Common touch surfaces or objects may be used as appropriate.
- **Cafeterias:** Eating environments continue to be identified as one of the most common sites for the spread of COVID-19. To ensure a safe eating setting, it is recommended to ensure a 6-foot distance between adults and students; 3-to-6 feet for students. It is recommended that fixed cohorts not mix while in the cafeteria. Consider serving meals in classrooms or outdoors to optimize isolation and physical distancing to the extent practicable. Review mask recommendations for unvaccinated persons.
- **Playgrounds and Recess:** Consider holding recess activities in separate areas designated by fixed cohorts or staggered throughout the day. Schedule the use of playground equipment to be used separately by fixed cohorts.
- **Lockers:** Coordinate the use of lockers to avoid unnecessary mixing and congregation of students.
- **Hallways:** Minimize congregate movement through hallways and corridors as much as practicable. Manage traffic flow, e.g., one-way hallways.
- **Staff Break Rooms and Meeting:** Any unvaccinated staff should avoid congregated staff areas and consider participating in staff meetings through video conferencing. Based on fully vaccinated individuals, breakrooms are for regular use.
- **Facilities:** If able, maximize central air filtration for HVAC systems (ideally with a targeted filter rating of at least MERV 13). Considerations that may prevent the opening of windows and doors are:
  - Closed campus requirements;
  - Active shooter protocols;
  - Shelter in place protocols;
  - Classroom doors are internal;
  - Unfavorable weather conditions (e.g., heat, cold, rain);
  - Pollution (e.g., pollen exacerbating asthma symptoms).
- **School Offices and Support Staff:** All adults should maintain 6-feet from unvaccinated adults and students when possible. Staff that has limited or no student contact may follow community guidelines and recommendations for physical distancing.

## Bus Transportation to and from School Recommendations

*During school transportation: CDC's Order applies to all public transportation conveyances including school buses. Regardless of the mask policy at school, passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order. For example, if a student attends a school where mask use is not required due to vaccination status (e.g., a high school with a high rate of vaccination), the student is still required to wear a mask on the school bus.*

### Bus Drivers

- Bus Drivers and aides, including those vaccinated, must wear a face covering while students are on the bus.
- The bus driver should keep a supply of masks and provide one to any students without one.
- Hand sanitizers should be placed at the bus's entrance, and students are encouraged to apply it.

### Bus Capacity Plan

- Follow State or Local authority recommended capacity for school transportation vehicles, including school buses. Spacing should be based on the currently recommended distance between students.
- Consider assigning seats to facilitate contact tracing.
- Students from the same family and/or fixed cohort should be instructed to sit together whenever possible.

### Air Flow on the Bus

- External airflow should be increased to the greatest extent possible. Windows should be kept open to maximize the amount of fresh air.
- Rooftop vents should be opened to the greatest extent possible if allowed by safety protocols.

### Bus Cleaning

- Follow standard policy for bus cleaning and disinfection.
- When a COVID-19 case is identified on a bus, use enhanced COVID-19 disinfection protocols outlined by the CDC.

### Student Expectations

- Students of all ages must wear a mask while on a bus, regardless if they are vaccinated.

# Masks

## Mask Recommendations

- All requirements and recommendations are based on CDC, American Pediatric Association, and Nevada State directives (Executive Orders). When any CDC or Nevada update is issued, please allow the needed time for health authorities to review and implement changes. Additionally, schools need time to make system and policy adjustments and to provide informed notifications.
  - CDC: Recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.
  - Nevada (Executive Order 48):
    - All school staff **MUST** wear face coverings while inside school buildings, regardless of vaccination status.
    - Clark County (population greater than 100,000): All kindergarten through 12<sup>th</sup> grade students (regardless of whether they would be exempt from a face covering requirement based on their age) **MUST** wear face coverings while inside school buildings unless granted exemption status consistent with state and local guidance. Face coverings are required indoors regardless of vaccination status.
    - Parents, vendors, volunteers, visitors, and guests **MUST** wear face coverings inside school buildings.
    - Face coverings **MUST** be worn by all on buses.
- Student Exception from Close Contact Exclusion (CDC): In the K-12 indoor classroom setting, the close contact definition **excludes students** (not staff) who were within **3 to 6 feet of an infected student** where:
  - Both students were engaged in the consistent and correct use of well-fitting face masks; **and**
  - Other K-12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K-12 school setting.
  - This exception **does not** apply to teachers, staff, or other adults in the indoor classroom setting.
- Schools may be more restrictive with mitigation practices but cannot be less restrictive. Based on the community's needs and when not mandated by state authorities, school administrators may opt to make mask use universally required (i.e., required regardless of vaccination status) in the school. Reasons for this can include:
  - Having a student population that is not yet eligible for vaccination.
  - Substantial or high COVID-19 transmission within the school or their surrounding community.
  - Increasing community transmission of a variant that is spread more easily among children and adolescents or results in more severe illness.
  - Lacking a system to monitor the vaccine status of students and/or teachers and staff.
  - Difficulty monitoring or enforcing mask policies that are not universal.
  - Awareness of low vaccination uptake within the student, family, teacher/staff population.
  - Responding to community input that many teachers, staff, parents, or students would not participate in in-person learning if mask use was not universal.

