COLORADO
Department of Public Health & Environment

COVID-19 GUIDANCE

Cases and outbreaks in child care and schools

Updated: Sept. 29, 2020

To request assistance or provide feedback:
https://tinyurl.com/COP12Feedback

This guidance goes into effect Monday, Oct. 5.

The following document provides guidance for detecting, reporting, and responding to cases of COVID-19 as well as outbreaks of COVID-19 among students and staff in child care and schools. The guidance is based on the information available as of September 2020. Data and knowledge about COVID-19 in child care, school, and school-age children is limited. As we obtain additional information and experience with COVID-19 in schools and child care facilities, we will update the guidance. Expect frequent updates to the guidance over the school year.

Schools, child care providers, and public health share responsibility for applying the guidance in this document. If you have questions about scenarios or situations that are not covered in this document, please consult with your local public health agency.

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This guidance applies to all circumstances where a teacher or caregiver cares for multiple children outside the usual home of the children. These circumstances include, but are not limited to:

- K-12 schools, both public and private.
- Licensed child care settings.
- Home-based family child care settings.
- License-exempt child care programs such as single skill building and 72 hour camps.
- Guest child care facilities at ski resorts and courthouses.
- "Pods" and other home learning/homeschooling groups.

Note: Special Considerations for Child Care

Child care and pre-K settings are different from K-12 settings in important ways. The particular facilities, curriculum, and modes of supervision in child care facilities require modifications to the outbreak guidance developed for K-12 settings. Please take note of special instructions for pre-K and child care settings throughout the document. In the guidance and tools below, the term "schools" includes K-12 schools and child care providers, including in-home providers.

Residential settings, including overnight camps and group homes, have different transmission characteristics and abilities to isolate and quarantine as compared to K-12 schools and other child care settings. These settings should follow the outbreak guidance relevant to their particular circumstances.

Definitions

Confirmed case: a case in a person who has tested positive for the COVID-19 virus using certain laboratory tests (usually PCR). Public health professionals will assign the case a definition using the Colorado COVID-19 **case and outbreak definitions**.

School outbreak-associated case: a case among students, teachers, or staff that meets the **outbreak definition**. Family members or others outside the school who get sick should not be classified as outbreak-associated.

COVID-like symptoms: loss of taste or smell, fever (100.4°F or higher), chills, new or worsening cough, shortness of breath or difficulty breathing, headache, sore throat, muscle or body aches, congestion or runny nose, fatigue, nausea or vomiting, diarrhea. A person can be contagious two days before they start having symptoms. In children too young to reliably report their symptoms, caregivers and teachers should monitor for symptoms and other age-appropriate signs of disease, including decreased appetite or activity. Symptoms of COVID-19 in this age group have not been well defined.

Isolation: staying home from work, school, and activities when a person is sick or diagnosed with COVID-19. Isolation lasts for at least 10 days after the onset of symptoms — and for 24 hours after being fever-free without the aid of fever-reducing medication and if the person shows an improvement of symptoms. For people who have not had symptoms, isolation lasts 10 days from the day they had their first positive test. In rare instances (for example, if a person was very sick or has certain medical problems), isolation may last 20 days. Public health experts do not recommend repeat testing to decide when to end the period of isolation except in rare circumstances in consultation with a medical provider.

Quarantine: staying home from work, school, and/or activities after a person was in close contact with someone with COVID-19. Quarantine lasts for 14 days (unless the person develops symptoms, then they will be put in isolation). Negative tests cannot be used to release a person from quarantine.

Close contact: a person who:

- was within 6 feet of someone who has COVID-19 (even if they did not have symptoms) for at least 15 minutes total.
- provided care for someone who is sick with COVID-19.
- was a household contact of someone who is sick with COVID-19.
- had direct physical contact with someone who is sick with COVID-19.

- shared eating or drinking utensils with someone who is sick with COVID-19.
- got exposed to respiratory droplets from someone who is sick with COVID-19 (through sneezing, coughing, shouting, etc.).
- was in the same class/cohort as a person with COVID-19.

Close contacts can be determined using the "Who is a close contact?" tool, when schools meet specific criteria for disease prevalence, administrative capacity, and transmission risk mitigation strategies. This tool is not to be used in schools that are using small cohorts of students and staff where the same group of students and staff limit their exposures by staying together for more than one class period.

Note: for pre-K and child care settings, consider additional types of close contact, including feeding, diapering, and holding. Due to the close proximity of caregiver and child in these circumstances, very short durations of exposure will warrant quarantine if a case is detected in a caregiver or child.

Cohorting: the practice of keeping the same students and teachers in the same small group at all times during the school day. Ideally, changes in cohorts are timed to align with school semesters or trimesters after lengthy breaks, but even shorter blocks of time, such as two weeks, can be effective. Cohorting helps limit the number of contacts each individual has. As a result, if quarantines or dismissals are needed, they may affect fewer people, resulting in fewer disruptions to in-person learning. Students may be in multiple cohorts (for example, bus ride to school, after-school sports, classroom).

Physical distancing: maintaining at least 6 feet between each student, teacher, and staff member for as much of the school day as possible. During contact tracing, classroom contacts may be considered exposed (and required to quarantine for 14 days), even if physical distancing was practiced in the classroom. While 3 feet of distance is an option within school cohorts/classrooms, 3 feet is not considered physical distancing.

PCR test: a test that detects genetic material from a virus in the nose or mouth. The sample is collected on a swab or in a test tube which is sent to a lab for analysis. The test usually takes a few days to come back. Because this test is very sensitive, it is very good at detecting even small traces from a virus. This test can be used to determine whether or not a person has COVID-19. False negatives do happen and the virus is not always detected.

