ONONDAGA COUNTY HEALTH DEPARTMENT

Guidance for K-12 School Reopening

Getting kids safely back to in-person learning for the 2021-2022 school year

Publication Date: August 13, 2021

Transmission

Vaccination

Testing

Outbreaks

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Message from the Commissioner of Health

Dear School Administrators,

During these challenging times, we are working together to bring our community's children back to in-person learning, and look forward to welcoming them back into a safe school environment.

Based on guidance from the Centers for Disease Control and Prevention (CDC) and the New York State Department of Education (NYSED) we are providing these recommendations to assist you in the development of plans for a safe return to your school operations for the 2021-2022 school year.

Considering the ever-changing nature of the SARS-CoV-2 virus which causes COVID-19, and what we learn as we monitor the many variables of this pandemic, we will continue to provide updated guidance based on science and data.

I understand that many parents have anxiety about the return to school, including mask-wearing. As a parent and a public health leader, I assure you that the recommendations reflect the best available information with the goal to keep our students, teachers, and school staff safe.

We always welcome your suggestions as we navigate this pandemic, and look forward to our continued collaborative work.

Sincerely,

Indu Gupta

Indu Gupta, MD, MPH, MA, FACP
Commissioner
Onondaga County Health Department

Guidance for COVID-19 Prevention in K-12 Schools

Onondaga County Health Department (OCHD) is providing recommendations for safe opening of schools in fall 2021 based on the Center for Disease Control (CDC) Guidance published on August 5, 2021[1]. We ask school administrators to make policy decisions based on the facts outlined in the following guidance.

Summary Recommendations:

- Students benefit from in-person learning, and safely returning to in-person instruction in the fall 2021 is a priority.
- School plays a significant role in promoting equity in health and learning for all children from various backgrounds
- Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic.
- Due to the circulating and highly contagious Delta variant, universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status can prevent transmission of virus within school buildings.
- Maintain at least 3 feet of physical distance between students within classrooms to reduce transmission risk.
- Prevention strategies such as symptoms and temperature checks, screening testing, hand washing, respiratory etiquette, staying home when sick and getting tested, contact tracing in combination with quarantine and isolation, ventilation and cleaning and disinfection are also important layers of prevention to keep schools safe.
- Students, teachers, and staff should stay home if displaying any signs of infectious illness and should be referred to their healthcare provider for testing and care or could have diagnostic test in the school if feasible
- 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 consistently) to protect students, teachers, staff, visitors, and other members of their households and support in-person learning.
- OCHD will monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies including screening testing).

[1] CDC Guidance for COVID19 Prevention in School: August 5, 2021: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html

Strategies to Reduce Transmission of SARS-CoV-2 Virus in Schools

Background:

Increase in COVID-19 cases are reported nationally since mid-June 2021, driven by the B.1.617.2 (Delta) variant of SARS-CoV-2, which is responsible for more than 80% of new COVID-19 cases in the United States. Recent CDC publication showed that vaccinated people can transmit the virus resulting in large outbreak in Barnstable County in Massachusetts[2]. This was primary reason for CDC to revise its guidance to its masking guidelines among vaccinated individuals.

Due to increasing spread of the highly transmissible Delta variant[3], OCHD continues to assess various factors in providing layered prevention strategies for K-12 schools in Onondaga County. These factors range from level of SARS-CoV-2 community transmission, vaccination coverage and capacity for early detection of cases by robust testing. At the same time it is crucial to monitor capacity of local health care system.

I. Data to Guide the school opening and sustained operation:

OCHD recommends that school administrators consider multiple factors when they make decisions about implementing layered prevention strategies against COVID-19. Since schools typically serve their surrounding communities, decisions should be based on the school population, families and students served, as well as their communities. The primary factors to consider include:

1. **Level of community transmission of COVID-19:**
    a. CDC provides this on a weekly basis Transmission can be categorized in low, moderate, substantial and high transmission zones based on the cases/100,000 per week.[4] (Appendix A, table 1)
    b. OCHD continues to do data monitoring at the local level available publicly.[5]
2. **COVID 19 Vaccination Coverage in the local community:**
    a. Vaccination coverage in the community at large is very important and can be tracked by CDC [6], however specific vaccination rates in the school zip codes and surrounding area could be a surrogate marker for vaccination coverage in the absence of specific data from the students and staff. Since students reside in those areas, it will provide school administrators opportunities to promote vaccination with education and outreach in their respective school district in collaboration with OCHD.
3. **Test positivity rate**: It can be tracked at CDC[7] or NYS[8].