- Schools need to decide how best to educate and adhere to correct mask usage.
- Outdoors: In general, people do not need to wear masks when outdoors. However, particularly in areas of **substantial to high** transmission, it is recommended that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.
- Facilities:
  - Post signage in high visibility areas to remind all under what conditions masks are required.
  - Post signage in high visibility areas to instruct appropriate use of masks.
  - Educate students and staff on the rationale and proper use of masks.
  - Communicate with all staff and families regarding expectations for using masks and include instructions for caring for them properly.
  - Provide masks for students and staff who lose or forget theirs.
- Types of Masks:
  - Masks with one-way valves or vents are not allowed unless covered with a cloth face covering (one-way valves allow air to be exhaled through the valve).
  - Masks are recommended to be made from multiple layers (current recommendations are two layers of tightly woven cloth [cotton preferred] and one layer of synthetic material) that can be repeatedly washed. While studies are ongoing, standard face/neck gators (minimal filtration) and bandanas (which do not correctly cover the nose and mouth/acts more as a shield) are considered the least effective and should be avoided.
  - Face shields are not a replacement for masks, given concerns over their ability to minimize droplet spread to others. However, teachers and students may consider using face shields in certain limited situations, including: during phonological instruction and in settings where a mask poses a barrier to communicating with a student who is hard of hearing or has a disability.

- Medical, behavioral, and developmental exemptions to masks:
  - An established licensed medical provider in Nevada, preferably a Primary Care Physician or Pediatrician, with no family relation to the student, may provide an exemption for masks for any who are medically fragile. These exemptions should be for specific conditions and situations (e.g., physical exertion with a pre-existing medical condition such as asthma), are limited in scope, and are for clearly defined and documented medical disabilities and conditions. A broad, undefined exemption should not apply. Additional mitigation practices should be substituted for masks during the exemption period, if appropriate. All exemptions should be documented and approved by the school administration.
    - If needed, in a case-by-case approach, it is recommended that school administrators establish a 1-to-2 week trial period for parent(s) and student(s) to identify the student's capacity to wear a mask. Based on the outcome, accommodations may be considered and appropriate action taken.
  - Exemptions for behavioral or developmental needs (e.g., autism, ODD, ADHD, etc.) that in most cases are documented with an Individualized Education Plan (IEP) should be met with reasonable accommodations to allow an exemption to masks. It is recommended that the IEP team/specialists/advocates determine and provide direction for the student's ability to wear a mask. This might include a complete or situational exemption. It is important as a community to remove barriers for students who are differently challenged. It can be understood that the school's student population is following mitigation protocols to protect those who cannot so that they may be on campus. It is also recommended to consider the negative impact of mitigation efforts on the mental health of those who experience behavioral challenges.

# Hygiene Measures

## Handwashing and Other Hygiene Measures Recommendations

- Teach and reinforce proper handwashing techniques.
- Teach and reinforce to avoid contact with one's eyes, nose, and mouth.
- Teach how to cover coughs and sneezes correctly.
- Post signage in high visibility areas to remind students and staff of proper handwashing techniques to cover coughs and sneezes and implement other prevention measures.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, and hand sanitizers (with at least 60 percent ethyl alcohol).
- Model, practice, and monitor handwashing, particularly for lower grade levels.
- Develop routines to ensure students wash their hands or use hand sanitizer upon arrival to campus, after using the restroom, after playing outside, before eating, and after coughing or sneezing. Avoid over-washing to prevent dry and damaged skin.
  - Students under the age of nine should use hand sanitizer only under adult supervision.

## Cleaning and Maintenance Recommendations

Routine, pre-pandemic maintenance and cleaning protocols are appropriate and may be continued.

When a COVID-19 case is identified, follow CDC disinfection guidance.

Consider the following points:

- When choosing cleaning products, use those registered for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list "N" and follow product instructions. Choose asthma-safer ingredients (hydrogen peroxide, citric acid, or lactic acid) whenever possible and avoid products that mix these ingredients with peroxyacetic (peracetic) acid, sodium hypochlorite (bleach), or quaternary ammonium compounds, which can exacerbate asthma.
- Ensure cleaning staff understands the manufacturer's instructions for proper use of these products, including NV OSHA requirements for safe use, as applicable.
- Ensure proper ventilation during COVID-19 focused cleaning and disinfecting. Introduce fresh outdoor air as much as possible, for example, by opening windows where practicable. After cleaning, air out the space before students arrive, or plan to do a thorough cleaning when students are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.
- Limit access to areas that the sick person just used (e.g., a student's desk or a staff member's office) until cleaned and disinfected.



## Food Services Recommendations

- Follow all Health District's Department of Environmental Health requirements to manage food services within a school setting.
- Maximize physical distance as much as possible when moving through the food service line and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating, such as the gymnasium or outdoor seating, can help facilitate distancing. Note: students, teachers, and fully vaccinated staff do not need to distance themselves while eating.
- Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Promote hand washing before, after, and during shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.
- Improve ventilation in food preparation, service, and seating areas.