Antigen test: a test that detects specific, small pieces of the virus in the nose or mouth. The sample is collected on a swab or in a test tube and is usually analyzed on-site. This test can come back in just a few minutes. Because this test looks for specific pieces of the virus, if the test is positive it is very likely that a person has COVID-19. However, if the antigen test is negative a ***person still may have COVID-19***, because the test may miss an infection. For this reason, a health care provider may send a PCR test to confirm the result if the antigen test is negative.

Serology test: a test that detects the antibodies the body starts to make a few days after the start of an infection. These antibodies can last many months, or even longer. For this reason, serology tests are useful for showing that a person had COVID-19 in the past, but ***may not detect early COVID-19 infections*** and can't give any information about when a person was infected.

Defining COVID-19 outbreaks in schools

Confirmed outbreak definition

If one or more criteria below are met, there is a confirmed outbreak. Outbreak response will vary by criteria met. All confirmed outbreaks will be posted on the CDPHE website at covid19.colorado.gov/data/outbreak-data.

1. **Classroom/cohort outbreak**: Two or more confirmed COVID-19 cases among students/teachers/staff from separate households with onset within 14 days in a single classroom or cohort.
2. **School-wide outbreak**:
    a. In schools practicing cohorting, three or more classrooms or cohorts with cases from seperate households that meet the classroom/cohort outbreak definition that occurs within 14 days;
    OR
    b. In schools not practicing cohorting, two or more confirmed COVID-19 cases from separate households with onset within 14 days in the same school (note: cases can include student, teachers, and other staff);
    OR
    c. 5% or more unrelated students/teachers/staff have confirmed COVID-19 within a 14 day period (minimum of 10 unrelated students/teachers/staff).
3. **Staff outbreak**: Two or more teachers/staff with confirmed COVID-19 who are close contacts within the school setting with onset within 14 days.

Suspected outbreak definition

If one or more criteria below are met, there is a suspected outbreak. Outbreak response will vary by criteria met. Suspected outbreaks are not currently posted to the website.

1. **Classroom/cohort outbreak**: One confirmed COVID-19 case and one or more people sick with COVID-like symptoms among students/teachers/staff from separate households with onset within 14 days in a single classroom or cohort.
2. Single confirmed COVID-19 cases in two or more classrooms.

3. 10% absenteeism (among expected in-person students/teachers/staff) in the whole school for any reason[1].

Tools to determine who needs to be home from school

Note: Some of the tools have different versions based on where your community is on the Colorado COVID-19 dial dashboard. These tools apply to students, teachers, and staff at the schools.

1. **"At-home COVID-19 symptom screening tool for parents and staff" A home checklist for parents and school staff.**
2. **"Child/teacher/staff feels or appears unwell after arriving at school" A screening tool to determine who needs to be sent home from school.**
3. **"Return to learn: guidance following a positive COVID-19 symptom screen" Tools to determine how long a person needs to stay home after staying/going home sick.**
4. **"What happens to the contacts?" A tool to determine if classmates or cohort members or close contacts of a sick person need to stay home.**
5. **"Who is a close contact?" A tool to determine who is a close contact in schools meeting specific criteria for disease prevalence, administrative capacity, and transmission risk mitigation strategies. This tool is not to be used in schools that are using small cohorts of students and staff where the same group of students and staff limit their exposures by staying together for more than one class period.**

Responding to COVID-19 cases and outbreaks in schools and child care

Single cases	Response

[1] Overall school absenteeism (for any reason) is an established measure of disease transmission in a school.

One student with confirmed COVID-19 within a school.	• Student stays home until released from isolation (usually 10 days after symptom onset, 24+ hours fever-free, and improving symptoms).
	• Class/cohort stays home for a 14-day quarantine (dating from the last day that the child with confirmed COVID-19 attended class), after using the "What happens to the contacts?" tool to determine if classmates or cohort members or close contacts of a sick person need to stay home.
	• If school is not practicing cohorting or there is some mixing of cohorts, work with public health staff to identify close contacts (including providing class schedules and class rosters). Contacts should stay at home until released from quarantine.
	  ○ Anticipate grade-wide or school-wide dismissal for several days while identification and notification of close contacts is ongoing.
	  ○ In schools meeting specific criteria for community disease prevalence, administrative capacity, and transmission risk strategies the "Who is a close contact?" tool may be used. Public health experts recommend testing of close contacts (about 7 days after exposure, or earlier if contact develops symptoms).
	  ○ Cost and logistics of testing is the responsibility of the individual, parent, or caregiver. CDPHE lab can analyze samples on a case-by-case basis. Local public health should work with state public health epidemiology teams. Assess feasibility with local public health.

One student with COVID-like symptoms within a school.	• The student, teachers, or staff should stay home according to the "At home COVID-19 screening tool for parents and staff" checklist for parents and staff. • The student, teacher, or staff should only return to school after following the "Return to learn" tool to determine how long a person needs to stay home after staying home or going home sick. • The student, teacher, or staff should follow the "Child/teacher/staff feels or appears unwell after arriving at school" tool to determine who needs to be sent home if they begin feeling sick while at school. • Follow the "What happens to the contacts?" tool to determine if classmates/cohort members/close contacts of a sick person need to stay home. • In schools meeting specific criteria for community disease prevalence, administrative capacity, and transmission risk strategies the "Who is a close contact?" tool may be used.
One teacher/staff member with confirmed COVID-19.	• Teacher/staff member stays home until released from isolation (usually 10 days after symptom onset, 24+ hours fever-free, and improving symptoms). • Class/cohort stays home for a 14-day quarantine, after using the "What happens

