



Guidelines for COVID-19 Outbreaks in Schools (Pre-K-12)

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Guidelines for COVID-19 Outbreaks in Schools

These guidelines represent current guidance from the West Virginia Department of Health and Human Resources, Bureau for Public Health. The guidance detailed here is intended only for students in pre-K-12 school settings. The number of reported children with Coronavirus Disease 2019 (COVID-19) who experience symptoms, the types of symptoms they experience, and the severity of those symptoms differs from adults. Additionally, the consequences of excluding students from essential educational and developmental experiences differs from excluding individuals from other settings.

Therefore, considerations described here are different than those for other settings and populations. They are premised upon guidelines issued by the Centers for Disease Control and Prevention (CDC), experience and guidance for other respiratory outbreaks in West Virginia schools, and discussions with the West Virginia Department of Education. As more is learned about COVID-19 in school settings, this guidance could change. Educators are encouraged to monitor evolving recommendations.

School guidance for reopening can be found in the [West Virginia Schools Re-entry Toolkit](#) released by the West Virginia Department of Education (WVDE) in collaboration with the West Virginia Department of Health Human Resources (DHHR).

Outbreak Definition

An outbreak is defined as two or more laboratory confirmed cases of COVID-19 among staff or students with onsets within a 14 day period, who are epidemiologically linked in the school setting (e.g. same bus ride to school, after-school sports, classroom) do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing. Facilities are encouraged to notify the local health department when a single case of COVID-19 is detected so that contact tracing may take place immediately and recommendations can be made to prevent transmission within the school. For additional explanation on how an outbreak is defined in a school setting, see [WVDE Defining COVID-19 Outbreaks in Schools](#).

Key Terms

Confirmed case: A person who has tested positive for the COVID-19 virus using a molecular-based laboratory test.

School outbreak-associated case: A confirmed case among students/staff should be classified as outbreak-associated. Family members or others outside the school who get sick should not be classified as a school outbreak-associated case.

COVID-19 symptoms: Fever or chills, new 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 and/or diarrhea.

Isolation: Staying home from work, school, and activities when a person has a confirmed case of COVID-19. Isolation lasts for at least 10 days after the onset of symptoms, 24-hours fever-free without fever reducing medication, and an improvement of symptoms. For people who have not had symptoms, isolation lasts 10 days from the collection date of their first positive test.

Quarantine: Staying home from work, school, and/or activities when a person is a close contact of someone with COVID-19. Quarantine lasts for 14 days from the last exposure to a confirmed case unless the person develops symptoms; if symptomatic they will be put in isolation.

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Close contact: A close contact is someone identified as:

- A person having unprotected direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on, touching used paper tissues with a bare hand, etc.).
- A person having had face-to-face contact with a COVID-19 case within 6 feet and for longer than 15 minutes.
- A person who was in a closed environment (meeting room, activity room, classroom, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 6 feet.
- A person having had direct physical contact with a COVID-19 case (e.g., shaking hands).

Core Grouping: The practice of keeping the same individuals in the same group at all times during the school day. Changes in core groups are timed to align with school breaks. Core grouping helps limit the number of contacts each individual has. As a result, quarantines, dismissals, or suspension of in-person learning in the event of a student or staff member with COVID-19 affect fewer people. Students may be in multiple core groups (for example, bus ride to school, after-school sports, classroom).

Employees with COVID-19 Symptoms or Diagnosis

- For certain COVID-19 related reasons, staff may qualify for emergency paid sick leave under the Families First Coronavirus Response Act.
- Any staff member with a fever (100.4°F or above), cough, shortness of breath, gastrointestinal upset, new loss of taste/smell, muscle aches, or any of the other signs of illness associated with COVID-19 will not be permitted to enter the school.
- If a staff member has signs of COVID-19 illness, they should stay home and away from other people and contact their healthcare provider to see if they should be tested for COVID-19.
- If a staff member tests positive for COVID-19, they should be excluded from the school for a minimum of 10 days from symptom onset AND be fever-free for 24 hours (with no fever-reducing medications) AND have improvement in symptoms. Individuals who have not had any symptoms after at least 10 days have passed since the date of their first positive COVID-19 test and who have had no subsequent illness may be readmitted to the school.
- If someone in a staff member's household tests positive for COVID-19, the staff member should be excluded from work for 14 days from the last exposure date.