[2] Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccines Breakthrough Infections, Associated with Large Public Gatherings- Barnstable County, Massachusetts, July 2021: https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm
[3] Delta Variant: What we know about the Science: CDC: https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html
[4] CDC COVID 19 Data Tracker: Integrated County View: https://covid.cdc.gov/covid-data-tracker/#county-view
[5] Onondaga County COVID 19 data: https://covid19.ongov.net/data/
[6] CDC: COVID 19 Vaccine Tracker: https://covid19vaccine.health.ny.gov/covid-19-vaccine-tracker
[7] CDC : Level of Community Transmission in Onondaga County: https://covid.cdc.gov/covid-data-tracker/#county-view

4. **Testing:** SARS-CoV-2 screening testing program for students, teachers, and staff. With current HIGH level of community transmission, both staff and students will be encouraged to participate in high frequency screening testing.
5. COVID-19 outbreaks or increasing trends in the school or surrounding community.
6. Ages of children served by K-12 schools (students ≥12 years of age who are eligible for COVID vaccination) and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.

II. Adopt Prevention Strategies for Successful School Operation

Following prevention strategies can provide a safe school environment for academic growth and physical and mental wellbeing of children.

1. **Improve vaccination:**
    - **a.** Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. COVID-19 vaccination of all eligible students as well as teachers, staff, and household members is the most critical strategy to help schools safely resume full operations. Vaccine is widely available throughout the county.[9, 10]
    - b. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. However, to reduce the risk of becoming infected with the highly contagious Delta variant and spreading it to others, students, teachers, and school staff should continue to use layered prevention strategies including universal masking in schools with vaccination.

2. **Consistent and correct use of mask by everyone in the school campus.**
    - a. **Indoor:** Because of the highly transmissible nature of predominantly circulating Delta variant, along with the extent of mixing of vaccinated and unvaccinated people in schools, the fact that children <12 years of age are not currently eligible for vaccination, and level of vaccination among youth ages 12-17, and current level of high community transmission, based on CDC 's guidance, OCHD strongly recommends universal indoor masking for all students (age 2 years and older), teachers, staff, and visitors to K-12 schools regardless of vaccination status.[11] Additionally, masks should be appropriate and properly worn.[12]
    - b. **Outdoors**: In general, people do not need to wear masks when outdoors. OCHD recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household are immunocompromised.

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[8] NYSDOH COVID -19 Tracker: Persons Tested Positive by County: https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Map?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n

[9] COVID-19 Vaccine Finder: https://www.vaccines.gov/search/

[10] COVID-19 Vaccine Information: https://covid19.ongov.net/vaccine/

[11] CDC: Guidance for COVID-19 Prevention in K-12 Schools: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html

[12] CDC: Your guide o masks: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sik/about-face-coverings.html

c. **During bus transportation**: Passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, regardless of vaccination status.
d. School should provide masks if needed to students or staff alike.

3. Screening testing: To identify cases, outbreaks and clusters.

a. Testing protocol will be provided by OCHD and will be based on level of community transmission and number of cases in the school building.
b. K-12 schools should obtain parental consent for minor students and assent/consent for students themselves. Administrators could consider implementing universal consent form to improve efficiency.
c. Molecular screening testing by PCR will be offered by a NYS certified lab in each school district. Participation is voluntarily, through strongly recommended especially with high community transmission. CDC recommended sampling recommendations would be used.[13] (Appendix A: table 2) Details will be forthcoming in the near future.
d. To facilitate safe participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), schools should consider implementing screening testing for participants.

4. Physical Distancing:

In general, OCHD recommends people who are not fully vaccinated maintain physical distance of at least 6 feet from other people who are not in their household. OCHD recommends schools maintain at least 3 ft of physical distance between students within classrooms, combined with indoor mask wearing to reduce transmission risk. Please refer to the details in the previous guidance issued on March 2021.[14]

5. Cohorting:

Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. Grouping people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended

6. Ventilation:

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. This can be done by opening doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems.

[13] Screening Testing Recommendations for K-12 Schools by level of Community Transmission: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html
[14] OCHD's Policy Proposal to Increase In-Person School Paticpation Among k-12 Students in Onondaga County: http://www.ongov.net/health/documents/SchoolPolicyResearchUpdate.pdf

During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.

7. Hand washing and Respiratory Etiquette:

Practicing hand washing and respiratory etiquette help prevent spreading infectious illnesses. Schools can monitor and reinforce these behaviors and provide adequate hand washing supplies.

8. Staying Home When Sick and Getting Tested

Students, teachers, and staff who have symptoms of infectious illness, such as flu or COVID-19, should stay home and be referred to their healthcare provider for testing and care, regardless of vaccination status. If a student becomes sick at school, follow CDC guidelines to handle such situation.[15] (Appendix B)

Schools should educate teachers, staff, and families about when they and their children should stay home and when they can return to school.