	to the contacts?" tool to determine if classmates, cohort members, or close contacts of a sick person need to stay home. ● In schools meeting specific criteria for community disease prevalence, administrative capacity, and transmission risk strategies the "Who is a close contact?" tool may be used. Public health recommends testing close contacts (about 7 days after exposure or earlier if contact develops symptoms). ○ Cost and logistics of testing is the responsibility of the individual, parent, or caregiver. The state public health lab can test on a case-by-case basis. Local public health should work with state public health epidemiology teams.
One teacher/staff member with COVID-19-like symptoms.	● Teacher/staff member stays home according to the "Child/teacher/staff feels or appears sick after arriving at school" tool to determine who needs to be sent home from school. ● Follow the "What happens to the contacts?" tool to determine if classmates/cohort members/close contacts of a sick person need to stay home. ● In schools meeting specific criteria for community disease prevalence, administrative capacity, and transmission risk strategies the "Who is a close contact?" tool may be used.
Confirmed outbreak	
Two or more people from separate households with **confirmed COVID-19** with onset within 14 days in a **single classroom or cohort**. *(classroom/cohort outbreak)*	● All students, teachers, and staff with COVID-19 stay home until released from isolation (usually 10 days after symptom onset, 24+ hours fever-free, and improving symptoms). ● Class/cohort must quarantine for 14 days. ● Public health experts recommend testing close contacts (about 7 days after exposure or earlier if contact develops symptoms). ○ Cost and logistics of testing is the responsibility of the individual, parent, or caregiver. The state public health lab can test on a case-by-case basis. Local public health should work with state public health epidemiology teams. Assess feasibility with local public health. ● If outbreak and exposures are limited to one classroom or cohort, school closure may not be necessary. ● Consider a school-wide testing event.
Three or more **outbreak classrooms**/cohorts. *(school outbreak)*	● All students, teachers, and staff with COVID-19 stay home until released from isolation (usually 10 days after symptom onset, 24+ hours fever-free, and

	improving symptoms). • Class/cohort stays home for a 14-day quarantine, after using the "What happens to the contacts?" tool to determine if classmates, cohort members, or close contacts of a sick person need to stay home. • In schools meeting specific criteria for community disease prevalence, administrative capacity, and transmission risk strategies the "Who is a close contact?" tool may be used. • Public health experts recommend testing of close contacts (about 7 days after exposure or earlier if contact develops symptoms). • Consider school closure, especially if there is evidence of transmission between classrooms/cohorts within the school (as opposed to two distinct classroom outbreaks both starting with known household exposures). See information below on school closure. • Consider a school-wide testing event.
In schools not cohorting, **two** or more people, from separate households, with **confirmed COVID-19** with onset within 14 days in the **same school.** *(school outbreak)*	• All students, teachers, and staff with COVID-19 stay home until released from isolation (usually 10 days after symptom onset, 24+ hours fever-free, and improving symptoms). • Work with public health staff to identify contacts. All contacts must quarantine for 14 days. • In schools meeting specific criteria for community disease prevalence, administrative capacity, and transmission risk strategies the "Who is a close contact?" tool may be used. • Public health experts recommend testing of close contacts (about 7 days after exposure or earlier if contact develops symptoms). • Consider a school-wide testing event. • Consider school closure if teachers/staff staying home interferes with the ability of the school to operate.
5% or more students/staff have **confirmed COVID-19** within a 14-day period. *(school outbreak)*	• All students, teachers, and staff with COVID-19 stay home until released from isolation (usually 10 days after symptom onset, 24+ hours fever-free, and improving symptoms). • Work with public health staff to identify contacts. All contacts (students, teachers, and staff) must quarantine for 14 days. • In schools meeting specific criteria for community disease prevalence, administrative capacity, and transmission risk strategies the "Who is a close contact?" tool may be used. • Public health experts recommend testing close contacts (about 7 days after

	exposure or earlier if contact develops symptoms). • Recommend school closure for 14 days. • Consider a school-wide testing event.
Two or more teachers/staff with **confirmed COVID-19** are close contacts within the school setting. (*school staff outbreak*)	• Teachers, staff with COVID-19 stay home until released from isolation (usually 10 days after symptom onset, 24+ hours fever-free, and improving symptoms). • Public health investigation to determine close contacts among teachers, staff, and students. • Class/cohort and close contacts stay home for a 14-day quarantine, after using the "What happens to the contacts?" tool to determine if classmates, cohort members, or close contacts of a sick person need to stay home. • In schools meeting specific criteria for community disease prevalence, administrative capacity, and transmission risk strategies the "Who is a close contact?" tool may be used. • Public health experts recommend testing close contacts (about 7 days after exposure or earlier if contact develops symptoms). • Consider school closure if the number of teachers/ staff staying home interferes with the school's ability to operate. • Consider a school-wide testing event.
Suspected outbreak	
One person with **confirmed COVID-19** and **one** or more people with **COVID-like symptoms** from multiple households with onset within 14 days in a **single classroom or cohort**. *(classroom/cohort suspect outbreak)*	• All students, teachers, and staff with COVID-19 stay home until released from isolation (usually 10 days after symptom onset, 24+ hours fever-free, and improving symptoms). • Entire classroom/cohort, including teachers/staff, must quarantine for 14 days. • Public health investigation to determine if this meets the definition for a confirmed outbreak. • Public health experts recommend testing close contacts (about 7 days after exposure or earlier if contact develops symptoms). • In schools meeting specific criteria for community disease prevalence, administrative capacity, and transmission risk strategies the "Who is a close contact?" tool may be used.
Individuals with **confirmed COVID-19** in **multiple classrooms**. (not meeting overall school outbreak threshold)	• All students, teachers, and staff with COVID-19 stay home until released from isolation (usually 10 days after symptom onset, 24+ hours fever-free, and improving symptoms). • Public health investigation to determine close contacts among staff and

	students. ● All close contacts must quarantine for 14 days. ● Consider holding a mass testing event in coordination with local public health. ● Consider school closure if the number of teachers/staff staying home interferes with the school's ability to operate.
Suspected Outbreak: **10% absenteeism** (among expected in-person students/staff) for any reason. *(suspect outbreak)*	● School collaborates with public health to determine whether there is an outbreak of COVID-19 or another pathogen. ● Encourage testing of all symptomatic students, teachers, and staff. ○ Cost and logistics of testing is the responsibility of the individual, parent, or caregiver. The state public health lab can test on a case-by-case basis. Local public health should work with state public health epidemiology teams. Assess feasibility with local public health.

