Revised Interim Guidance for PreK-12 School Reopening
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Introduction and Guiding Principles


Success in preventing COVID-19 transmission in school settings begins with and is connected to preventing transmission in communities. At any level of community transmission, as long as impact to a school remains favorable, all schools have options to provide in-person instruction (either full or hybrid), with strict adherence to mitigation strategies.

CDC’s Operational Strategy now recommends a phased approach to applying instructional modality (e.g., in-person, hybrid, virtual), grouped by elementary vs. middle/high school, depending on the level of community transmission and adherence to mitigation strategies. Schools and communities should use a “classroom-first” approach: to minimize risk of transmission in schools and protect in-person learning, in-person instruction should be prioritized over extracurricular activities including sports and school events, as these events are a common source of school transmission.

A school division’s capacity to successfully implement mitigation strategies, level of impact to a school (if open to in-person instruction), AND local community disease data should be carefully factored into school operations plans. Schools that have been open to in-person instruction can evaluate the level of impact to a school through considering their unique experience, ability to implement mitigation strategies, and effective containment of disease transmission. The CDC indicators and thresholds serve to inform decision-making, but should not solely dictate the decisions that school divisions make to best serve their communities.
Offer in-person learning, as capacity allows, considering both students and staff. Account for the learning needs and the health needs of all students. A gradual approach to increasing options for in-person learning can help schools be successful.

Prioritize elementary students, students with disabilities, and English Learners for in-person learning. Provide in-person instruction for any priority learner that wants it.

Put education first. Prioritize educational opportunities over athletics, extracurricular activities or other events in the school and surrounding community. Establish reasonably safe in-person educational environments and then think through including extracurriculars and athletics.

Focus on prevention. Establish a school culture of adherence to mitigation strategies both in and out of school. Establish environments in which people physically distance, wear masks correctly and consistently, practice hand hygiene and respiratory etiquette, and clean and disinfect frequently. Coordinate closely with your local health department. Educate students/staff to monitor health daily and stay at home if they have symptoms, and follow public health recommendations.

Consider community needs. Consider disease data and understand the socioeconomic factors, literacy barriers, and other educational needs in your community when making plans.

Be flexible and innovative. Scientific knowledge evolves rapidly, and local context is incredibly important. Decisions about instructional modality ideally should be made for shorter periods of time (e.g., 2-4 weeks) in response to changing disease dynamics rather than for longer periods or months ahead of time.
Operational Strategy for PreK-12 Schools through Phased Mitigation

Schools should consider information on adherence to mitigation strategies, the levels of community transmission, and data on COVID-19 cases and numbers of people in isolation or quarantine when making decisions.

**Determine the Level of Community Transmission**

- Total number of new cases per 100K within last 7 days
- Percentage of NAAT tests that are positive within the last 7 days

If the two indicators are at different levels, use the indicator with a higher value.

**Indicators and Thresholds of Community Transmission**

To determine the level of community transmission CDC and VDH recommend the use of two measures: total number of new cases per 100,000 persons in the past 7 days; and the percentage of nucleic acid amplification tests (NAATs) including RT-PCR tests that are positive during the last 7 days. The CDC School Metrics section of the VDH Pandemic Metrics Dashboard includes a “CDC School Metrics” tab that includes the CDC Indicators and Thresholds for Community Transmission of COVID-19. If the two indicators have different levels, actions corresponding to the higher threshold should be chosen. These indicators should be reviewed weekly to continuously inform planning. The VDH dashboard provides indicator data by city or county by date. CDC recommends the use of these two measures for the community (e.g., county) as a whole, and not for the schools or school divisions themselves. Assessing the impact to a specific school is described below.

**Secondary Indicators**

CDC also provides secondary indicators to support the decision-making process in local communities, but they should not be used as the main criteria for determining the risk of disease transmission in schools. These indicators are available in CDC’s prior Indicators for Dynamic School Decision-Making, and are also found on the VDH Pandemic Metrics Dashboard.

**Five Key Mitigation Strategies**

- Wear a Mask
- Physical Distancing
- Wash Hands
- Clean and Disinfect
- Contact Tracing

Schools should assess their ability to implement and adhere to the following 5 key mitigation strategies. These strategies are most effective when compliance is universal and when all the strategies are layered together. Universal masking and physical distancing are the two most important strategies on which to focus.
### Consideration of the Level of Impact to a School

**Schools already open for in-person instruction should also evaluate the level of impact that COVID-19 transmission has had within their specific school, to support decision-making.** Some considerations include:

- the number of outbreaks experienced and their proximity in time to each other;
- the size of any outbreak(s) (number of cases and close contacts identified);
- the level of spread within the school (e.g., whether cases are confined to a particular classroom or grade level);
- the level of student and/or staff absenteeism due to illness, and the staff capacity.

