

Interim Guidance to K-12 School Reopening



Table of Contents

Introduction and Guiding Principles 3

CDC Indicators for Dynamic School Decision Making 4

Consideration of School Impact 5

Considerations for Schools for All Levels of School Transmission 6

Steps to Guide to School Reopening 7-13

References 14



Introduction and Guiding Principles

VDH recommends that schools start by using the CDC Indicators for Dynamic School Decision-Making framework to assess the risk of introduction and transmission of SARS-CoV-2 in schools, to help inform decisions about school operations, and to implement necessary mitigation strategies. The CDC framework is best used together with the Interim Guidance for K-12 School Reopening. This document now incorporates and replaces the [Phase Guidance for Virginia Schools](#), previously issued by the Commonwealth to further inform local approaches.

A school division's capacity to successfully implement mitigation strategies and/or level of school impact AND local community

disease data should be carefully factored into school operations plans. Schools that have been open to in-person instruction should also consider the level of impact to a school itself. The three CDC core indicators serve as a starting point for decision making, but should not solely dictate the decisions that school divisions make to best serve their communities. [CDC guidance](#) states that “Each indicator or combination of indicators should neither be used in isolation nor should they be viewed as hard cut-offs by state and local officials and school district decision-makers. Rather, they serve as broad guideposts of inherent risk to inform decision-making.”

Guiding Principles



- **Support in-person learning** considering both students and staff. Account for the learning needs and the health needs of all students.
- **Prioritize younger learners, students with disabilities, and English Learners.**
- **Put education first.** Prioritize educational opportunities over 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. Encourage people

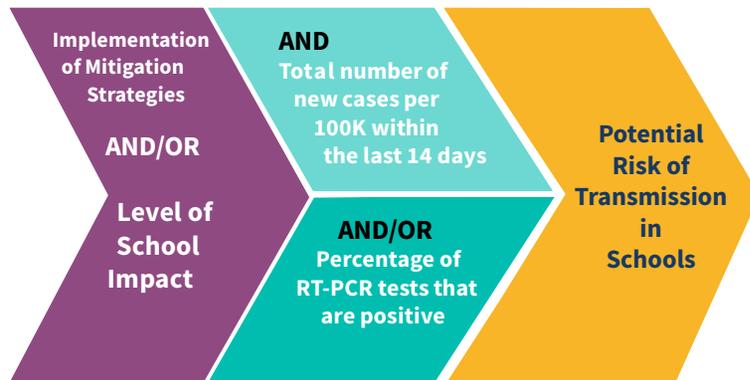
to physically distance, wash hands, and wear masks. Coordinate closely with your local health department. Educate students/staff to monitor health daily and stay at home if they have symptoms, and follow public health recommendations.

- **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.

CDC Indicators for Dynamic School Decision-Making

The CDC recommends the use of three core indicators (mitigation assessment, 14 day case incidence and/or RT-PCR test positivity) to assess the risk of transmission in schools and to inform decisions about school programming. For schools that have offered in-person instruction in some manner, VDH also recommends that schools consider the level of impact to a given school when assessing mitigation capacity, which is described below.

Indicators to Assess Potential Transmission Risk in School



Core Indicators

Schools should assess their ability to implement and adhere to the following [five key mitigation strategies](#). These strategies are most effective when compliance is universal and when all the strategies are used together.

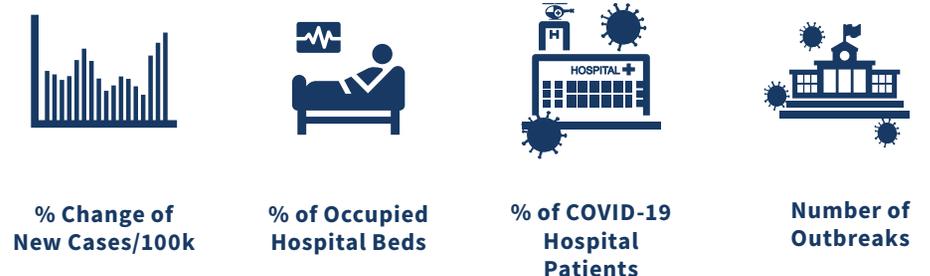
Five Key Mitigation Strategies



In addition to the mitigation strategies/level of impact indicator, schools should also consider the extent of COVID-19 community transmission using the disease indicator(s). The VDH [Pandemic Metrics Dashboard](#) includes a “CDC School Metrics” tab that includes the [CDC Indicators for Dynamic School Decision-Making](#). The dashboard provides indicator data by city or county and trends over time. CDC recommends assessing the core measures of incidence and/or RT-PCR test positivity for the community (e.g., county) as a whole, and not for the schools or school divisions themselves.

