

Coronavirus 2019 (COVID-19): Guidance for Schools (Pre-Kindergarten – 12th Grade and Adult Education)

This document provides guidance for how DC public, public charter, private, parochial, and independent schools can reduce the risk of COVID-19 transmission among students, staff, families, and the community. Schools that offer childcare services (as distinct from Pre-Kindergarten programs) should follow *Guidance for Childcare Facilities* at coronavirus.dc.gov/healthguidance. For additional information, including current District COVID-19-related public health data, please visit coronavirus.dc.gov.

Prevention of COVID-19 in schools

Studies have shown that schools can remain open for in-person learning during the COVID-19 pandemic if multiple layered prevention strategies are in place. Continued use of these measures will help prevent the spread of COVID-19 in schools.

Schools should have a clear plan in place for virtual learning options to support changes that may be needed due to spikes in community case rates, or spread or outbreaks occurring within individual schools.

Elements of Prevention

- Schools **must** implement these elements in their COVID-19 prevention strategy:
 - Universal indoor masking regardless of vaccination status
 - Staying home when sick
- Schools **should** implement these elements in their COVID-19 prevention strategy:
 - Promoting COVID-19 vaccination
 - Physical distancing
- Other key elements include:
 - Hand hygiene and respiratory etiquette
 - Screening testing
 - Contact tracing, Testing, Quarantine, and Isolation¹
 - Cleaning and disinfection
 - Ventilation

COVID-19 vaccination

Vaccination is the most important public health intervention for ending the COVID-19 pandemic.

- The COVID-19 vaccine has been demonstrated to be safe and effective for children as young as **5 years old**. The COVID-19 vaccine is widely available and free.
 - Children ages 5-17 can get the Pfizer vaccine.
 - People age 18 and older can get any of the 3 vaccines approved or authorized for emergency use in the United States (Pfizer, Moderna, or J&J/Janssen). Any of the available vaccines are acceptable, but the CDC now preferentially recommends the mRNA vaccines (Pfizer and Moderna) over the J&J/Janssen vaccine for the primary

¹ **Quarantine:** The process of separating individuals who have been exposed to an infectious agent (like COVID-19) before they develop symptoms of infection or test positive for infection, for the duration of time that covers the incubation period for the pathogen to prevent further spread.

Isolation: The process of separating individuals with symptoms of an infection or confirmed diagnosis of an infection (like COVID-19) away from others, to prevent spread of a pathogen.

vaccine series² as well as for booster doses.

- All people age **12 and older** should also get a COVID-19 booster shot.
 - People age 12 to 17 can get the Pfizer booster shot 5 months after they complete their primary vaccine series.
 - People 18 and older are recommended in most situations to get boosted with either one of the mRNA vaccines (Pfizer or Moderna) 5 months after they complete their primary vaccine series (regardless of what vaccine they had for their primary vaccine series).
- Find out more about:
 - **COVID-19 vaccines:** coronavirus.dc.gov/vaccine
 - **Booster shots:** cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html
- **All adults who are regularly in schools, except for students who are 18 and older, must be vaccinated unless they were granted a medical or religious exemption. There is no test out option. This applies to all DC Public Schools, DC public charter schools, independent schools, private schools, and parochial schools.**
- **All student-athletes aged 12 and older must be vaccinated to participate in school-based sports, unless they have been granted a medical or religious exemption.³**
 - This does not pertain to athletics at DPR facilities or to private club sports and activities, unless they train or compete at school facilities in DC.
 - For more information on student-athlete vaccine requirements, see *COVID-19 Vaccination Mandate Guidance for Student-Athletes* available at osse.dc.gov/page/covid-19-guidance-and-resources.
- **All other students age 5 and older are strongly encouraged to get vaccinated and stay up to date on their COVID-19 vaccine.**
- Schools are encouraged to track vaccination coverage among students and staff, while complying with applicable privacy regulations.
- School administrators should strongly promote vaccination and develop policies that support vaccination, such as:
 - Leave options for staff and excused absences for students to get vaccinated, and for if they experience vaccine side effects
 - Creative incentives for staff and students to get vaccinated
 - For more information about how to promote vaccination, see cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/essentialworker/workplace-vaccination-program.html.
- **In the school setting, the following are considered up to date on their COVID-19 vaccine:**
 - People 18 and older who have received all recommended vaccine doses, including booster doses as applicable.⁴
 - Children age 5-17 who have completed their primary vaccine series.
- Find out more about getting the COVID-19 vaccine in DC at coronavirus.dc.gov/vaccine.
- For more information about the COVID-19 vaccine mandates, see Mayor’s Order 2021-109, available on coronavirus.dc.gov/healthguidance.

² The initial vaccine course before any extra (i.e., “booster”) doses

³ **Note:** Students who are not up to date on their COVID-19 vaccine may **not** participate in wrestling, even if they have received a medical or religious exemption to the vaccine.

⁴ For detailed information about staying up to date on your COVID-19 vaccine, see cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html.