These criteria and impact levels may change during the school year as we better understand how COVID-19 impacts schools.

Regardless of what the indicators determine, the more students or staff who interact, the closer the interaction is, and the longer the interactions last, the higher the risk of COVID-19 spread. While risk of introduction and transmission in a school may be lower when community transmission is lower, this risk is dependent upon the implementation of school and community mitigation strategies. **Adherence to mitigation strategies in schools and the broader community will reduce the risk of introduction and subsequent spread of COVID-19 in schools.** Notably, even when a school carefully plans and prepares, cases of COVID-19 may still occur. Having detailed plans in place for the occurrence of cases in schools can help quickly mitigate the impact and may allow the school to remain open for in-person learning, if deemed appropriate in collaboration with the local health department.

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* Level of impact to school can only be assessed for those schools that have offered some level of in-person instruction. Schools should collaborate with local health departments on contact investigations. Depending on the level of COVID-19 transmission in the school and outbreak status, public health may recommend adjustment to mitigation strategies. In some circumstances, public health may recommend temporary closure of school/remote learning for a short period of time to control transmission before re-opening.

**This subjective assessment should factor in a school’s ability to maintain adequate staff for facility operations, transportation, teaching, and administrative functions. It should include input from teachers/staff regarding their availability to return to in-person instruction.*
Considerations For Schools for All Levels of School Transmission

In general, the risk of spread of COVID-19 in schools increases across the continuum of virtual, hybrid, in-person learning. The risk for hybrid and in-person learning can be lowered depending on the mitigation strategies put in place and the extent to which they are followed.

The following list describes how combinations of the different types of instruction and activities affect the risk of COVID-19 in schools:

- **Lowest risk**: Students and teachers engage in virtual-only classes, activities, and events.

- **Some risk**: Hybrid Learning Model, where most students and teachers participate in virtual learning and some students and teachers engage in in-person learning.

- **Medium risk**: Hybrid Learning Model, where most students and teachers engage in in-person learning and some students and teachers participate in virtual learning. Larger in-person classes, activities, events. Cohorting and staggered/rotated scheduling applied with some exceptions. Some mixing of groups of students/teachers. Minimal sharing of objects. Students, teachers, staff following all steps to protect themselves and others. Regular cleaning.

- **Higher risk**: Students and teachers engage entirely in in-person learning, activities, events. Some mixing of groups of students and teachers. Some sharing of objects. Students, teachers, staff following some steps to protect themselves. Irregular cleaning.

- **Highest risk**: Students and teachers engage entirely in in-person learning, activities, and events. Students mixing freely, between classes, students and teachers freely sharing objects. Students, teachers and staff do not/are not following steps to protect themselves. Irregular cleaning.

**VDH recommends that all schools, regardless of the level of transmission risk in a school, should:**

- Review the [CDC K12 Schools COVID-19 Mitigation Toolkit](#).

- Implement mitigation, prioritizing the following two mitigation strategies:

  - **Universal and correct use of masks should be required**, at all levels of community transmission (with exceptions allowed as per EO72).

  - **Physical distancing**: a distance of six feet should be maximized to the greatest extent possible. Minimum distances between three and six feet may be considered if masks are worn and if it is necessary to continue some form of in-person instruction. In hybrid instruction, scheduling should be planned to optimize physical distancing including podding and cohorting of students. (See Decision Matrix)

  - Maintaining six feet of distance in school settings becomes an increasingly important mitigation strategy as the level of community transmission increases (e.g., high or substantial transmission).

  - **Please note**: VDH uses proximity of within 6 feet for a total of 15 minutes or more within 24 hours to determine the need for quarantining persons in contact with a COVID-19 case. Therefore, school divisions need to consider the potential disruption immediate quarantining may cause on continuity of learning when a COVID-19 case is introduced into the classroom and they have not used the six feet of physical distancing as a standard.
As part of physical distancing, divisions should also implement strategies to reduce groups of individuals from mixing with each other including:

- Close or stagger the use of communal spaces.
- Limit assemblies and other school gatherings.
- Restrict students and classes from mixing (cohorting so that the same students are together/not mixing).
- Prioritize educational settings over extracurriculars. Limit athletics and other extracurricular activities until classroom instruction is shown to have minimal impact to the school.