# Performing Arts, Athletics, School Events and Clubs

## Recommendations

- All performing arts, athletics, extracurricular activities, and other events may be allowed as mandated by state authorities (please refer to the most recent NV State guidance). However, consideration should ensure a safe and healthy environment to ensure education is not interrupted.
  
- Choir:
  - Refer to Resource for Choral Professionals developed by the American Choral Directors Association:
    - <https://acda.org/resources-for-choral-professionals-during-a-pandemic/>
  
- Music Resource and Band:
  - Refer to guidelines developed by the National Association of Music Education for Fall 2020 Guidance for Music Education:
    - [https://nafme.org/wp-content/files/2020/06/NAfME\\_NFHS-Guidance-for-Fall-2020.pdf](https://nafme.org/wp-content/files/2020/06/NAfME_NFHS-Guidance-for-Fall-2020.pdf)
  
- Other School Events:
  - There are currently no state or county directives that limit the size of gatherings.
  - Schools should continue to take enhanced mitigation methods for any large gathering while student populations are unvaccinated.
  
- School Clubs:
  - When clubs meet, all appropriate mitigation strategies should be followed. In addition, any activities performed by clubs should be reviewed and approved by school administrators to ensure student safety and adherence to mitigation practices.
  
- Athletics:
  - Refer to state guidelines for sports governed and regulated by the NIAA.
    - [https://www.niaa.com/sports/covid-19/covid-19\\_main\\_page](https://www.niaa.com/sports/covid-19/covid-19_main_page)
  - National Federation of State High School Associations and the Sports Medicine Advisory Committee:
    - [https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15\\_2020-final.pdf](https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15_2020-final.pdf)

**CDC:** *School-sponsored sports and extracurricular activities provide students with enrichment opportunities that can help them learn and achieve, and support their social, emotional, and mental health. People who are fully vaccinated no longer need to wear a mask or physically distance in any setting, including while participating in sports and extracurricular activities. People who are fully vaccinated can also refrain from quarantine following a known exposure if asymptomatic, facilitating continued participation in in-person learning, sports, and extracurricular activities. Due to increased exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others who are not fully vaccinated at increased risk for getting and spreading COVID-19. Close contact sports and indoor sports are particularly risky. Similar risks might exist for other extracurricular activities, such as band, choir, theater, and school clubs that meet indoors.*

*Prevention strategies for those who are not fully vaccinated in these activities remain important and should comply with school day policies and procedures. Students should refrain from these activities when they have symptoms consistent with COVID-19 and should be tested. Students who are not fully vaccinated and participate in indoor sports and other higher-risk activities should continue to wear masks and keep physical distance as much as possible. Schools should consider using screening testing (Table 1) for student athletes and adults (e.g., coaches, teachers, advisors) who are not fully vaccinated who participate in and support these activities to facilitate safe participation and reduce risk of transmission – and avoid jeopardizing in-person education due to outbreaks.*

*Coaches and school sports administrators should also consider specific sport-related risks for people who are not fully vaccinated:*

- **Setting of the sporting event or activity.** *In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the sporting event (i.e., fields, benches/team areas, locker rooms, spectator viewing areas, spectator facilities/restrooms, etc.).*
- **Physical closeness.** *Spread of COVID-19 is more likely to occur in sports that require sustained close contact (such as wrestling, hockey, football).*
- **Number of people.** *Risk of spread of COVID-19 increases with increasing numbers of athletes, spectators, teachers, and staff. Level of intensity of activity. The risk of COVID-19 spread increases with the intensity of the sport.*
- **Duration of time.** *The risk of COVID-19 spread increases the more time athletes, coaches, teachers, staff and spectators spend in close proximity or in indoor group settings. This includes time spent traveling to/from sporting events, meetings, meals, and other settings related to the event.*
- **Presence of people more likely to develop severe illness.** *People at increased risk of severe illness might need to take extra precautions.*

# II. DETECTION: MONITORING, TESTING, & CLINICAL MANAGEMENT

# Monitoring for COVID-19 in a School

## Health Screening Recommendations

Universal health screenings of students and staff (i.e., assessing symptoms prior to entry into a school) are not recommended. Instead, parents and caregivers should be strongly encouraged to monitor their children for symptoms of COVID-19 and keep their children home from school when symptomatic. Likewise, staff should self-assess for symptoms and stay home when symptoms are present.

Additionally, the following recommendations should be instituted by schools:

- Post signs at all entrances instructing students, staff, and visitors not to enter campus with any illness symptoms.
- Immediately send symptomatic students or staff home or who are identified as a close contact of COVID-19.
- Designate a room to isolate students while they are waiting to be picked up.

## Parent/Guardian and Student Recommended Responsibilities

A collaborative process between schools and parents/guardians/students is essential for successfully managing illness in a school setting. All parties should be equally responsible for managing the needed steps.