Secondary Indicators

The following secondary indicators can be used to support the decision-making process in local communities, but should not be used as the main criteria for determining the risk of disease transmission in schools. This data can also be found on the [VDH Pandemic Metrics Dashboard](#).



Consideration of School Impact

Schools open for in-person instruction should evaluate the level of impact that COVID-19 transmission has had within their specific school. 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/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/faculty 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 and the longer that interaction lasts, the higher the risk of SARS-CoV-2 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 SARS-CoV-2 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.

Criteria to consider	Level of School Impact*		
	Low	Medium	High
Transmission within school	Zero or sporadic cases with no evidence of transmission in school	Two outbreaks within a short time period or sporadic outbreaks in school. Size of outbreaks remains small.	Several outbreaks in school within short time period; size of outbreaks is large or scope of outbreaks is significant (e.g multiple classrooms or grade levels are impacted).
Student absenteeism	At baseline/Low	Slightly above baseline	High
Staff Capacity**	Normal	Strained	Critical

* Level of School Impact 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

COVID-19 spreads when people are in relatively close proximity, by respiratory droplets generated through coughing, sneezing, or talking to an infected person. The CDC describes levels of risk for transmitting COVID-19 in school settings. As such, different activities come with different levels of risk. The risk levels are defined as:

- **Lowest risk:** Students and teachers engage in virtual-only classes, activities, and events.
- **More risk:** Hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes, occur. Small, in-person classes, activities, and events are held. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least six feet apart and do not share objects.
- **Highest risk:** Full sized, in-person classes, activities, and events occur. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

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

- Implement strategies for all individuals within a school to maintain six feet of physical distance from each other, to the greatest extent possible.
 - The [American Academy of Pediatrics \(AAP\)](#) recommends “keeping desks at least 3 feet apart, and ideally 6 feet apart.” Maintaining less than six feet of distance should only be considered if all students are wearing masks correctly and do not have symptoms of illness.
- Implement strategies to reduce groups of individuals from mixing with each other. This includes:
 - Closing or staggering the use of communal spaces.
 - Limiting assemblies and other school gatherings.
 - Restricting classes from mixing (cohorting).
 - Limiting athletics and other extracurricular activities.

- 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) [16VAC25-220, Emergency Temporary Standard](#), which provides guidance for employers regarding COVID-19. More information can be found in the [Coronavirus \(COVID-19\) FAQs webpage](#).
 - This includes the requirement to [report all known COVID-19 cases 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.
- Develop communication plans 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, recreational sports, etc. as relevant to operations of the school unless specifically exempted. This includes, but is not limited 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 closing decisions.

Nuanced local public health conditions and practical limitations will be important information to help inform decisions. Although possible, it may be challenging for a school to open for in-person instruction for the first time during times of substantial community transmission or surging case counts while also minimizing impact to the school community. Schools should consider the timing of implementation to increase their likelihood of success. A gradual approach to reopening is encouraged.

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

VDH continues to recommend that local officials prioritize educational opportunities over extracurricular activities or other events in the surrounding community. During times of substantial COVID-19 activity, these choices are especially important. Mitigation strategies in school help keep kids and adults safe, but what happens outside of school is equally important.



01

STEP ONE: Self-assessment of Implementation of Mitigation Measures

How well can your school implement prevention strategies? Each of the mitigation measures listed below can help prevent the spread of disease in your school. Measures work best when **all** are implemented to the greatest extent possible. A CDC resource for helping schools monitor and evaluate mitigation strategies is available [here](#).