- Ask parents or caregivers to monitor children’s health daily. Students and staff should stay home when sick and follow all recommendations from public health officials.

- Provide remote learning exceptions and teleworking options for students and staff who are at high risk of severe illness (as defined by the CDC).

- Implement the relevant sections of the Department of Labor and Industry (DOLI) Final Standard for Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19, 16VAC25-220, which provides guidance for employers regarding COVID-19. More information can be found in the Coronavirus (COVID-19) FAQs webpage.
  - This includes COVID-19 reporting requirements to the VDH/DOLI using their online portal.

- Have clear and comprehensive plans in place to isolate and send home staff or students who display symptoms of COVID-19 onsite. Use the Child-Schools COVID-19 Booklet - Algorithm and Staff Algorithm as resources. Collaborate with the Local Health Department (LHD) to ensure coordination of plans with the LHD epidemiology team.

- Develop communication plans in concert with and be prepared to work with local health departments on contact tracing. The VDH has issued specific guidance for schools on contact tracing. Additionally, there is a Contract Tracing in Schools Infographic.

- Follow any relevant executive orders related to social gathering limitations, foodservice, recreational sports, extracurricular activities etc. as relevant to operations of the school unless specifically exempted. This includes, but is not limited to, those related to wearing masks.
Steps to Guide School Reopening Decisions

The following recommendations serve as a guide for Virginia schools to use to inform school reopening and temporary/unplanned closing decisions. Nuanced local public health conditions and practical limitations will be important information to help inform decisions. On February 5, 2021, Governor Northam called on all school divisions to make in-person learning options available by March 15, 2021, in accordance with the health guidance from the Virginia Departments of Health and Education and new research from the Centers for Disease Control and Prevention. Subsequently, on February 12, 2021, CDC published a new K-12 School Operational Strategy which has been used to help formulate this revised, interim guidance.

The recommendations in the CDC PreK-12 Operational Strategy and this Revised Interim Guidance are not intended to require schools to close or restrict in-person learning for those schools that are already providing in-person instruction (either hybrid or full time in-person). Schools that are already open for any in-person instruction can remain open, if they strictly implement mitigation strategies and there is minimal impact to a school (e.g., few cases or outbreaks, etc). Any decision to remain open (either hybrid or full time in-person) should involve continually monitoring cases and a regular review of mitigation strategies to ensure they are effective in preventing disease transmission within a school.

Divisions should continue to make decisions on implementing such guidance, and assuming additional risk, in consultation with local health departments and school board attorneys.

Although children can be infected with COVID-19, can get sick from COVID-19, and can spread the virus to others, evidence indicates that children are less susceptible than adults, and may be less infectious. Furthermore, models of consistent implementation of mitigation measures in schools have shown success in limiting outbreaks and infections in schools. CDC’s Science Brief on Transmission of COVID-19 in PreK-12 Schools summarizes evidence on COVID-19 among children and adolescents and what is known about COVID-19 transmission in schools.

Particularly during times of high or substantial transmission, VDH continues to recommend that local officials prioritize educational opportunities over athletic and extracurricular activities or other events. Mitigation strategies in schools help keep students and adults safe, but what happens outside of the classroom is equally important.

When mitigation strategies—especially mask use and physical distancing—are consistently and correctly used, the risk of transmission in the school environment is decreased. CDC’s Operational Strategy for PreK-12 Schools through Phased Mitigation emphasizes 5 key mitigation strategies: consistent and correct use of masks, physical distancing (six feet), handwashing and respiratory etiquette, cleaning and maintaining healthy facilities, and contact tracing in combination with isolation and quarantine. Use of multiple strategies—sometimes called layered mitigation—provides greater protection in breaking transmission chains than implementing a single strategy.
Steps to Guide School Reopening Decisions

Additional COVID-19 Prevention in Schools

Vaccination: Vaccinating teachers and school staff (and students when eligible for vaccination) can be considered one layer of mitigation and protection for staff and students. Virginia has prioritized vaccination of PreK-12 Teachers and Staff into Phase 1B. Strategies to minimize barriers to accessing vaccination for teachers and other frontline essential workers, such as vaccine clinics at or close to the place of work, are optimal. Access to vaccination should not be considered a condition for reopening schools for any type of in-person instruction. Even after teachers and staff are vaccinated, schools need to continue mitigation measures for the foreseeable future, including requiring masks in schools and physical distancing. Per recent CDC guidance, fully vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet the following criteria:

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

It is very important that people who are not required to stay home (quarantine) monitor themselves for symptoms for 14 days after their last exposure and continue following all recommendations (e.g., wear a mask, stay at least 6 feet away from others, avoid crowds, and wash hands often).