Criteria for closures

School closure: A school should be closed when:

- Five or more classroom/cohort outbreaks (defined above) occur within a 14-day period. Length of closure: 14 days.
  OR
- 5% or more unrelated students/teachers/staff have confirmed COVID-19 within a 14-day period (minimum of 10 unrelated students/staff). Length of closure: 14 days.[2]
  OR
- Additional time is needed to clean the school before students/teachers/staff return. Length of closure: time necessary to complete cleaning.
  OR
- Additional time is needed to gather student/teachers/staff illness data and confer with public health. Length of closure: time necessary to gather student/teachers/staff illness data and confer with public health.
  OR
- A school cannot operate because a large number of students/teachers/staff are absent. "Large number" is determined by the school/district. Length of closure is determined by the school/district.

[2] For pre-K and child care facilities, attendance may vary significantly day-to-day due to non-illness-related factors, including variability in the number of drop-in attendees. Therefore, attendance-based criteria for outbreak determination should not be utilized in child care and pre-K settings. These settings should nevertheless take note of unexplained periods of decreased attendance and communicate with local or state public health authorities if illness among attendees is suspected.

District-wide closure: District-wide closure in accordance with Colorado Department of Education Reopening Guidance.

Note: In lieu of closure, schools can switch to remote learning.

Notification letter templates

Templates for schools to send notification letters to parents.
Templates for health care providers to send to school with students or staff following onset of symptoms.

Considerations for ...

Siblings and household contacts

The siblings and other household contacts 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. As with other close contacts, household close contacts will have a 14 day quarantine period. This quarantine period begins on the last day of exposure to the person with COVID-19 during their 10 day isolation period. If close contact between the person with COVID-19 and household members continues throughout the case's isolation period, the duration of quarantine for household contacts would be a total of 24 days (10 day isolation + 14 day quarantine beginning on the last day of isolation). Public health may recommend siblings get tested for COVID-19 about 7 days after they were in contact with their sick sibling.

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 and themselves for symptoms.

COVID-19 testing in schools

It is important that people who are sick get tested for COVID-19. People who are not sick, but were a close contact of someone with COVID-19, should get tested for COVID-19 about 7 days after they were in contact with the sick person. Students, teachers, and staff should work with their health care provider to get tested. Public health can help with testing if a person does not have a health care provider.

Testing everyone in a school (either before school starts or during school) is not recommended at this time. Physical distancing and wearing masks are more important ways to prevent COVID-19. A negative test means that the person did not have COVID-19 detected when they were tested. A negative test does not mean they are "safe" or "cleared" to be at school.

Concurrent respiratory infections

Note: All sections are subject to change including this section. This section is subject to change due to further discussion with subject matter experts and local public health agencies.

- Prevent respiratory disease:
    - Recommend annual flu vaccine — consider hosting school vaccination clinics.
    - Stay home when sick.
        - If symptoms are consistent with COVID-19, send the student/teachers/staff home to isolate.
    - Teach and practice respiratory etiquette — cover coughs and sneezes properly, wash hands, properly dispose of tissues.
    - Teach and practice proper handwashing. Provide adequate handwashing supplies. Schedule times for handwashing during the school day.
    - Practice surface cleaning, especially for things that are touched a lot (e.g., door knobs, light switches, desks, etc.) and other surfaces.
        - Clean between each group of students.
        - Use EPA-approved cleaning sources (www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19) and follow the label instructions.
    - Educate parents, teachers, staff, and students on what to do if someone is sick, including:
        - Identifying symptoms and high-risk groups.
        - Separating students in the event of illness occurring at school.
        - Knowing when to see a doctor and where to seek treatment.

School surveillance for COVID-19 and outbreak reporting for schools and child care providers

School surveillance

Note: This section subject to change following further discussion with subject matter experts and local public health agencies.

CDPHE has established an Absenteeism School Surveillance Program to collect data on absenteeism due to illness among teachers, staff, and students. CDPHE will also collect methods and practices used for school cohorting of teachers, staff, and students from schools and school

districts. The Absenteeism School Surveillance Program is only for K-12 schools and does not apply to child care providers. While voluntary, this information is extremely important and will help the department better understand disease transmission in schools so that we can continually improve our guidance as the school year unfolds.

CDPHE will send a weekly survey via REDCap to school contacts to obtain the following information to describe respiratory illness in schools:

School information:

- School Name.
- District.
- School Type:
  - Elementary school (K-5).
  - Middle school (6-8).
  - High school (9-12).
  - K-8.
  - K-12.
  - Alternative.
  - Other, specify.
- Total number of students attending school in person on average during the previous week.
- Total number of teachers/staff working in the school.
- Percentage of students who attended school in person during the previous week.
- School cohorting practices.
- Whether the school is enforcing any prevention measures such as temperature checks and symptom screening, mask-wearing, or physical distancing.
- School or classroom/cohort closures during the previous week.
- Optional notes.

Student and teacher/staff information:

- Total number of students enrolled.
- Total number of teachers/staff employed, number of in-person teachers/staff per week.
- Total number of weekly health visits to the school health office (need baseline average). If available, total number of visits specific to COVID-like or other respiratory illness symptoms.
- Number of students absent due to illness during the previous week (Monday-Friday).
- Number of teachers/staff absent due to illness during the previous week (Monday-Friday).