<p>Consistent and correct use of masks</p>	<ul style="list-style-type: none"> • Masks catch respiratory droplets before they spread. • Correct and consistent mask use by all individuals is the most effective strategy. • Per Executive Order 72, all persons over age five are required to wear masks in school. • Masks offer some protection to you and are also meant to protect those around you. For more information, see CDC Considerations for Wearing Masks.
<p>Social distancing</p>	<ul style="list-style-type: none"> • CDC advises that individuals maintain six feet of distance to reduce the risk of SARS-CoV-2 transmission. • Close contact is defined as being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period, or having exposure to the person’s respiratory secretions (for example, being coughed or sneezed on; sharing a drinking glass or utensils; kissing) while they were contagious. • Try to cohort groups of students, where possible. <ul style="list-style-type: none"> • 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.
<p>Hand hygiene and respiratory etiquette</p>	<ul style="list-style-type: none"> • Teach correct handwashing to students and staff. • Ensure frequent access to handwashing facilities, or hand sanitizer that contains at least 60% alcohol.
<p>Cleaning and disinfecting</p>	<ul style="list-style-type: none"> • Perform regular cleaning of frequently-touched surfaces. • Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects.

01

STEP ONE: Self-assessment of Implementation of Mitigation Measures

<p>Contact tracing in collaboration with the local health department</p>	<p>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. Consider the following questions to assess a school’s level of preparedness:</p> <ul style="list-style-type: none"> • Are you familiar with VDH’s guide to contact tracing? • Do you have a relationship with your local health department? • Do you understand what to do if a student or teacher is ill? • 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 K12 schools and for residential secondary schools?
<p>Prepare for when someone is sick with COVID-19</p>	<ul style="list-style-type: none"> • 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?
<p>Communications plan</p>	<ul style="list-style-type: none"> • 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.? • Can you explain to the parents/community/staff what these mitigation measures do and what you are doing to try to prevent SARS-CoV-2 spread in the school? • Do your parents and staff know what the plan is 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?

02

STEP TWO: Level of School Impact

Criteria to Consider	Level of School Impact*		
	Low	Medium	High
Transmission within school	Zero or sporadic cases with no evidence of transmission in school	Two outbreaks within a short time period or sporadic outbreaks in school. Size of outbreaks remains small.	Several outbreaks in school within short time period; size of outbreaks is large or scope of outbreaks is significant (e.g multiple classrooms or grade levels are impacted).
Student absenteeism	At baseline/Low	Slightly above baseline	High
Staff Capacity**	Normal	Strained	Critical

* Level of School Impact 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.

03

STEP THREE: Evaluating the Level of Community Disease Transmission:

Use the [CDC school indicators](#) to evaluate the risk of introduction and transmission of SARS-CoV-2 into the school setting. Visit the VDH [Pandemic Metrics Dashboard](#) (CDC School Indicators tab) for specific information in your locality.

Working with the local health department can help school leaders understand what the level of community disease transmission tells you about your community and also what it does not. The level of community transmission may 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 turning on and off your school, and make sure these metrics inform your decisions but do not dictate them.

Case incidence and test positivity	<ul style="list-style-type: none">• What does this tell you about the likelihood of infection among people in your community?• What does the local health department 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, a university)?
Secondary indicators	<ul style="list-style-type: none">• What do secondary indicators tell you about how well your community can deal with the disease burden?• Discuss with your local health department whether these indicators are likely to impact your school's ability to offer in-person instruction.

04

STEP FOUR: Understanding Your Community Capacity and Needs

Try to balance the goal of disease prevention and the goal of providing in-person instruction. Make a plan to bring kids 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 COVID-19, as defined by the CDC. Divisions should phase in in-person offerings as students and staff are willing and able.

<p>Percent of young learners, English Learners, and students who need special education services or mental health services</p>	<ul style="list-style-type: none"> • 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 while school buildings are closed? • Are there certain populations for whom you want to prioritize in-person learning during high transmission? • Evaluate the adverse academic impact of school building closures on students. • 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.
<p>Percent of children who do not have Internet availability at home</p>	<ul style="list-style-type: none"> • 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?
<p>Percent of children who do not have other childcare options</p>	<ul style="list-style-type: none"> • 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.
<p>Percent of teachers/staff shared concerns that they are in high-risk categories for illness</p>	<ul style="list-style-type: none"> • 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?