Stay home when sick

- Any person experiencing symptoms of COVID-19 (see page 3) or who is required to isolate or quarantine due to COVID-19 diagnosis or exposure **must not** attend, work at, or visit a school due to the risk of exposing others.
 - A person who is awaiting a COVID-19 test due to symptoms of COVID-19 must not attend, work at, or visit a school until their test comes back negative. (For more information see **ISOLATION** section on page 13).
 - People who are unvaccinated or not up to date on their COVID-19 vaccine who have travelled should follow travel-related COVID-19 testing and quarantine recommendations outlined in *Guidance for Travel* at coronavirus.dc.gov/healthguidance.
- Symptoms of COVID-19 may include: fever (subjective or 100.4 degrees Fahrenheit or greater), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea,
- All persons **18 and older**, regardless of vaccination status, who are experiencing any of the symptoms listed above, that are new or unexplained, **must** stay home and not enter a school.
- All persons **younger than 18**, regardless of vaccination status, who are experiencing the following symptoms, that are new or unexplained, **must** stay home and not enter a school (**Modified Protocol**):
 - **Any ONE of these red flag symptoms:**
 - **Fever (measured at 100.4 F or greater, or subjective)**
 - **New or worsening cough**
 - **Shortness of breath/difficulty breathing**
 - **New loss of taste or smell**
 - **OR at least two (2) of the following symptoms:**
 - **Chills**
 - **Muscle or body aches**
 - **Headache**
 - **Sore throat**
 - **An unusual amount of tiredness**
 - **Nausea or vomiting**
 - **Runny nose or congestion**
 - **Diarrhea**

Masks

Mask basics:

- Masks function as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called source control.
- Masks protect the wearer and protect other people.
- To be effective, masks must be well fitting and worn correctly. Masks should cover the nose and mouth and fit snugly against the sides of the face.
- Most students, including those with disabilities, are able to wear face masks. Some students cannot safely wear a mask, but are entitled to educational services, and should not be required to wear one. An example of this might be a student with a disability that limits their ability to remove their mask without assistance if they have a breathing issue. Plan for options for students with special needs who may not be able to comply with face mask or physical distancing protocols.
- Consider clear masks (not face shields) for students or staff who are deaf or hard of

hearing.

- Children younger than 2 years old should not wear masks.
- For more information about masks please refer to *Mask Guidance for the General Public* at coronavirus.dc.gov/healthguidance.

Masks in schools

- **Indoors:** Masks must be worn by **all people indoors** (including staff, teachers, students, and visitors), **regardless of vaccination status.**
 - Masks may be removed for eating or drinking.
 - Masks must be removed for naptime.
- **Outdoors:** In general, people do not need to wear masks when outdoors. However, CDC recommends that people who are unvaccinated or not up to date on their COVID-19 vaccine wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are unvaccinated or not up to date on their COVID-19 vaccine.
- **On school buses:** Masks must be worn on school transportation, including school buses.

Physical distancing

- People who are unvaccinated or not up to date on their COVID-19 vaccine should maintain physical distance from people not from their household, whether indoors or outdoors.
- Schools should implement physical distancing to the greatest extent possible. However, inability to maintain recommended distances (including during meals) should not be used as a reason to keep students from in-person learning.
- **At least 3 feet of distance is recommended between students who are appropriately masked in classrooms (regardless of vaccination status).**
- **6 feet of distance (or greater) is recommended (especially indoors) between:**
 - Students outside of the classroom setting (including during physical education classes, recess, in school common areas)
 - All people during activities when masks cannot be worn, such as eating and napping,
 - Students and staff⁵
 - Students and visitors to the school (unless a student and visitor are from the same household)
 - Between all non-student adults who are not vaccinated or not up to date on their COVID-19 vaccine (teachers, staff, visitors)
- **Cohorting** is a strategy that can be used to supplement physical distancing in schools, and should be especially considered when community COVID-19 transmission levels are **moderate to high**⁶ Cohorting consists of dividing students and teachers into distinct groups that stay together throughout the entire school day. Cohorting can help minimize the number of staff and students who are unvaccinated or not up to date on their COVID-19 vaccine that need to quarantine if a case of COVID-19 occurs in a staff member or student. Cohorting is more feasible in the younger grades than in higher grades where students may switch classes more frequently throughout the school day.

⁵ Six-foot distance recommendation does not apply to school health personnel interactions with students.

⁶ To look up current levels of community transmission (and other data including local vaccination rates) for DC and other areas of the country, see the *CDC Data Tracker* at covid.cdc.gov/covid-data-tracker/#county-view

Strategies to promote physical distancing:

- Implement drop-off and pick-up procedures that minimize crowding and contact between students, parents/caregivers, and school staff.
- Turn desks to face in the same direction (rather than facing each other), or seat on only one side of a table, spaced apart.
- Remove nonessential furniture and make other changes to classroom layouts to maximize distance between students.
- Space desks/seating/nap mats appropriately
- Implement small group sizes for activities.
- Meal and snack times:
 - To facilitate distancing, utilize additional spaces outside of the cafeteria for mealtime seating (such as the gym or outdoor seating).
 - If schools allow students to eat in classrooms, maintain increased spacing of 6 feet or more between students during meal and snack times and increase ventilation by opening doors and windows when possible.
- Require school bus drivers to enforce mask requirements and encourage them to promote physical distancing and good ventilation on buses (e.g., leaving empty rows of seats, opening windows).