Aggregate information about percent absenteeism statewide will be shared on CDPHE's website, and more detailed information will be shared with local public health agencies through the CDPHE local public health agency portal by county.

Case and outbreak reporting for schools and child care providers

Clinical labs and/or health care providers are required to report cases to public health. Public health then interviews the people who have COVID-19 and conducts contact tracing to determine who might be close contacts of the case, and makes recommendations about isolation and quarantine. However, schools and child care providers also are encouraged to report single cases of COVID-19 to their local public health agency. Schools are able to disclose this information to public health without prior written consent under FERPA's health or safety emergency exception, because a person with COVID-19 represents a potential threat to the health and safety of others at the school. This is true even if there is not an outbreak.

Schools and child care providers are required to report all outbreaks to their local public health agency or CDPHE within four hours per statute. Schools and child care providers must report both suspected and confirmed outbreaks.

Schools and child care providers an report outbreaks by:

- Completing the CDPHE Outbreak Report Form and emailing it to cdphe_covid_outbreak@state.co.us.
- Calling their local public health agency.
- Calling CDPHE at 303-692-2700.

Helpful links

Operating schools during COVID-19: CDC's Considerations (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html)

Reopening Schools: Health Guidance by COVID-19 Phase (www.cde.state.co.us/planning20-21/healthguidancebycovidphase)

Critical Worker FAQ (drive.google.com/file/d/1mo8ThFri69P1Y4XEDGYoPjJTvvxrAILL/view)

California Department of Public Health Updates Guidance Related to Cohorts
(www.lcwlegal.com/news/california-department-of-public-health-updates-guidance-related-to-cohorts)

Frequently asked questions

1. **What if a parent or other household member of a child is diagnosed with COVID-19?**

   The child should stay home from school for 14 days even if the child is not experiencing COVID-19 symptoms. There is no need for further action in the school unless the child gets sick or ends up having a positive test. Public health experts do not recommend school or public notification in this situation.

2. **Can a school disclose the name(s) of students, teachers, or staff members who have COVID-19?**

   Schools are required to disclose names of people with COVID-19 to public health authorities. Schools should **not** disclose the name(s) of students, teachers or staff members with COVID-19 to other teachers, staff, students, parents, the media, or anyone outside public health. Public health staff are trained in how to manage health information in order to protect your privacy. They will never share your information without your permission and they store records securely and keep them safe.

3. **Does the federal Family Educational Rights and Privacy Act (FERPA) limit the information that schools can share with public health during COVID-19 investigations?**

   Regarding student confidentiality and privacy, the federal Family Educational Rights and Privacy Act (FERPA) prohibits sharing of health-related information except in certain well-defined circumstances, including, but not limited to: specified officials for audit or evaluation purposes and appropriate officials in health and safety emergencies. Notifying the state or local public health agency of a reportable disease in a student or an outbreak in a school does not breach FERPA confidentiality laws. In these situations, schools may disclose personally identifiable information to public health officials without prior parent consent.

4. **Do schools need to provide testing for COVID-19?**

   No, we do not expect schools to provide testing. Symptomatic students, teachers, and staff should be referred for testing to their health care provider or to a community testing site. In the event of a confirmed case at a school, local public health staff may refer close contacts for testing. Schools may be asked to consider hosting a school-wide testing event in coordination with public health in the event of a large outbreak, but the school would not be expected to be responsible for the cost or logistics.

5. **Can an exposed classroom/cohort continue to go to school?**

   We strongly recommend that everyone in a classroom or cohort stay home and quarantine when a person in that class/cohort is diagnosed with COVID-19. This is because illness is likely to continue to circulate within that class/cohort if the students continue to

have contact with each other, even if they are not experiencing symptoms. Keeping people home prevents further exposure and makes it less likely these individuals will develop COVID-19.

6. **Can a negative test release someone from quarantine?**

   No, the 14-day quarantine period is based on the incubation period of COVID-19. We recommend a PCR test for asymptomatic contacts on day 7 of quarantine. This allows people who test positive to isolate, and allows public health to conduct additional contact tracing. However, a negative test does not mean the individual will not develop COVID-19 later on during the quarantine period. Serology (antibody) testing cannot be used to make decisions about quarantining, returning to school, or cohorting.

7. **Can someone be counted as a case even if they test negative?**

   Yes. Close contacts of a person with COVID-19 who develop symptoms but test negative are sometimes counted as cases. There are many reasons a test can be negative, even if the person is infected. People with probable COVID-19 should be isolated and treated like a person who has a positive test result.

8. **When is an outbreak considered over?**

   An outbreak is over when 28 days have passed since the last person started having symptoms and no new cases have occurred. If the last person did not have symptoms, use the day the person was tested.

9. **What is the difference between "isolation" and "quarantine?"**

   Isolation separates **sick people** with a contagious disease (i.e., someone who has COVID-19 symptoms or a positive test) from others while they could spread the disease. Quarantine separates and restricts **people who were exposed** to COVID-19, but have not developed disease or evidence of infection. Quarantine helps prevent the spread of disease from people who become infectious after exposure. This is very important for COVID-19 because people can spread the disease even when they do not have symptoms.

10. **Do students, teachers, or staff need a negative test to return to school?**

    People do not need a negative test to return to school, and a negative test before the end of their full isolation period does not mean they can return sooner. CDC and CDPHE do not recommend repeat testing to end the isolation period of a person who has confirmed COVID-19, except in very rare circumstances when recommended by a medical provider.

11. **What if a student, teacher, or staff is in contact with a person who has confirmed COVID-19 outside of school?**

They must quarantine for 14 days from the date they were last with that person. Any coworkers or students of the person under quarantine do not need to quarantine, unless the quarantined person subsequently is diagnosed with COVID-19.