Prior to Admittance into the School: All Individuals

- Post signage at the main entrance of the school requiring people who have had [COVID-19 symptoms](#) not to enter.
- All visitors and vendors should be screened daily before they are permitted into the school. Visitors and vendors should be strictly limited and exposure to staff and students minimized to the greatest extent possible.
- Arrange for deliveries including mail and food trucks to drop items outside of the building.

Screening Students

- Universal symptom screenings (screening all students pre-K-12) is not recommended to be conducted by schools.
 - Symptom screenings will fail to identify some students who have COVID-19. Symptom screenings are not helpful in identifying individuals with COVID-19 who are asymptomatic or pre-symptomatic (they have not developed signs or symptoms yet but will later). Others may have symptoms that are so mild, they may not notice them. Children are more likely than adults to be asymptomatic or to have only mild symptoms.
 - Symptom screenings will identify only that a person may have an illness, not that the illness is COVID-19. Many of the symptoms of COVID-19 are also common in other childhood illnesses like the common cold, the flu, or seasonal allergies.
 - The overlap between COVID-19 symptoms with other common illnesses is more likely in young children, who typically have multiple viral illnesses each year. For example, it is common for young children to have up to eight respiratory illnesses or "colds" every year.
- Parents or caregivers should be strongly encouraged to monitor their children for signs of illness every day.

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- Students who are sick should not attend school in-person.
 - **Students should not attend school if they have the following symptoms:**
 - One of these: new onset cough or shortness of breath by themselves OR;
 - At least two of the following: fever (100.4°F or higher), chills, muscle pain, sore throat, fatigue, congestion, loss of sense of smell or taste, or gastrointestinal symptoms of diarrhea, vomiting, or nausea.
- If a person has a new symptom (for example, loss of smell only) with no other diagnosis to explain it, they should stay home and talk to their healthcare provider about testing for COVID-19, even if it is the only symptom they are experiencing.
- If a person is given an alternative diagnosis (e.g. strep throat, influenza, etc.) they should stay home from school following WVDE standard exclusion criteria for communicable diseases in schools.
- If anyone in a child's household (parent, grandparent, sibling, etc.) tests positive for COVID-19, the child will need to be kept home in quarantine for 14 days from the last day they may have been exposed to the family member with COVID-19.
- Schools should encourage parents, guardians, or caregivers to conduct a home screening. If there are no symptoms, it doesn't need to be reported. Parents should report on symptoms and close contact/potential exposure.

Cloth Face Coverings

- Cloth face coverings, commonly referred to as 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 cloth face covering coughs, sneezes, talks, or raises their voice. Cloth face coverings are an example of source control.
 - Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected.
 - Cloth face coverings are not personal protective equipment, such as surgical masks or respirators.
- When used consistently and correctly, cloth face coverings are important to help slow the spread of COVID-19. The use of cloth face coverings is especially important when [social distancing](#) is difficult to maintain. Appropriate and consistent use [of cloth face coverings](#) is most important when students, teachers, and staff are indoors and when social distancing of at least 6 feet is difficult to implement or maintain.
- The Centers for Disease Control and Prevention (CDC) has issued [Guidance for K-12 School Administrators on the Use of Cloth Face Coverings in Schools](#).
- Cloth face covering requirements for West Virginia public schools can be found here: <https://wvde.us/school-reentry-metrics-protocols/>.
- **While cloth face covering use decreases the risk of infection, at this time it does not change recommendations for quarantine. Close contacts will need to quarantine for 14 days from their last exposure.**

Everyday Preventative Measures.

- The best way to prevent illness in a school is to promote healthy hand hygiene. Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds [or appropriately use hand sanitizer](#) and increase monitoring to ensure adherence among students and staff.
- All students, staff, and volunteers should engage in hand hygiene at the following times:
 - Arrival to the school and after breaks (including switching classrooms)
 - Before and after eating
 - After using the toilet
 - After coming in contact with bodily fluid
 - After playing outdoors or in gym class
 - After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
 - Supervise younger children when they use hand sanitizer to prevent ingestion.
 - Assist younger children who cannot wash hands alone.