05

STEP FIVE: Decision Matrix to help Determine Student Populations to Prioritize for In-person Learning

Using the assigned community transmission and mitigation/school impact levels, schools can use the table below to identify when offering in-person instruction may be reasonable to consider, how to transition learning as community transmission levels change, and how to prioritize certain groups of students. This is intended to be a guide, and schools may choose to take a more or less restrictive approach than what is suggested in this table. Understanding your community needs and capacity (step four) should help inform which groups of students should be prioritized for in-person instruction when mitigation and community transmission levels allow. Once all students have been provided an opportunity for in-person instruction, then consider adding extracurricular activities, including athletics, if the impact to school remains favorable. Regardless of approach, schools should maintain remote learning options for staff and students who need it.

Community Transmission is assessed via case incidence, test positivity and secondary disease indicators. School Impact is assessed through outbreak data/information, student absenteeism and staff capacity AND/OR assessment of mitigation strategy implementation.		Level of Community Transmission		
		Low/Lowest/ Moderate	Higher	Highest
Level of School Impact and/or Ability to Implement Mitigation	Low Impact and/or Best Mitigation	Maximum in-person learning, then consider extracurricular activities and athletics.**	Maximum in-person learning, then consider extracurricular activities and athletics.**	Priority learners* in-person. Add groups as capacity allows.
	Medium Impact and/or Mitigation Needs Improvement	Maximum in-person learning, then consider extracurricular activities and athletics.**	Priority learners* should be in school. Add groups as capacity allows.	Priority learners* should be in school.
	High Impact and/or Mitigation Needs Significant Improvement	Priority learners* should be in school. Add groups as capacity allows.	Priority learners* should be in school.	Temporary, remote instruction may be prudent for all.

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

**Maximum In-Person: In-person instruction offered for all students; however, physical distancing measures should be implemented.

References

NH Department of Health and Human Services: Considerations for Transitioning Between School Instructional Models Based on Level of Community COVID-19 Transmission and Impact on Local Schools (Nov. 2020): <https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/school-instruction-guidance.pdf>

Brown School of Public Health; Edmond J. Safra Center for Ethics. Schools and the Path to Zero: Strategies for Pandemic Resilience in the Face of High Community Spread. <https://globalepidemics.org/2020/12/18/schools-and-the-path-to-zero/>

CDC Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission: <https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html>

CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>

CDC Operating Schools during COVID-19: CDC's Considerations <https://www.cdc.gov/coronavirus/-2019ncov/community/schools-childcare/schools.html>

CDC Indicators for Dynamic School Decision-Making: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html>

CDC Considerations for Monitoring and Evaluation of Mitigation Strategies Implemented in K-12 Schools: <https://www.cdc.gov/coronavirus/2019-ncov/php/monitoring-evaluation-k-12.html>

White House Opening Up America Again: <https://www.whitehouse.gov/openingamerica/>

Resolve to Save Lives Fact Sheet (Draft): When and How to Close due to COVID-19 Spread: https://preventepidemics.org/wp-content/uploads/2020/04/COV020_WhenHowTightenFaucet_v3.pdf

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

Children's Hospital of Philadelphia PolicyLab: Evidence and Guidance for In-Person Schooling during the COVID-19 Pandemic. <https://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab-Executive-Summary-Evidence-Guidance-In-Person-Schooling-COVID-19-Nov-2020.pdf> (October 21, 2020, updated November 5, 2020)

COVID-Local Metrics for Phased Reopening (RAND): <https://covid-local.org/metrics/>

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>

American Academy of Pediatrics COVID-19 Planning Considerations: Guidance for School Reentry <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

CDC Decision Tree for School Reopening: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Schools-Decision-Tree.pdf>

National Academy of Sciences, Engineering, and Medicine 2020. *Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities*. Washington, D.C.: The National Academies Press. <https://doi.org/10.17226/25858>

Executive Summary: Evidence and Guidance for In-Person Schooling during the COVID-19 Pandemic. <https://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab-Executive-Summary-Evidence-Guidance-In-Person-Schooling-COVID-19-Nov-2020.pdf>