Recommendations:

- Schools should develop a form(s) that parents/guardians acknowledge to follow all illness protocols, including COVID-19. The school may determine what requirements they wish parents/guardians to comply with, but recommendations are:
  - Monitor symptoms daily, before and after school attendance.
  - Inform the school of any exposure to COVID-19.
  - Immediately report any symptoms and keep the student at home.
  - Provide COVID-19 testing results (electronically provided preferred over verbal).
  - Agree to follow isolation and quarantine guidelines when required.
- When parents/guardians/students are unwilling to follow recommendations, the school should make reasonable accommodations to provide alternative access to education, such as transitioning the student to a distance learning model.

## Testing Recommendations and Requirements

Based on Nevada Executive Order 48:

- Regular weekly testing for SARS-COV-19 is recommended for unvaccinated students, staff & volunteers.
- All public, charter, and private schools, regardless of county transmission level, shall implement a regular COVID-19 testing program for students and staff or volunteers who are involved in traveling to other schools or venues. Testing must occur at least once per week and applies to students, staff, and volunteers involved in athletic activities.

## Managing Symptoms Among Students and Staff

In general, COVID-19 is less likely to be the cause of mild symptoms when there are no known exposures. Therefore, to help differentiate those likely to have COVID-19 from other etiologies, clinical criteria can be used to help assess a student without any known exposure to COVID-19. The response to those with any COVID-19 symptoms with known exposure is addressed later in this document.

### CDC Clinical Criteria for COVID-19 Evaluation for Children

<u>1 or more of the following symptoms</u>		<u>2 or more of the following symptoms</u>
<u>New Fever or chills (temperature &gt; 100.4° F / 38° C or subjective fever)</u> <u>New or worsening shortness of breath, cough, or difficulty breathing</u> <u>New loss of taste or smell (i.e., new olfactory or taste disorder)</u> <u>Painful purple or red lesions on the feet of swelling of the toes ("COVID toes")</u> <u>Pneumonia (on clinical exam or imaging)</u>	<b>OR</b>	<u>New or worsening cough (&gt;24 hrs)</u> <u>New or worsening headache (&gt;24hrs)</u> <u>New or worsening muscle or body aches (&gt;24hrs)</u> <u>New nasal congestion or runny nose (&gt;24hrs)</u> <u>Excessive Tiredness (e.g., confusion) (&gt;24hrs)</u> <u>GI considerations that are not attributed to school attendance, changes in routines, menstrual cycles:</u> <u>Excessive Loss of Appetite (&gt;24hrs)</u> <u>Abdominal Pain/Vomiting/Diarrhea (&gt;24 hrs)</u>

#### Response Guidelines:

- If the CDC clinical criteria for COVID-19 symptoms are met, the symptomatic student or staff, regardless if they are vaccinated, should be excluded or sent home and encouraged to seek medical care and/or testing.
  - Students or staff who are not tested for COVID-19 should be excluded for a minimum of 10 days after illness onset. A student/staff may return when:
    - At least 10-days have passed since symptoms first appeared, **and**
    - At least 24-hours have passed since last fever without the use of fever-reducing medications, **and**
    - Symptoms have improved.
- The following exemptions may be considered to this 10-day stay-at-home exclusion:
  - If the student or staff tests negative for COVID-19 and are not a close contact to a known COVID-19 case, they may return based on school illness protocols.
  - If a healthcare provider evaluates the student or staff and determines that symptoms are associated with another illness/infection (i.e., provides documentation with diagnosis), and they are not a contact to a known COVID-19 case, they may return based on school illness protocols.
- As long as COVID-19 and variants are circulating in Clark County, the presence of other viruses in the community that may cause similar illnesses should not change the suspicion for COVID-19 in an individual with compatible symptoms.

# COVID-19 Screening Tool for Student and Staff

The following questions may be asked to screen for COVID-19. A student, staff, or parent who answers "Yes" to any of these questions must not come to the school facility.

## Daily Home Screening for Students

<b>1. Within the last 10 days, have you been diagnosed with COVID-19 or had a test confirming you have the virus?</b>
Yes – STAY HOME and seek medical care if needed.
<b>2. Within the last 14 days, have you lived in the same household with, or had close contact with, someone who tested positive for COVID-19? (Close contact is less than 6 feet for 15 minutes or more).</b>
Yes – STAY HOME and seek medical care and testing if needed.
<b>3. Have you had one or more of the following symptoms today or within the past 24 hours? Are these symptoms new or not explained by another reason? (If yes, evaluate the likelihood of COVID-19 using Clinical Criteria)</b> <ul style="list-style-type: none"><li>• Fever</li><li>• Excessive fatigue</li><li>• New or worsening cough</li><li>• New or worsening shortness of breath/trouble breathing</li><li>• Chills</li><li>• Sore throat</li><li>• Muscle/body aches</li><li>• New loss of taste or smell</li><li>• New or worsening headache</li><li>• Vomiting</li><li>• Diarrhea</li><li>• New nasal congestion or runny nose</li></ul>
Yes – STAY HOME, contact the school, and seek medical care if needed.