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- Encourage staff and students to practice good hand hygiene.
 - Replace handshaking with -other noncontact methods of greeting.
 - Clean hands at the door and at regular intervals.
 - Create habits and reminders to avoid touching faces; to cover coughs and sneezes.
- Support [healthy hygiene](#) by providing adequate supplies, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible) and no-touch/foot-pedal trash cans.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. (See additional guidance under **Cleaning Practices**.)
- Identify practices that will allow students to stay with their core group throughout the school day. Changes in core groups are timed to align with school breaks. Core grouping helps limit the number of contacts for each individual. As a result, quarantines, dismissals, or suspension of in-person learning in the event of a student or staff member with COVID-19 affect fewer people. Students may be in multiple core groups (e.g. same bus ride to school, after-school sports, classroom).
- Schools should alert their local health department about large increases in student or staff absenteeism due to respiratory illnesses.

Cleaning Practices

- The CDC has issued guidance for [cleaning and disinfecting schools](#).
- Schools should develop a schedule for cleaning and disinfecting.
 - Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games, doorknobs, light switches, classroom sink handles, drinking fountains, countertops, desks, chairs, cubbies, and playground equipment.
 - When surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- Use cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#).
 - All cleaning materials should be kept out of reach of students.
 - If possible, provide EPA-registered disposable wipes to teachers for frequent surface cleaning.
 - Toys that cannot be cleaned and sanitized should not be used.
 - Books, like other paper-based materials such as paper or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

Social Distancing Considerations

- Space seating/desks at least 6 feet apart when feasible.
 - 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.
- Create distance between children on school buses (e.g., seat children one child per row, skip rows) when possible.
 - When this is not possible, students will be required to wear masks on the bus grades 3 and above as long as there are no medical or developmental constraints that prevent their use.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and students remain at least 6 feet apart in lines and at other times (e.g. guides for creating “one-way routes” in hallways) when feasible.
- At this time, wearing a cloth face covering does not eliminate a person from being quarantined if they are identified as being a close contact with a confirmed case.

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Reporting and Investigating a Case of COVID-19 at a School

1. The teacher should notify school administration immediately and the student should be sent home if the student develops:
 - One of the following: new onset cough or shortness of breath OR;
 - At least two of the following: fever (100.4°F or higher), chills, muscle pain, sore throat, fatigue, congestion, loss of sense of smell or taste, or gastrointestinal symptoms of diarrhea, vomiting, or nausea.
2. While waiting for a sick student to be picked up, the school should remove the child from the classroom and stay with the child in a room isolated from others. The teacher/designee and student should continue to wear a cloth face covering while in the room with the student.
3. It is recommended the teacher/designee take the ill student out to the parent/guardian rather than the parent/guardian entering the school and wash their hands immediately after the student is picked up.
4. Any person confirmed with COVID-19 should be immediately reported to the local health department.
5. The local health department will conduct contact tracing to identify people who may have been in **close contact** with a student or staff member diagnosed with COVID-19 during their infectious period. As part of the public health investigation, investigators seek to identify close contacts starting two days before the person became symptomatic or tested positive for COVID-19 (if asymptomatic).
 - **Close contact** for the purposes of the public health investigation is defined as a person being within six feet of the individual diagnosed with COVID-19 during their infectious period for 15 minutes or longer.
 - **Cloth face covering use decreases the risk of infection; however, currently it does not change recommendations for quarantine. Close contacts will need to quarantine for 14 days from their last exposure.**
6. Any person who is identified as a close contact or at risk for exposure to COVID-19 based on the public health investigation will be required to quarantine for 14 days from their last day of exposure.
 - Depending on the specific circumstances, this may involve quarantine only of specific individuals (e.g., those sitting next to a person with COVID-19 in a classroom), but could include whole classes or core groups (depending on degree or likelihood of close contact, classroom size, age of students, etc.); this will be assessed on a case-by-case basis by the local health department.
 - Local health departments will work with schools to collect the necessary information through the school's point-of-contact, interview the person diagnosed with COVID-19, and other staff potentially involved to gather information to make an informed decision about risk and need for others to quarantine.
 - In classrooms with younger children that do not move throughout the school, the entire classroom including the teacher may be sent home while the local health department completes the investigation to determine the risk and need for people to quarantine.
 - In order for the local health department to identify close contacts, it is essential that the school have available students' schedules, assigned seats, bus seating, cohort groups, lunch seating, extracurricular activities and other potential contact settings.
7. The local health department should work with the school to establish list of close contacts (a tool for contact tracing can be found at the end of this document).
 - In working with the local health department, the school or local health department will notify close contacts that they have been exposed and provide recommendations for quarantine.
 - It is recommended that close contacts be tested (no sooner than 5 days after exposure or earlier if a close contact develops symptoms). Irrespective of and if the close contact tests negative, they must remain in quarantine for 14 days from their last exposure.
8. If more than one student in a single classroom tests positive from separate households with onset within 14 days, it is recommended that the entire class quarantine for 14 days.
9. The siblings of people with COVID-19 will likely be considered close contacts because they often live in the same house as the person who has COVID-19. They will need to stay home for a 14-day quarantine.