Please check the VDH and CDC websites for the most up to date information on testing guidance.

Testing: Testing can be a part of a comprehensive mitigation approach as an additional layer of protection, if feasible. Testing should not be used alone but in combination with other mitigation components to potentially reduce risk of transmission in schools.

Referrals to Diagnostic Testing: At all levels of community transmission, schools should continue to offer referrals to diagnostic testing to any student, teacher, or staff member who exhibits symptoms of COVID-19 at school or who is exposed to someone with a confirmed or suspected case of COVID-19. Diagnostic testing is intended to identify COVID-19 infection at an individual level and is performed when there is reason to suspect a person may be infected, such as having symptoms or recent exposure. Diagnostic testing is typically conducted at a healthcare facility or clinic. As a reminder, schools should continue to advise teachers, students and staff to stay home if they are sick or if they have been exposed to COVID-19 and encourage them to talk to a healthcare provider or local health department about getting tested.

Screening Testing: Screening testing is an optional prevention component and is intended to identify infected individuals without symptoms (or prior to development of symptoms) who may be contagious so that measures can be taken to prevent further transmission. Screening testing may be more valuable in areas experiencing moderate, substantial and high levels of community transmission as it can identify cases and can minimize secondary transmission. Refer to CDC guidance for further details and strategies to determine if this is an option for your school division.

Because the implementation of screening testing strategies is complex and dependent upon available resources and dedicated infrastructure, expanded screening testing may not be feasible in many communities. School officials should coordinate with public health and other partners to ensure there is support for this approach from students, teachers, parents and staff. If screening testing is not feasible, schools can adopt a referral-based diagnostic testing strategy.
Steps to Guide School Reopening Decisions

01 Plan and Implement Layered Mitigation Strategies

02 Evaluate the Level of Community Disease Transmission

03 Determine the Level of Impact to a School

04 Understand Your Community Capacity and Needs

05 Determine/Maintain School Status and Appropriate Phased Mitigation Action
## STEP ONE: Plan and Implement Layered Mitigation Strategies

**What is the school’s plan to optimally implement prevention strategies?** Each of the mitigation measures listed below can help prevent the spread of disease in your school. Measures work best when layered and *all* are implemented to the greatest extent possible. The [CDC K12 Mitigation Toolkit](https://www.cdc.gov/coronavirus/2019-ncov/education-resources/toolkit.html) and the other CDC resources for helping schools monitor and evaluate mitigation strategies are available [here](https://www.cdc.gov/coronavirus/2019-ncov/education-resources.html). Masking and physical distancing are the most important strategies to prioritize.

| Universal and correct use of masks | • **Masks** catch respiratory droplets before they spread.  
   • Correct and consistent mask use by all individuals is the most effective strategy. Masks should be required in all classroom and non-classroom settings, including hallways, school offices, restrooms, gyms, auditoriums, buses, etc. (with exceptions outlined in EO72).  
   • Per [Executive Order 72](https://www.gatech.edu/revised-interim-guidance/prek-12-school-reopening), all persons over age five are required to wear masks.  
   • Masks offer some protection to the wearer and also protect others. For more information, see [CDC Considerations for Wearing Masks](https://www.cdc.gov/coronavirus/2019-ncov/education-resources/toolkit.html). |
|-----------------------------------|---|
| Physical distancing              | • Physical distancing is a necessary mitigation strategy in schools. Strict adherence to distancing is particularly critical during times of substantial and high level of community transmission. Physical distancing is especially important during times when masks are not worn, such as while eating and drinking.  
   • Physical distancing of six feet or more should be maintained to the greatest extent possible. Less distance, to a minimum of three feet, is acceptable, if necessary for a school to continue in-person instruction and combined with other mitigation strategies. This may mean having fewer students/staff in a building at a given time if necessary. Particularly during times of substantial or high transmission, consider a 6 feet distancing standard for middle/high and adults to the extent practicable.  
   • Close communal spaces where staff or students may congregate.  
   • Cohort groups of students where possible.  
   • Keeping groups of students together and reducing the number of people each student or staff member interacts with can reduce the number of people exposed if a student or staff member becomes ill (i.e., if a sick student or staff comes to school, the fewer people they interact with, the less people they may infect).  
   • More information and suggestions can be found [here](https://www.cdc.gov/coronavirus/2019-ncov/education-resources/toolkit.html).  
   • Limit non-essential visitors, volunteers and activities involving external groups as much as possible. |
| Hand hygiene and respiratory etiquette | • Teach correct [handwashing](https://www.cdc.gov/handwashing/) to students and staff.  
   • Ensure frequent access to handwashing facilities, or [hand sanitizer](https://www.cdc.gov/coronavirus/2019-ncov/hand-hygiene/sanitizer.html) that contains at least 60% alcohol. |
### STEP ONE: Plan and Implement Layered Mitigation Strategies continued