# III. RESPONSE: STRATEGIES FOR RESPONDING TO COVID-19



# COVID-19 Response: Preparation and Case Management

## STEP 1 - Preparation: Emergency Operations Plans

When a COVID-19 case is reported to the school, a designated response must be in place. Without a plan, the school will face challenges that may confuse and hamper a prompt response. The following recommendations will help to alleviate unnecessary complications and delays.

### Breakthrough Case:

- For contact tracing surveillance, a vaccine breakthrough infection is defined as the detection of SARS-CoV-2 RNA or antigen in a respiratory specimen collected from a person 14 days or more after they have completed all recommended doses of a COVID-19 vaccine.
- A school should follow isolation guidance for all COVID-19 infected persons regardless of vaccine status.

### Training and Preparation Recommendations:

- Designate staff to function as a risk management team. For an individual school, the team may consist of but is not limited to a school nurse, administrator(s), and office staff. The team should have the capacity to increase or decrease the number of individuals participating. The school may consider using volunteers as a resource. For a school system with multiple schools, a risk-management team may be created for each organizational level.
- Provide training to all office staff on how to answer COVID-19 questions and direct all related needs. Be prepared to answer questions about vaccinations and school directives that differ from or are more restrictive than community guidelines.
- Provide staff training on how to talk to students and parents/guardians about COVID-19 and how they can recognize symptoms. Staff will also need training on how to manage information disclosed from a student or parent about COVID-19.
- When actions are completed in response to a COVID-19 case, the team may consider conducting an after-action review (hot wash) to evaluate the school's performance to improve any future response.
- Ensure contact information for decision-makers is up-to-date and readily available.
- Ensure rosters and contact information for students are up-to-date.
- Develop or use a system to record and track all information related to COVID-19.

### Protocol Recommendations:

- Prepare agreement forms to be signed by parents/guardians that may help the school respond effectively.
- Prepare a set script for staff to ask health-related questions for reported illnesses and symptoms. The Health Information Portability and Accountability Act (HIPAA) guidelines for symptom information allow schools to request personal health information. However, schools cannot reply to questions or inquiries about individual health records, including the vaccination record of staff or students, unless it is by a lawfully authorized representative.
- Establish or review school protocols on how to manage Personal Health Information (PHI) securely.
- Require that parents/guardians or staff notify the school immediately if there is a positive test in a student or staff or if one of their household members or non-household close contacts tests positive for COVID-19.

- Determine how to respond to non-responsive absences or parents. For example, if parents do not respond to inquiries, the school may consider requiring further documentation before the student can return to in-school participation.
- Prepare a form letter for parents to provide to health care providers. This form would require the provider to provide the following information:
  - Diagnosis
  - Medical directives: quarantine, return to school dates, etc.
  - Indication if the patient required a COVID-19 test
- Draft fillable notification letters for staff, parents, and students. Be advised that schools must take appropriate actions to protect people's privacy. It is recommended legal counsel review all letters to prevent any improper disclosure. The letters could contain information that defines the event's nature, any isolation or quarantine requirements, return to school guidelines, and/or any needed information specific to the situation. The letters may be directed to (but not limited to) the following individuals:
  - COVID-19 case.
  - Close contacts to a case (please include vaccinated persons)
  - School-wide: Parents/Guardians, staff, students.
- The following is the recommended language that may be used in letters:
  - In an abundance of precaution and transparency, <school> is notifying all families, students, and staff...
  - ...a COVID-19 positive individual was recently identified within our school...
  - ...protecting the private health information of any individual is paramount for...
  - We are following all our disinfection protocols to...
  - We have reported and collaborated with the Southern Nevada Health District to...
  - We have and are performing all the necessary initial contact tracing to identify any close contacts...
  - You should be contacted by a Health District representative who will further discuss your required actions to...
  - A close contact is someone within 6-feet for a collective 15 minutes. If the school or the Health District has not directly contacted you, you have not been identified as a close contact. All others who were present may be considered as low-risk exposure.
  - Any family may seek testing at the available sites throughout our community.
  - We will closely monitor all individuals identified for the next 14-days to...
  - Please be mindful of continuing to pre-screen any symptoms and preventing community exposure.

## **STEP 2 - Detection: Exclusion for Suspected COVID-19**

Recommendations for suspected COVID-19 (symptomatic):

- For off-campus persons who are symptomatic, exclude them from further on-campus attendance and proceed according to recommendations provided in this document.
- For on-campus symptomatic individuals, ensure the individual adheres to appropriate precautions to reduce the potential of transmission of COVID-19 and have them leave or move them to an isolated location until they can leave the campus. Ensure that the signs/symptoms are recorded and that all pertinent information is obtained, but do not delay sending an ill person home or to their health care provider. Instead, proceed according to the recommendations provided in this document.

### STEP 3 - Responding to COVID-19 Results

For the purpose of exclusions, **isolation** is used for an individual who tests positive for COVID-19, and **quarantine** is used for an individual who is a close contact to a positive COVID-19 person.