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- The siblings of people who are home for quarantine because they were exposed to COVID-19 do not need to stay home or be tested unless the sibling in quarantine develops symptoms or tests positive for COVID-19.
 - Parents should closely monitor all of their children for symptoms.
10. Schools should follow WVDE criteria for suspending in-person learning as defined in the [WVDE Re-entry Toolkit](#).
- Schools should follow the plans and procedures their school/county has in place for remote learning in order maintain continuity of education.
11. Schools also should follow guidance from the U.S. Department of Education on the Family Educational Rights and Privacy Act (FERPA) and its applicability to students and COVID-19 contact tracing and testing.
- **Under the WV Reportable Disease Rule 64 CSR-7, the local health department is permitted to receive a list of names of students and/or staff. This includes providing contact information in order to carry out public health activities when a case of COVID-19 has been detected in the school setting without first obtaining an individual's authorization. Such activities include interviewing confirmed cases and close contacts, notifying individuals about a potential exposure, and contacting exposed individuals that would need to quarantine.**
 - The student's name should not be released to anyone unless absolutely necessary. For example, close contact students do not need to know the positive case name. However, you may need to let a teacher, or a local health department know the student's name to assist in identifying close contacts in the school.
 - Schools may choose to send notification to the class that there has been a positive case in the classroom and that all students who were considered close contacts have been notified and will need to quarantine for 14 days. The positive student should not be named.

Additional Cleaning Protocols in the Event of Confirmed COVID-19

- Clean and restore the school environment so that in-person learning can continue.
- If COVID-19 is confirmed in a child or staff member:
 - Close off areas used by the person who is sick. If possible, move the students remaining in the classroom to another environment until cleaning protocols can be implemented.
 - Open outside doors and windows to increase air circulation.
 - If possible, wait up to 24 hours before cleaning or disinfecting to allow respiratory droplets to settle and to reduce risk to individuals cleaning.
 - Clean and disinfect all areas used by the person who is sick, such as classrooms, offices, bathrooms, and common areas.
 - Once the areas used by the person who is sick have been cleaned, the area may be re-opened.
 - If more than seven days have passed since the person who is sick visited or used the school, additional cleaning and disinfection is not necessary.

Testing for COVID-19

- Testing is recommended for all individuals who have been identified as having close contact to a confirmed case of COVID-19. Schools may request testing support from DHHR by contacting their local health department who will request through Health Command.
- Universal testing of all students and staff in schools has not been systematically studied. It is not known if testing in schools provides any additional reduction in person-to-person transmission of the virus beyond what would be expected with implementation of other infection preventive measures (e.g., social distancing, cloth face coverings, hand washing, enhanced cleaning and disinfecting). **Therefore, universal testing of all students and staff is not recommended.**
 - Implementation of a universal approach to testing in schools may pose challenges, such as the lack of infrastructure to support routine testing and follow up in the school setting; unknown acceptability of this

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testing approach among students, parents, and staff; lack of dedicated resources; practical considerations related to testing minors; and potential disruption in the educational environment.