12. What if an individual with confirmed COVID-19 was wearing a mask while at school?

Masks reduce the likelihood of spreading disease across the school campus. Masks and physical distancing are important steps to protect others. However, the use of a mask does not completely eliminate the risk of spread from an infected person to a close contact, so close contacts of people with COVID-19 still must quarantine for 14 days. The exception is a health care provider, such as a school nurse, wearing personal protective equipment according to CDC guidelines. In this situation, quarantine may not be needed (www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

13. If a cohort is larger than a single classroom (for example, half a grade level), does the entire cohort need to quarantine for a single confirmed case?

Determine if the cohort needs to quarantine for a single case by using "What happens to the contacts?" tool to determine if classmates, cohort members, or close contacts of a sick person need to stay home. Schools meeting specific criteria for disease prevalence, administrative capacity, and transmission risk mitigation strategies can use the "Who is a close contact?" tool to determine who is a close contact. This tool is not to be used in schools that are using small cohorts of students and staff where the same group of students and staff limit their exposures by staying together for more than one class period.

14. If an outbreak happens in a before- or after-school program or on a sports team, who needs to be quarantined and sent home?

All students in any cohort with a case must quarantine for 14 days. If a student with COVID-19 attends a before-school program with a different set of students than their classroom cohort and is also on a sports team, people in all three of those groups must be quarantined.

15. Isn't COVID-19 mild in children? Do we need to worry about kids getting infected?

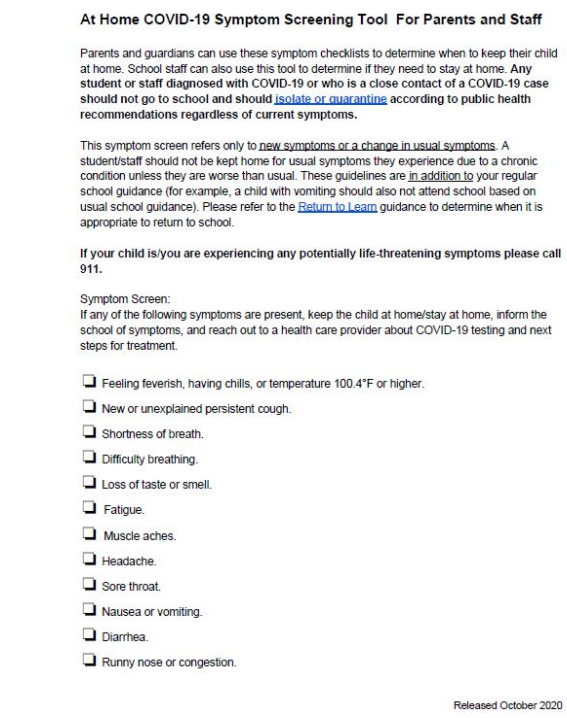
Yes, it is less likely for children to get very sick or die from COVID-19 than it is for adults. Unfortunately, it does happen. Older children in particular can develop Multisystem Inflammatory Disease in Children, which can make them seriously sick. Older children also are more likely to spread the virus to people outside the school. Keeping COVID-19 outbreaks from spreading in schools protects students, teachers, staff, and families.

Appendix

Click image for a downloadable/printable version of the tool.

At-home symptom screening tool

A home checklist for parents and staff



At Home COVID-19 Symptom Screening Tool For Parents and Staff

Parents and guardians can use these symptom checklists to determine when to keep their child at home. School staff can also use this tool to determine if they need to stay at home. **Any student or staff diagnosed with COVID-19 or who is a close contact of a COVID-19 case should not go to school and should isolate or quarantine according to public health recommendations regardless of current symptoms.**

This symptom screen refers only to new symptoms or a change in usual symptoms. A student/staff should not be kept home for usual symptoms they experience due to a chronic condition unless they are worse than usual. These guidelines are in addition to your regular school guidance (for example, a child with vomiting should also not attend school based on usual school guidance). Please refer to the Return to Learn guidance to determine when it is appropriate to return to school.

If your child is/you are experiencing any potentially life-threatening symptoms please call 911.

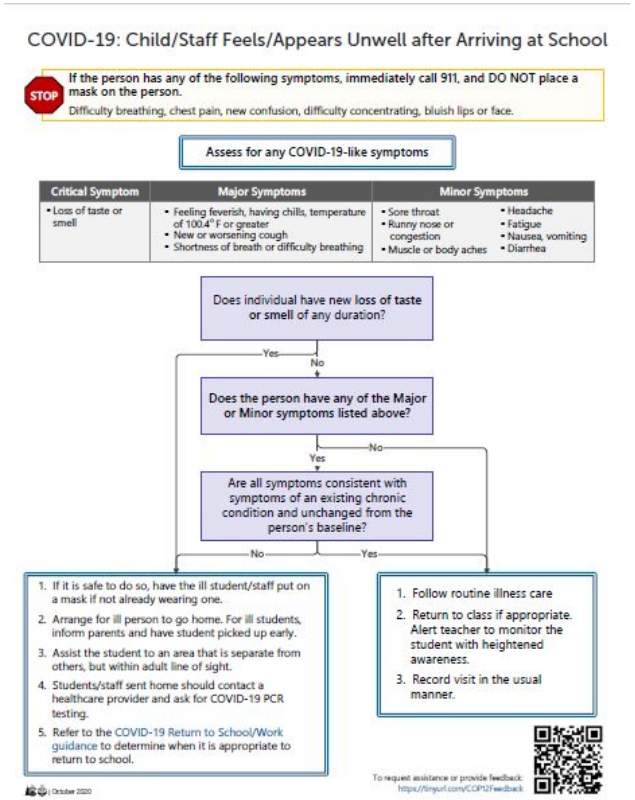
Symptom Screen:
If any of the following symptoms are present, keep the child at home/stay at home, inform the school of symptoms, and reach out to a health care provider about COVID-19 testing and next steps for treatment.