#### Recommendations for **Negative Test Results**:

- All symptomatic students/staff are evaluated based on clinical criteria for COVID-19 and are excluded from on-campus participation. Any symptomatic student/staff who test negative for COVID-19 and is not a close contact to a known COVID-19 case may return according to the school's illness guidelines. If the symptomatic person is a close contact to a COVID-19 case, they need to complete their quarantine regardless of the negative test result.
- Unvaccinated asymptomatic students/staff identified as close contacts must be quarantined from their last known exposure. The quarantine is based on CDC recommendations of 14-days. The individual must remain asymptomatic throughout the alternative quarantine options. All quarantine times must be completed **even if they receive a negative PCR test result during the quarantine period**.
  - Alternatives to the 14-day quarantine may be considered for asymptomatic close contacts.
    - **7-Day Alternative Quarantine**: When choosing the alternative of 7-days for asymptomatic close contacts, they must be tested on the 5<sup>th</sup> day after the exposure occurred and return on the 8<sup>th</sup> day with a negative test result.
    - **10-day Alternative Quarantine**: When choosing the alternative of 10-days for asymptomatic close contacts, no testing is performed. The close contact must remain asymptomatic for the 10-days after the exposure occurred and may return on the 11<sup>th</sup> day.

#### Recommendations for **Positive PCR Test Results** when first reported:

- For on-campus students/staff, ensure they adhere to appropriate precautions to reduce the potential for transmission of COVID-19 and leave campus or move them to an isolated location to wait until they can leave the campus.
- Ensure all pertinent information is obtained, but do not delay sending an ill person home or to a healthcare provider.
- Collect the following information:
  - Record: symptoms, date of onset, and date the sample was collected for the test for those without symptoms. Request that a copy of the test results is provided.
  - For those without symptoms, record: date the sample was collected for the test. Request that a copy of the test results is provided.

#### Recommendations for disinfection:

- When an on-campus positive COVID-19 is identified, clean and disinfect areas as described in CDC guidance. <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

#### Recommendations for notification when first reported:

- When an on-campus positive COVID-19 case is identified, begin procedures to identify close contacts and to notify parents/guardians, students, and staff. Please notify all close contacts, which include vaccinated persons.
- Contact the Health District at **702-759-0925** or [schoolcovid@snhd.org](mailto:schoolcovid@snhd.org)
- Social media and texting contribute to an increased flow of information between staff, parents/guardians, and students. A school cannot reveal Protected Health Information (PHI), but the

COVID-19 positive student/staff may personally disclose the information. When a school does not provide broad notifications, but the positive result is widely known, many staff and parents/guardians may perceive this as deceptive. It benefits the school to offer a prompt, broad notification of a COVID-19 case(s). The notification process has the potential to reinforce mitigation strategies, screening, and collaboration.

## STEP 4 - Contact Tracing: School Guidance

The purpose of disease surveillance through contact tracing is to identify who may have been exposed to COVID-19 so as quarantine measures can be implemented to slow the transmission of the virus. To provide prompt and efficient responses while being mindful of applicable state and federal labor and privacy laws, designated school staff can identify these contacts using the following information/instructions:

### Definition of a close contact:

- A close contact is all persons within 6 feet of a COVID-19 case for a cumulative 15-minutes or more over a 24-hour period and during the case's infectious period. This includes vaccinated and exempt persons.

### Exemptions of a close contact:

- Student Exception from Close Contact Exclusion (CDC): In the K-12 indoor classroom setting, the close contact definition **excludes students** (not staff) who were within **3 to 6 feet of an infected student** where:
  - Both students were engaged in the consistent and correct use of well-fitting face masks; **and**
  - Other K-12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K-12 school setting.
  - This exception **does not** apply to teachers, staff, or other adults in the indoor classroom setting.
- Asymptomatic students and staff who have tested positive for and recovered from COVID-19 in the prior 3 months and asymptomatic fully vaccinated people do not need to quarantine or get tested. Even if fully vaccinated, the Health District has the right to quarantine an individual(s) (e.g., classroom).

Further information for contact tracing purposes:

- Definition of the infectious period: The period of time when a case has the potential to transmit COVID-19 to others. This period starts 48-hours before the onset of symptoms (or 48 hours before the date of collection of the positive test result, if no symptoms) **through** 10 days after onset of symptoms (or 10 days after the date of collection of the positive test result, if no symptoms).
- Siblings to a close contact that is required to quarantine do not need to quarantine or be excluded from in-school participation. Only those that meet the definition of close contacts must quarantine.
- Asymptomatic students and staff who have tested positive for and recovered from COVID-19 in the prior 3 months and asymptomatic fully vaccinated people must be identified as close contacts and informed of the exposure. Additionally, they must be reported to the Health District.

### Criteria to monitor classrooms:

- Identify all close contacts within 6 feet of a COVID-19 case for a cumulative 15-minutes or more over a 24-hour period and during the case's infectious period. Once identified, follow correct quarantine guidelines for all close contacts and isolation of the positive case(s).
- All students and staff in the same classroom(s) as a positive COVID-19 person but who are not quarantined must be notified of the exposure and closely monitored for 14-days. The Health District will investigate all school classroom exposures and monitor the extent of transmissions. Additionally, the following may be required:
  - When additional symptomatic students or additional students with COVID-19 positive test results are identified from within the same classroom, the entire classroom may be required to quarantine. This may include vaccinated or exempt students and staff.