9. Case Investigation and Contact Tracing for Isolation and Quarantine:

Schools should continue to collaborate with OCHD in identifying which students, teachers, and staff with positive COVID-19 test results. OCHD is primarily responsible to investigate each reported positive COVID-19 case and to trace all those with close contacts to implement Isolation and Quarantine orders. Following guidelines based on CDC guidelines[16] will be applicable during contact tracing.

- Fully vaccinated close contacts:
    - Should be referred for COVID-19 testing.
    - If asymptomatic, do not need to quarantine at home following an exposure (they can continue to attend school in-person and participate in other activities). In addition to correctly wearing masks in school, they should wear a mask in other indoor public settings for 14 days or until they receive a negative test result on a molecular PCR test collected 3-5 days after contact.
- Unvaccinated close contacts:
    - Should be referred for COVID-19 testing.
    - Regardless of test result, they should be in mandatory quarantine at home for 10 days after exposure.
- Masked students with close contact (less than 6ft, cumulative 15 min in a 24 hr period) who are within 3 to 6 feet of an infected student in a K-12 indoor classroom will not be quarantined.
- Schools should report new diagnoses of COVID-19 to OCHD as soon as they are informed.

[15] CDC: What to do when if a student becomes sick or reports a new COVID-19 diagnosis: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/student-becomes-sick-diagnosis-flowchart.html

[16] Consideration for case investigation and contact tracing in K-12 schools and institutions of higher educations: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/contact-tracing.html

III. Additional Considerations:

1. **Disabilities or Other Health Care Needs:**
    - **a.** Provide accommodations, modifications, and assistance for students, teachers, and staff with disabilities and other health care needs when implementing COVID-19 safety protocols.
    - **b.** Work with families to better understand the individual needs of students with disabilities.
    - **c.** Ensure access to direct services for students with disabilities when developing cohorts.
    - **d.** Ensure safety protocols for direct service providers for people with disabilities.[17]
    - **e.** Adjust strategies as needed
        - **i.** Be aware that physical distancing and wearing masks can be difficult for young children and people with certain disabilities or for those with sensory or cognitive issues.
        - **ii.** For people who are only able to wear masks some of the time for the reasons above, prioritize having them wear masks during times when it is difficult to separate students and/or teachers and staff (e.g., while standing in line or during drop off and pick up).
    - **f.** Consider having teachers and staff wear a clear or cloth mask with a clear panel when interacting with young students, students learning to read, or when interacting with people who rely on reading lips.
    - **g.** Use behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, visual cues, and positive reinforcement) to help all students adjust to transitions or changes in routines.

2. Visitors: Review rules for visitors and family engagement activities.

- Schools should limit nonessential visitors, volunteers, and activities involving external groups or organizations, particularly in areas where there is moderate-to-high COVID-19 community transmission.
- Schools should not limit access for direct service providers for people with disabilities but can ensure compliance with school visitor polices.
- Schools should continue to emphasize the importance of staying home when sick.

3. Food Service and School Meals:

- Staff should wear masks at all times during meal preparation and service, and during breaks except when eating or drinking.
- Students should wear masks when moving through the food service line.
- 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. Students

[17] Guidance for Direct Service Providers: CDC: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/direct-service-providers.html

should not be excluded from in-person learning to keep a minimum distance requirement, including during mealtimes.
- 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.
- 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.

4. Bus Transportation:

- Passengers and drivers must wear masks on school buses at all times regardless of vaccination status.
- Pursuant to the CDC's Order[18], and New York State Education Department (NYSED)[19], physical distancing is not required on school buses.

5. Recess and Physical Education:

- People do not need to wear masks when outdoors (e.g., participating in outdoor play, recess, and physical education activities).
- It is recommended that people who are not fully vaccinated wear a mask in crowded outdoor settings. Universal masking is recommended during indoor physical education or recess.

6. Sports and Other Extracurricular Activities:

- Due to increased exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others 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.
- Schools are strongly encouraged to use screening testing for student athletes and adults (e.g., coaches, teachers, advisors) who are not fully vaccinated who participate in and support these activities. Please follow NYSED's recently released guidance for specific areas. [20]
- Coaches and school sports administrators should also consider specific sport-related risks:
    - **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.
    - **Physical closeness.** Spread of COVID-19 is more likely to occur in sports that require sustained close contact (such as wrestling, hockey, football).

[18] CDC order: Wearing of face masks while on conveyances and transportation hubs: https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html
[19] NYSED: Health and Safety Guide for the 2021-22 school year: August 2021: http://www.nysed.gov/common/nysed/files/programs/back-school/nysed-health-and-safety-guide-for-the-2021-2022-school-year.pdf
[20] NYSED: Sports and Other Extracurricular activities: http://www.nysed.gov/common/nysed/files/programs/back-school/nysed-health-and-safety-guide-for-the-2021-2022-school-year.pdf

- **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.