Return to School Criteria

- Students or staff who tested positive may return to school when the following criteria are met:
 - At least 10 days have passed since symptoms first appeared; AND
 - At least 24 hours have passed since the child has recovered, which is defined as resolution of fever without the use of fever reducing medications; AND
 - There is an improvement in symptoms.
- Students or staff with laboratory-confirmed COVID-19 who have not had any symptoms may be readmitted to the school when at least 10 days have passed since the date of their first positive COVID-19 test and if they have had no subsequent illness.

Exposure

- Any staff or student who has had close contact with someone diagnosed with COVID-19 as determined by a local health officer should not be permitted to enter the school. Exposed individuals should stay home, away from others, and monitor for symptoms during the 14 days after the last day of contact with the person with COVID-19. Exposed persons should not go to work or school and should avoid public places for at least 14 days.
- Once the monitoring period is complete, the staff or student can return to work or school with no further restrictions.
- A close contact is someone identified as:
 - A person having unprotected direct contact with infectious secretions of a COVID-19 case (being coughed on, touching used paper tissues with a bare hand, etc.).
 - A person having had face-to-face contact with a COVID-19 case within 6 feet and for longer than 15 minutes.
 - A person who was in a closed environment (meeting room, activity room, bedroom, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 6 feet.
 - A person having had direct physical contact with a COVID-19 case (e.g., shaking hands).

School Dismissal

- Schools should remain open as long as they can maintain a safe and healthy school environment.
- There may be a short duration school closure in response to school-based cases of COVID-19 due to:
 - Cleaning/disinfecting and contact tracing (few days of closure).
 - Lack of staff to maintain student/teacher ratios.
- When schools are closed to in-person learning, remote learning will continue, and staff may still report to buildings to facilitate remote learning or continue other essential student services.
- There is not a need to close school for a single case of COVID-19 in a school setting as long as the guidance for cleaning, disinfecting and contact tracing can be completed within 24 hours of the local health department receiving notification of a positive case.
- Schools should follow WVDE criteria for suspending in-person learning as found here: [WVDE Re-entry Toolkit](#).
- In-person learning will be suspended for the whole county only in accordance with the DHHR County Alert System: www.coronavirus.wv.gov.

Communication

- Stay informed about COVID-19 by visiting www.coronavirus.wv.gov.
- Develop an information sharing process with your local health department. Determine how the school will communicate with staff and parents.
- Help staff and students' families understand COVID-19 and the steps they can take to protect themselves by sharing these fact sheets:

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- [Talking to Children About COVID-19](#)
- [What to Do if You're Sick with COVID-19](#)
- [How to Protect Yourself and Others](#)

Contact Tracing Tool

Instructions: Use this tool as a guide to help identify close contacts of a student or staff member who has tested positive for COVID-19. Using the questions from the tool, create a list of individuals identified as close contacts. This information should be shared with the local health department for proper public health monitoring of close contacts.

A close contact is anyone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or for cases without symptoms, 2 days before the test was taken) until the time the patient is isolated.

- Contacts with no symptoms should self-quarantine at home for 14 days from their last potential exposure and should be referred for testing.
- Testing is recommended for all close contacts of confirmed or probable COVID-19 patients.
- All close contacts who have symptoms of COVID-19 should self-isolate at home, contact their healthcare provider and be tested as soon as possible.

Information to Determine:

1. Which students were a close contact in the classroom(s)?
2. Which students were a close contact on school transportation?
3. Which students were a close contact in the cafeteria?
4. Which students were a close contact at recess?
5. Which students were a close contact in an extracurricular activity?
6. Which faculty or staff (including administrators, coaches, custodians, volunteers) had close contact with the student?
7. Does the student have siblings? Do siblings attend other schools?
8. Which students were a close contact in before and/or after school care?
9. If the case is a faculty or staff member, which students or other adults had contact with the case?