- During CDC defined periods of Substantial or High risk of transmission within a community, an entire classroom may be required to quarantine. This may include vaccinated or exempt students and staff. This decision will be in cooperation with school authorities and informed by the extent of COVID-19 cases in school-aged children, COVID-19 variants (i.e., virulence among school-aged children), and other contributing factors.

## COVID-19 – School Indicators to Inform Contact Tracing

Indicators	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days*	0-9	10-49	50-99	≥100
Percentage of RT-PCR tests that are positive during the last 7 days**	<5%	5%-7.9%	8%-9.9%	≥10%
Percentage change in new cases per 100,000 population***	<-5%	-5% to <0%	0%-9.9%	≥10%

Community data percentages and data for school aged children may be found at <http://covid.southernnevadahealthdistrict.org/cases/>

## STEP 5 - Quarantine Guidelines

The guidance provided and issued by a Health District contact tracer may alter or adjust requirements for isolation and quarantine. Schools should be prepared to work with the contact tracer(s) to manage the case(s) and adjust to directives.

### Isolation

Any student or staff with symptoms of COVID-19 who tests PCR positive is required to isolate at home, safely separated from others, until the following criteria are met:

- At least 10-days have passed since symptoms first appeared **and**
- At least 24-hours have passed since last fever without the use of fever-reducing medications **and**
- Symptoms have improved

A negative test is not required to return, nor does a negative test during the isolation period reduce the number of days needed in isolation.

An asymptomatic student or staff with a positive PCR COVID-19 is required to isolate at home, safely separated from others, for 10-days after the date the sample used for the test was collected.

### Quarantine

Any unvaccinated student/staff or non-exempt student identified as close contact must quarantine for 14 days since the date of last exposure. However, the following alternatives to this 14-day quarantine may be considered, provided the individual remains asymptomatic and meets any applicable conditions:

- 7-Day Alternative Quarantine: When choosing the alternative of 7-days for asymptomatic close contacts, they must be tested on the 5<sup>th</sup> day after the exposure occurred and return on the 8<sup>th</sup> day with a negative test result.
- 10-day Alternative Quarantine: When choosing the alternative of 10-days for asymptomatic close contacts, no testing is performed. The close contact must remain asymptomatic for the 10-days after the exposure occurred and may return on the 11<sup>th</sup> day.

Quarantine exemptions:

- Asymptomatic students and staff who have tested positive for and recovered from COVID-19 in the prior 3 months and asymptomatic fully vaccinated people do not need to quarantine or get tested.
  - Students and staff who have tested positive for and recovered from COVID-19 are no longer exempt following the 3 months. If any COVID-19 like illness develops during the three months post-COVID-19 infection, follow school illness protocols and do not treat as a COVID-19 case.
  - It is recommended for any individual previously infected with COVID-19 to be vaccinated.

Additional Quarantine recommendations:

- Distance learning should be offered to prevent uninterrupted education and to provide educational equity.
- The school should emphasize that anyone under isolation or quarantine is obligated by law to remain in isolation or quarantine for the designated period and have no contact with others outside their household.
- After their last exposure to a positive case, close contacts are recommended to test for COVID-19 infection between the fourth and eleventh day. Testing the day of or within the first two days of exposure is not recommended.



## **STEP 6 - Reporting COVID-19 to the Southern Nevada Health District**

When a COVID-19 case is identified or reported, the school is required by Nevada Revised Statutes (NRS) to report the case to the Health District. All schools, except CCSD, must report a case to the Health District at:

**(702) 759-0925 or emailing [schoolcovid@snhd.org](mailto:schoolcovid@snhd.org).**

(Clark County School District will follow an internal policy to notify the Health District through Nursing administration)

The Health District will assess and collect the initial information and initiate an investigation. As a result of this investigation, the Health District may ask that a pre-formatted excel sheet that identifies all close contacts be completed and uploaded to a secure server. All vaccinated, exempt students, and prior COVID-19 infected persons in contact but did not meet the exclusion criteria must still be included in the report.

During periods of increased transmission of COVID-19, the Health District may be delayed in its response. If a school calls to report a case but cannot speak with a Health District representative, please leave a message and follow-up with an email. Equally important to a school reporting a positive case is its immediate response to control and prevent transmissions. Reporting the case to the Health District is part of this process but not the only step; it should not be a barrier to effectively managing and mitigating the transmission of COVID-19 within a school setting.

On occasions, the school and the contact tracer (outsourced third-party) may not give the same directions. This may confuse students and staff who will be unable to determine how best to proceed. Therefore, it is recommended that the school contact the Health District for clarification and direction. Once received, the school and the Health District should work with parents/guardians/staff to rectify misunderstandings.

When the Health District contacts schools, they are required to provide the personal identifying information requested by the contact tracer. If needed, the school may request the Nevada statute that defines this authority.