Schools should communicate their strategies and any changes in plan to teachers, staff, and families, and directly to older students, using accessible materials and communication channels, in a language and at a literacy level that teachers, staff, students, and families understand. OCHD will continue to collaboratively work with all the K-12 school districts, both public and private, using all available tools to protect the physical and mental health of students, faculty and staff throughout the school year 2021-22.

Appendix A

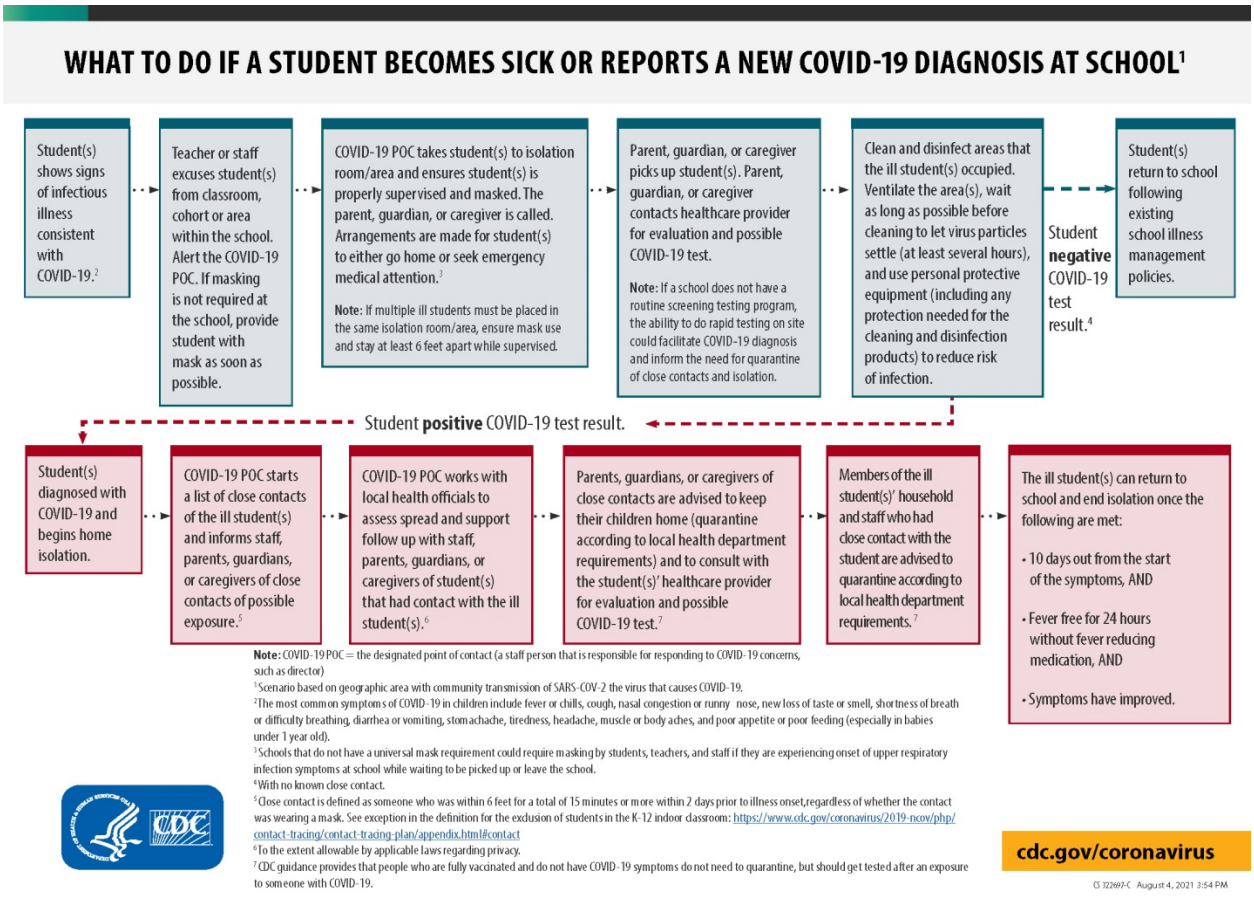
Table 1: CDC Classification of Community Transmission

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	**Low Transmission Blue**	**Moderate Transmission Yellow**	**Substantial Transmission Orange**	**High Transmission Red**
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs[1] that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

Table 2: CDC Screening Testing Recommendations for K-12 Schools by Levels of Community Transmission

	Low Transmission[1] Blue	**Moderate Transmission Yellow**	**Substantial Transmission Orange**	**High Transmission Red**
Students	Do not need to screen students.	**Offer screening testing for students** who are not fully vaccinated at least once per week.		
Teachers and staff	**Offer screening testing for teachers and staff** who are not fully vaccinated at least once per week.			

Appendix B



Source: www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/student-becomes-sick-diagnosis-flowchart.html