| Cleaning and maintaining healthy facilities | ● Perform regular [cleaning and disinfecting](#) of frequently-touched surfaces.  
● SARS-CoV-2, the virus that causes COVID-19, can be reduced and killed from surfaces, objects, and hands if the right products are used correctly.  
● CDC provides information on [Ventilation in Schools and Child Care Programs](#).  
● The Environmental Protection Agency (EPA) has compiled a list of disinfectant products that can be used against the virus that causes COVID-19, including ready-to-use sprays, concentrates, and wipes. |
| --- | --- |
| Collaborate with the local health department for contact tracing and other response components | Schools play an important role in assisting public health officials in identifying teachers, staff, or students who have COVID-19 symptoms or who had recent close contact with someone with COVID-19. (including planning and implementation of mitigation strategies; risk communications; disease prevention; contact tracing; determining when classrooms can be reoccupied after exposure; isolation and quarantine; etc)  
Consider the following questions to assess a school’s level of preparedness:  
● What is your working relationship with your local health department?  
● Are you familiar with VDH’s guide to contact tracing?  
● If your school has been open for in-person instruction, how effective has your collaboration with the local health department been, if there has been a student or teacher found to be COVID-19 positive?  
● Are you familiar with the VDH/DOE tabletop exercises for K-12 schools and for residential secondary schools?  
● Are you familiar with the VDH When to End Home Isolation and Quarantine Infographic? |
| Prepare for when someone is sick with COVID-19 | ● Do you understand what to do if a student or teacher is ill?  
● Do you have a plan to isolate the sick individual and communicate (confidentially) to those who may have been close contacts of the person?  
● Do you have a plan to work with the local health department to support contact tracing? |
| Communications plan | ● Do your parents and staff know what to do if someone gets sick? Is there a plan for people to stay home when sick, etc.?  
● Have you reviewed your risk communications plans (including review of templates; who is creating, reviewing and approving final messages; who is sending messages; etc) with your local health department?  
● Can you explain to the parents/community/staff what these mitigation measures do and what you are doing to try to prevent COVID-19 spread in the school?  
● Do your parents and staff know what the plan is if there is a case in a school? Or if there is an outbreak in the school and what you might do if you suspend in-person classes for a short period of time, either in a class or a larger part of the school? |
STEP TWO: Evaluate the Level of Community Disease Transmission

Given the likely association between levels of community transmission of COVID-19 and risk of exposure in schools, use the indicators outlined in the CDC Operational Strategy to determine the level of community transmission. School administrators, working with local public health officials, should assess the level of risk in the community and the likelihood of a case in a school facility, the likelihood that a case would lead to an outbreak, and the consequences of in-school transmission.

The phased mitigation recommendations are meant to assist school officials in making decisions, through regular monitoring of local indicators. As school officials monitor indicators and thresholds, they should take local trends and other factors into account when making decisions about in-person learning.

Working with the local health department (LHD) can help school leaders understand what the level of community disease transmission tells you about your community and also what it does not. High levels of community transmission may temporarily affect your local health department’s ability to provide contact tracing and other support in school environments and may also be a factor in their recommendations. Consider the disruption to opening and closing your school, and make sure these metrics inform your decisions but do not dictate them.