- ❑ Feeling feverish, having chills, or temperature 100.4°F or higher.
- ❑ New or unexplained persistent cough.
- ❑ Shortness of breath.
- ❑ Difficulty breathing.
- ❑ Loss of taste or smell.
- ❑ Fatigue.
- ❑ Muscle aches.
- ❑ Headache.
- ❑ Sore throat.
- ❑ Nausea or vomiting.
- ❑ Diarrhea.
- ❑ Runny nose or congestion.

Released October 2020

Child/staff feels/appears unwell after arriving at school

A screening tool to determine who needs to be sent home from school



COVID-19: Child/Staff Feels/Appears Unwell after Arriving at School

STOP — **If the person has any of the following symptoms, immediately call 911, and DO NOT place a mask on the person.**
Difficulty breathing, chest pain, new confusion, difficulty concentrating, bluish lips or face.

Assess for any COVID-19-like symptoms

Critical Symptom	Major Symptoms	Minor Symptoms
• Loss of taste or smell	• Feeling feverish, having chills, temperature of 100.4° F or greater • New or worsening cough • Shortness of breath or difficulty breathing	• Sore throat • Runny nose or congestion • Muscle or body aches • Headache • Fatigue • Nausea, vomiting • Diarrhea

Does individual have new loss of taste or smell of any duration?

Yes / No

Does the person have any of the Major or Minor symptoms listed above?

Yes / No

Are all symptoms consistent with symptoms of an existing chronic condition and unchanged from the person's baseline?

No / Yes

1. If it is safe to do so, have the ill student/staff put on a mask if not already wearing one.
2. Arrange for ill person to go home. For ill students, inform parents and have student picked up early.
3. Assist the student to an area that is separate from others, but within adult line of sight.
4. Students/staff sent home should contact a healthcare provider and ask for COVID-19 PCR testing.
5. Refer to the COVID-19 Return to School/Work guidance to determine when it is appropriate to return to school.

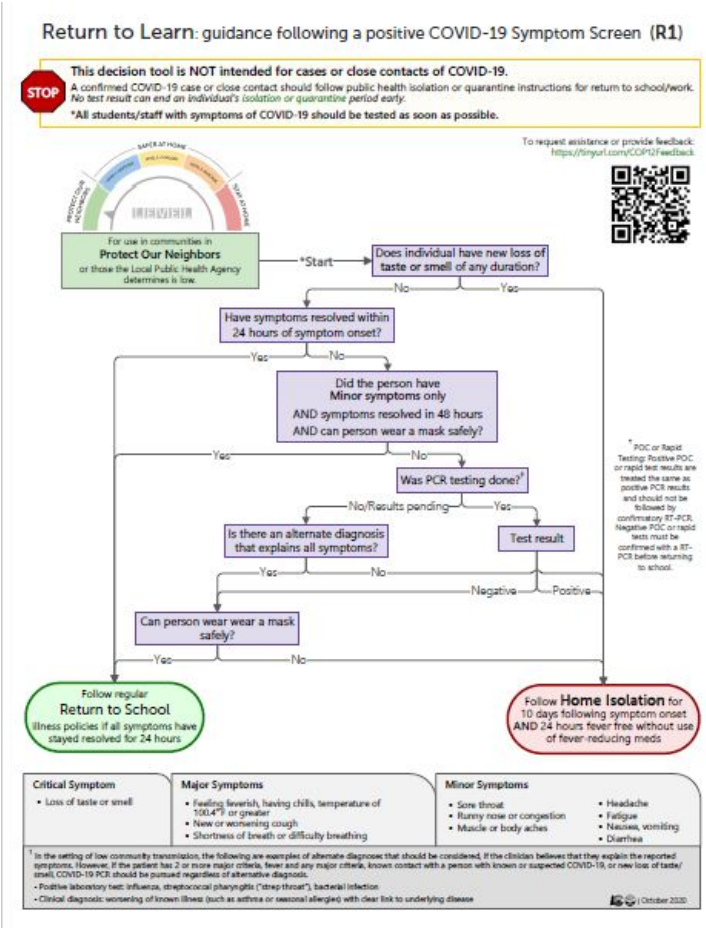
1. Follow routine illness care
2. Return to class if appropriate. Alert teacher to monitor the student with heightened awareness.
3. Record visit in the usual manner.