## COVID-19 Testing & Vaccine

COVID-19 Testing (out-of-pocket or insurance covered) is widely available through health care providers, pharmacies, laboratories, and private businesses or organizations.

Free COVID-19 testing is available through the Southern Nevada Health District. The collection sites vary between the Health District locations, community sites, mobile sites, and targeted testing.

The CDC provides recommendations for Screening Testing in its operational guidance for K-12 schools.

Information about access to such testing is available at [www.snhd.info/covid-19-testing-sites](http://www.snhd.info/covid-19-testing-sites).

### Testing Types

- The current standard for confirmatory COVID-19 testing is a PCR test (nasal, throat, or oral specimen)
- A positive rapid COVID-19 antigen test is required to be followed by a PCR test for a confirmed diagnosis, even though quarantine and isolation can be taken based on the positive antigen result.
- A positive rapid COVID-19 PCR-molecular test is considered diagnostic.

### Previous COVID-19 Positivity & Antibody Tests

- Testing positive for antibodies currently does not provide an exemption from isolation/quarantine.
- A student or staff who reports a previous COVID-19 illness or vaccination but cannot or is unwilling to provide documentation should be quarantined following any exposure.

### COVID-19 Vaccine

- Vaccination sites and availability can be found at <http://www.snhd.org>.
- Back-to-school vaccines can be administered congruently with the COVID-19 vaccine.
- Vaccines are available at many healthcare providers.
- Current COVID-19 vaccines are free, though insurance may be charged for provider costs.
- A record of the COVID-19 vaccine is given during the vaccination. Recorded documentation can also be found through WebIZ, either online or through a healthcare provider.

## Closure of Rooms and Schools During COVID-19 Outbreaks

The presence of COVID-19 in a school does not warrant the school's complete closure. However, brief closure of a classroom(s) and a school is sometimes necessary to control an outbreak of COVID-19. For example, classrooms might be closed based on the need to disinfect or if there is a need to interrupt transmission of COVID-19. Similarly, a school might be closed based on the need to disinfect or a need to interrupt transmission (e.g., students or staff within multiple classrooms are affected). In most COVID cases, closure is brief. Mandated closures can occur by directive of the school's governing body, the Health District, or the Governor.

### Voluntary School Closures: Enhanced Mitigation Strategy

Schools may voluntarily close or transition to complete distance learning for a predetermined number of days. If such a decision is made, it is recommended that the closures occur on days in conjunction with weekends and/or holidays to decrease the loss of on-campus educational days. And when such closures do occur, the school should encourage students and their families to practice prevention strategies (e.g., use face masks, practice social distancing, avoid gatherings with those outside their household, seek testing).

Benefits of a voluntary school closure:

- Ensures the school is well ventilated and disinfected;
- Provides opportunities for school-wide testing;
- Increases time for natural disease progression among those who are asymptomatic ;
- Allows for symptoms to develop among those who are infected;

Examples of campus closures:

- 3-days: Monday or Friday plus Saturday/Sunday
- 4-days: Monday/Tuesday or Thursday/Friday plus Saturday/Sunday; or, Holiday, Monday or Friday plus Saturday/Sunday
- 9-days: 2 weekends (Saturday/Sunday) plus 5-days Monday to Friday (possibly combined with a holiday)

## **APPENDIX A**

### **Southern Nevada Health District**

#### **Flow Chart**

#### **COVID-19 Reporting**

# School COVID-19 Case Flow Chart

**School official identifies a PCR-positive confirmed COVID-19 test result.**

*A confirmatory PCR is required, but a school may begin a COVID-19 response plan based on a rapid antigen test.*

**School's risk management takes steps to isolate and excuse the person from on campus participation.**

**School's risk management begins COVID-19 response plan.**

1. Gather needed information from case(s) to perform disease surveillance.
2. Contact the Health District to report case. **702-759-0925** or **schoolcovid@snhd.org**.

*Detailed guidance can be found in the SNHD Preparedness and Response Plan for Schools 2021-2022.*

*If unable to connect with a Health District representative initially, do not postpone any response.*

**School's risk management implements COVID-19 response plan.\***

1. Identify close contacts and record needed information.
2. Begin exclusions of close contacts based on health authority guidelines.
3. Provide exclusion guidance with distance learning, if applicable.
4. Compose and disseminate appropriate broad notifications.

*\*Defined in SNHD Preparedness and Response Plan for Schools 2021-2022*

**Begin disinfection protocols for COVID-19 defined by CDC.**

**Report all close contacts to an authorized Health District contact tracer.**

**Monitor case and close contacts for exclusion period and plan for on-campus return.**

# Health District Hotline

**When a COVID-19 case or outbreak is suspected or identified, the school must notify the Southern Nevada Health District.**

**(702) 759-0925**  
**schoolcovid@snhd.org**

Charter and Private schools need to designate a single point of contact to inform the Health District. Clark County School District schools will follow an internal policy to notify the Health District.



For the latest COVID-19 information, visit [www.snhd.info/covid](http://www.snhd.info/covid)