CDC Indicators and Thresholds for Community Transmission

Visit the VDH Pandemic Metrics Dashboard (CDC School Indicators tab) or the CDC COVID19 Data Tracker-County View for specific information in your locality. If the two indicators suggest different levels, the recommended actions in the Decision Matrix (Step 5) corresponding to the higher threshold are to be followed.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Low Transmission</th>
<th>Moderate Transmission</th>
<th>Substantial Transmission</th>
<th>High Transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total new cases per 100,000 persons in the past 7 days</td>
<td>0-9</td>
<td>10-49</td>
<td>50-99</td>
<td>&gt;= 100</td>
</tr>
<tr>
<td>Percentage of NAATs* that are positive in the past 7 days</td>
<td>&lt;5.0%</td>
<td>5.0%-7.9%</td>
<td>8.0%-9.9%</td>
<td>&gt;-10.0%</td>
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*NAAT: The former indicators called for use of RT-PCR (reverse transcriptase polymerase chain reaction) diagnostic tests, while the new thresholds for community transmission recommend using nucleic acid amplification tests (NAATs). (Note: This is an update in terminology. RT-PCR is a type of diagnostic test that tests for nucleic acid amplification).
**Primary Indicators**

| New Cases per 100,000 population in the past 7 days and Percentage of NAATs that are positive in the past 7 days |

- What does this tell you about the likelihood of infection among people in your community?
- What does the LHD report about where these cases are happening and which populations are most affected?
- Is case incidence or test positivity likely to be relevant to the community at large? Or is it localized/contained to a specific setting (e.g., jails or a university)? Are particular neighborhoods (e.g., zip codes) experiencing different levels of transmission?

**Secondary Indicators**

- Discuss with your local health department whether these indicators are likely to impact the risk of transmission in your schools and community when offering in-person instruction.

| % Change of New Cases/100k | % of Occupied Hospital Beds | % of COVID-19 Hospital Patients | Number of Outbreaks |
### Determine the Level of Impact to a School

In addition to evaluating the level of community disease transmission, the CDC PreK-12 Operational Strategy also suggests that such decisions should be guided by information on school-specific factors such as implementation of mitigation strategies, local needs, stakeholder input, school experience, and the number of cases among students, teachers, and staff. School leaders should use this type of information to assess the level of impact to school, and apply local contextual factors to inform decisions based on what is working well and what needs to be adjusted to strengthen mitigation in their own communities and schools.

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**This subjective assessment should factor in a school’s ability to maintain adequate staff for facility operations, transportation, teaching, and administrative functions. It should include input from teachers/staff regarding their willingness to return to in-person instruction.
STEP FOUR: Understand Your Community Capacity and Needs

Apply a health equity lens to this complex decision-making.

**Try to balance the goal of disease prevention and the goal of providing in-person instruction.** Per CDC, the absence of in-person educational options may disadvantage children from all backgrounds, particularly children in low-resourced communities who may be at an educational disadvantage. On the other hand, COVID-19 related health disparities are evident even among school-aged children, suggesting that in-person instruction may pose a greater risk of COVID-19 to disproportionately affected populations. For these reasons, health equity considerations related to in-person instruction are an integral part of this complex decision-making.

Make a plan to bring students back to school and maintain in-person learning, most especially for the youngest learners, students with disabilities, students who do not have access to the internet or other services, English learners, and other populations who need it most. Consider whether schooling from home is feasible for these populations and make a plan for providing support services (childcare, food, internet) for those who do not have it. Schools should also consider other aspects of students' risk and well-being that arise when schools do not reopen for in-person classes. Regardless of operational status, divisions should provide remote options for students and staff who are at higher risk for severe complications from COVID-19, as defined by the CDC. Divisions should phase in in-person offerings as students and staff are willing and able.

| Percent of young learners, English Learners, and students who need special education services or mental health services | • Are there populations in your school community about which you are particularly concerned if in-person school is not provided?  
• Are there safe places for children to learn at home?  
• Are there certain populations for whom you want to prioritize in-person learning during high transmission?  
• Evaluate the potential adverse impacts on students’ social-emotional, behavioral, and mental health.  
• Identify methods for continuing the critical services provided to students to help mitigate health disparities and serve children in need, such as school lunch programs, special education services, ESL/ELL, after-school programs and mental health services. |
|---|---|
| Percent of children who do not have Internet availability at home. | • Are there adequate internet/IT resources to support virtual learning?  
• Are there additional support options for those in the community who do not have Internet access in the home?  
• Are there adults in the home who are able to assist students with internet connectivity and navigation challenges? |
## STEP FOUR: Understand Your Community Capacity and Needs