To request assistance or provide feedback: https://tinyurl.com/COP12Feedback

October 2020

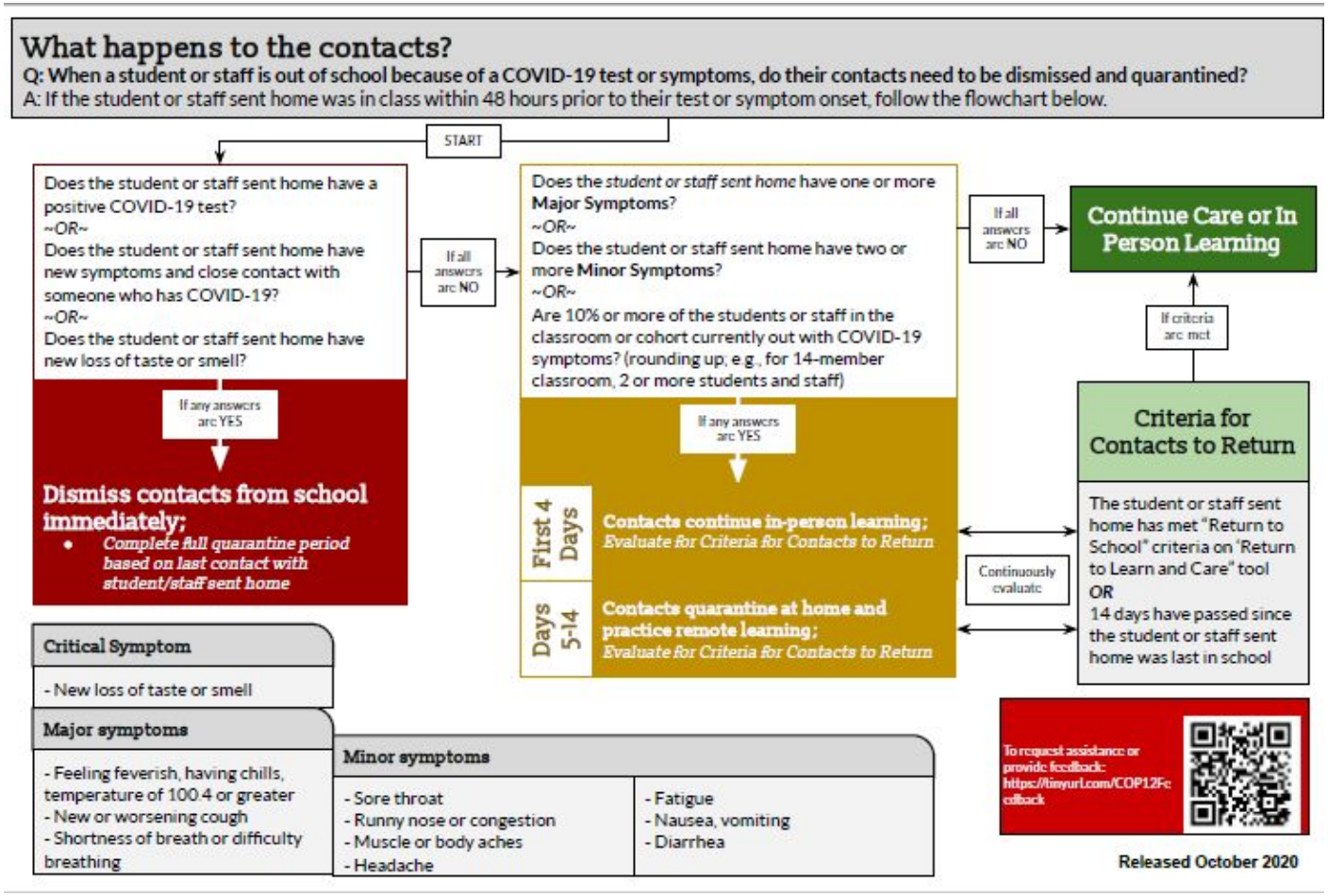
Return to learn: guidance following a positive COVID-19 symptom screen

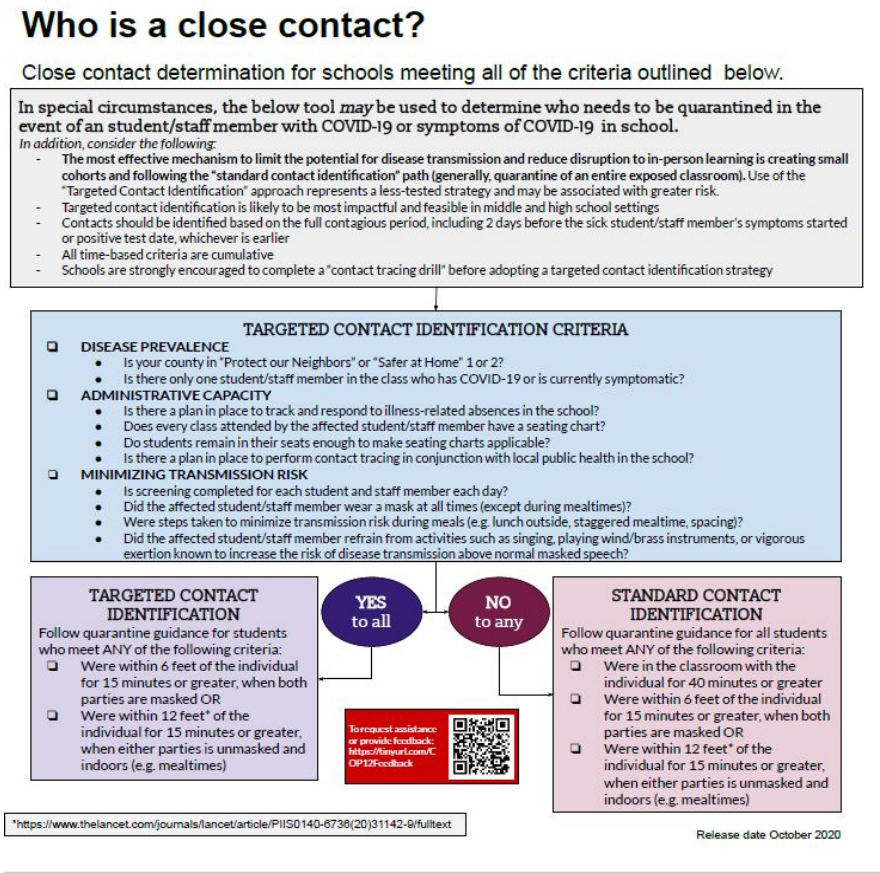
A tool to determine how long a person needs to stay home after staying/going home sick



What happens to the contacts?

A tool to determine if classmates or cohort members or close contacts of a sick person need to stay home



Who is a close contact?

A tool to determine who is a close contact in schools meeting specific criteria for disease prevalence, administrative capacity, and transmission risk mitigation strategies. This tool is not to be used in schools that are using small cohorts of students and staff where the same group of students and staff limit their exposures by staying together for more than one class period.