Apply a health equity lens to this complex decision-making.

| Percent of children who do not have other child care options | ● Are there safe, affordable childcare options in the absence of in-person school?  
● Evaluate the capacity for community partners or the division to provide safe learning environments for virtual students. |
| Percent of teachers/staff shared concerns that they are in high-risk categories for illness | ● If possible, and while maintaining confidentiality/privacy, evaluate how many staff fall into a high-risk category, based on CDC guidance.  
● Do you have additional staff to train as back up if teachers/staff need to isolate/quarantine?  
● Are there adequate internet/IT resources to support their teaching in a virtual classroom? |
Phased Mitigation in Schools

STEP FIVE: Determine/Maintain School Status And Appropriate Phased Mitigation Actions

At any level of community transmission, all schools have options to provide in-person learning (e.g. full time, hybrid) through strict adherence to mitigation strategies. School leaders may use the information in the CDC and Revised Interim Guidance and apply local contextual factors to make decisions based on what is working well and what needs to be adjusted to strengthen mitigation in their own communities and schools. The recommendations in the PreK-12 Operational Strategy and the Revised Interim Guidance are not intended to require schools to close or restrict in-person learning for those schools that are already providing in-person instruction (either hybrid or full in-person). Schools that are already open for in-person instruction can remain open, if they strictly implement mitigation strategies and there is limited impact to the school as demonstrated by few cases/outbreaks. This includes open schools already successfully using between 3 and six feet of physical distance as described in the Decision Matrix table below. A decision to remain open (either hybrid or full in-person) should involve considerations for further strengthening mitigation strategies as necessary and continuing impacts to the school to reassess decisions. Level of Impact to a School (Step 3) should also be considered and is assessed through outbreak data/information, student absenteeism and staff capacity. For schools opening for the first time, consider the level of community transmission in your planning and be prepared to closely monitor for cases and outbreaks. If the level of impact to a school increases, schools should be prepared to adjust instructional modality or mitigation measures as needed.

- Adherence to all mitigation strategies is critical no matter the level of community transmission. Universal masking (persons age 5 and older) in schools is required per Executive Order 72.

- Physical Distancing: For all levels of transmission, the optimal level of distance is physical distancing of six feet or more to the greatest extent possible; no less than 3 feet is acceptable if this is necessary to continue in-person instruction.

- Regardless of the level of community transmission, schools that are already open can remain open for in-person instruction if they strictly adhere to mitigation strategies and have minimal impact to the school (e.g. few cases/outbreaks, adequate staff capacity, etc).

- Community Transmission is assessed via case incidence, test positivity and secondary disease indicators. To find community transmission levels, please visit the VDH School Indicators Dashboard.

- School Impact is assessed through outbreak data/information, student absenteeism and staff capacity AND/OR assessment of mitigation strategy implementation. Please see page 16 for more information.

- Hybrid or reduced attendance is intended to maximize opportunities for physical distancing between students and/or staff.
## Decision Matrix for School Reopening and Phased Mitigation

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Blue - Low Transmission</th>
<th>Yellow - Moderate Transmission</th>
<th>Orange - Substantial Transmission</th>
<th>Red - High Transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Impact to School</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Status*: PreK-12</td>
<td>Open to in-person instruction to the maximum extent possible.</td>
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<td>Open to in-person instruction to the maximum extent possible</td>
</tr>
<tr>
<td>Distance*: A minimum of 3-6 feet is recommended</td>
<td></td>
<td></td>
<td>Distance*: Ensuring a minimum of 3-6 feet is strongly recommended and critically important. Consider a minimum 6 feet distance standard for middle/high and adults during substantial and high transmission.</td>
<td></td>
</tr>
<tr>
<td>Extracurriculars/Sports**: Open (indoors or outdoors); distance to the extent possible.</td>
<td>Continually review mitigation strategies to ensure optimal adherence.</td>
<td></td>
<td>Extracurriculars/Sports**: Outdoors only; sports and extracurriculars where distancing can be maintained are preferred.</td>
<td>Schools that are open with low impact can stay open. Continually review mitigation strategies to ensure optimal adherence.</td>
</tr>
</tbody>
</table>

| **Medium Impact to School** | | | | |
| School Status: PreK-12 | Open to in-person instruction to the maximum extent possible | | School Status: PreK-12 | Open to in-person instruction to the maximum extent possible. Cohorting and pods can assist with optimizing distance. |
| Distance*: A minimum of 3-6 feet is recommended | | | Distance*: Minimum of 3-6 feet is strongly recommended and critically important. Consider a minimum 6 feet distance standard for middle/high and adults. | |
| Extracurriculars/Sports**: Open (indoors or outdoors); distance to extent possible | | | Extracurriculars/Sports**: Outdoors only; sports and extracurriculars where distancing can be maintained are preferred. | |
| Re-evaluate mitigation measures; CDC recommends prioritizing universal masking and physical distancing as the two most important strategies. | | | Re-evaluate mitigation measures; CDC recommends prioritizing universal masking and physical distancing as the two most important strategies. | |
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<td><strong>High Impact to School</strong></td>
<td>School Status: PreK-12: Consider temporary hybrid/reduced attendance, focusing on priority learners of all ages as most important for any amount of in-person instruction.</td>
<td></td>
<td></td>
<td>School Status: PreK-12: Temporary Virtual Instruction for most students***</td>
</tr>
<tr>
<td></td>
<td>Distance*: Strict adherence to a minimum of 3-6 feet is strongly recommended and critically important. Consider a minimum 6 feet distance standard for middle/high and adults.</td>
<td></td>
<td></td>
<td><strong>Extracurriculars/Sports</strong>: Sports and extracurricular activities are temporarily virtual only</td>
</tr>
<tr>
<td></td>
<td>Extracurriculars/Sports**: Outdoors only; Consider temporarily cancelling sports and cancelling extracurriculars where distance cannot be maintained.</td>
<td></td>
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<td><strong>Re-evaluate</strong> mitigation strategies. CDC recommends prioritizing universal masking and physical distancing as the two most important strategies.</td>
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*School status: “Open to the maximum extent possible” means open to as many students as possible with mitigation strategies in place, including minimum distancing, universal masking, cleaning, hand hygiene and other strategies in place as recommended. Hybrid or partial in-person may be necessary to accommodate distancing, with an emphasis on elementary and priority learners of all ages.

*There is varied guidance regarding the optimal physical distance for the prevention of COVID-19 disease transmission. CDC recommends that during low or moderate community transmission, schools adopt physical distancing of six feet or more to the greatest extent possible. During high or substantial community transmission, they recommend physical distancing of 6 feet is required in schools. The American Academy of Pediatrics states that physical distance between desks should follow current public health guidance, and desks should be placed at least 3 feet apart and ideally six feet apart. AAP also states that schools should weigh the benefits of strict adherence to a six-feet spacing rule between students with the potential downside if doing so limits in-person instruction to the degree that remote learning is the only alternative. The distancing standards in this current Revised Interim Guidance aim to balance reasonable efforts to prevent disease transmission with the feasibility of offering in-person instruction to as many children as possible. Increased distancing (e.g., closer to a minimum of six feet) may be more important for middle/high school students and adults and during times of higher community transmission. Physical distancing is especially important during times when masks are not worn, such as while eating and drinking. VDH uses proximity of six feet or less for more than 15 minutes to determine the need for quarantining persons in contact with a COVID-19 case - school systems need to consider the disruption immediate quarantining will cause on continuity of learning when a COVID-19 case is introduced into the classroom and they have not used the six feet of physical distancing as a standard.

**VDH strongly advises athletes to wear masks at all times during group training, competition, and on the sidelines. This is particularly important indoors and for high contact activities. Public health may recommend temporary closure of a classroom or cancellation or postponement of sports/extracurricular activities where the outbreak(s) has/have occurred.**

**Priority learners: Students for whom in-person instruction is most critical includes but may not be limited to those who are early learners (PreK-3), students with disabilities and English learners. It is generally thought that these groups are the most disproportionately impacted by the negative effects of a lack of in-person instruction.**

***Schools should consider, in consultation with parents and IEP teams, continuing to serve students with disabilities who most need in-person instruction, in the building.
References


References continued


Prevent Epidemics COVID-19 Playbook https://preventepidemics.org/covid19/resources/playbook/#Response-4-2


The Urgency and Challenge of Opening K-12 Schools in the Fall of 2020, J.M. Sharfstein and C.C. Morphew, JAMA 2020: https://jamanetwork.com/journals/jama/fullarticle/2766822