Tips if utilizing cohorting:

- Cohorts should be maintained for all activities including breakfast, lunch, and recess.
- Physical distancing recommendations should be followed within the cohort.
- Prevent mixing between cohorts and take steps to support 6 feet of physical distancing between cohorts. Mixing cohorts poses an avoidable increased risk of exposure if an individual tests positive for COVID-19.
 - Pay special attention during the following times: entry and exit of the building, during classroom changes, at mealtimes, in the restroom, on the playground, in the hallway, and in other shared spaces (e.g., in the library).
 - If possible, maintain cohorts for aftercare activities. If school-day cohorts are mixed in aftercare, the students in the aftercare cohort should also be considered potential close contacts in the event of a positive test.
- Limit the use of floating staff to only when necessary as the use of floating staff poses an avoidable increased risk of exposure if staff test positive for COVID-19.
- Staggering arrival and/or dismissal times or locations by cohort.

Other key healthy practices

Hand hygiene and respiratory etiquette

- Make available adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.
- Promote proper handwashing technique: washing hands with soap and water for at least 20 seconds. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
 - Supervise young children when they are using hand sanitizer to prevent ingestion.
- Promote frequent hand hygiene (with soap and water or alcohol-based hand sanitizer).
 - Key times to perform hand hygiene include:
 - Before and after eating food,
 - Before and after group activities,
 - After using the toilet,
 - Before and after putting on, touching, or removing your mask or touching your face,
 - After blowing your nose, coughing, or sneezing.

- Avoid touching your face, eyes, mouth, and nose with unwashed hands.
- Cover coughs and sneezes
 - Cover your mouth and nose with a tissue when you sneeze or cough. Dispose of used tissues into the trash.
 - If you don't have a tissue, cough or sneeze into your elbow.

Screening testing

- Screening testing can be an effective tool for reducing transmission in schools by identifying people with COVID-19, including those without symptoms, so that prompt measures can be taken to prevent transmission in a school. The benefits of school-based testing should be weighed against the costs, inconvenience, and feasibility of such programs to both schools and families.
- Screening testing should never occur less often than weekly.
- Schools may consider various screening testing strategies: for example, testing a random sample of at least 10% of students who are unvaccinated or not up to date on their COVID-19 vaccine or conducting pooled testing of cohorts.
 - About pooled testing:
 - If a pooled sample tests positive, the school and its testing vendor (when applicable) must have a plan to immediately re-test all individuals in the pool in order to identify the positive individual(s). Samples for the re-test must be collected at the same time as the initial sample in order to avoid any delay in identifying the positive individual(s).
 - The positive case(s) must be individually reported to DC Health, per the reporting guidelines outlined in "Reporting" section on page 16.
 - The positive individual(s) must not attend school and should isolate in accordance with the **ISOLATION** section on page 13, and close contacts of the positive individual(s) must follow the guidance in the **QUARANTINE AND TEST TO STAY** section on page 10.
 - For more information about pooled testing, see cdc.gov/coronavirus/2019-ncov/lab/pooling-procedures.html.
- **Which type of test to use for screening testing?**
 - Tests that provide results in 24 hours or less should be used.
 - If available, saliva tests and nasal tests that use a short swab may be more easily utilized and accepted in schools.
 - Either type of SARS-CoV-2 viral test may be used: NAAT (Nucleic Acid Amplification Test, e.g., PCR) or antigen test.
 - **Anyone with a positive test result must not attend school and begin isolation. There is absolutely no option to reverse a positive test result with additional testing.**
 - For more information, refer to *Overview of Testing for SARS-CoV-2 (COVID-19)* at cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print.
- **Who should participate in screening testing?**
 - **For all the following, at minimum people who are unvaccinated or not up to date on their COVID-19 vaccine should be included in screening testing.**
 - Staff regardless of level of community transmission
 - Frequency; at least once per week
 - Students when community transmission levels are moderate to high⁶
 - Frequency; at least once per week
 - Students, teachers, coaches, and trainers who participate in sports and high-risk activities (for more details see next section: **Sports and Activities**)
- **Schools can contact the Office of the State Superintendent of Education (OSSE) to**

learn about testing programs that are available in public and public charter schools. In all instances, testing programs must comply with DC Health reporting requirements for COVID-19 (dchealth.dc.gov/page/covid-19-reporting-requirements).

Sports and activities

- **Higher risk sports and activities:** Some school-related activities are classified as higher risk for COVID-19 transmission due to greater potential for forceful exhalation during participation. These include: participation in certain sports, gym class, recess, and certain classes and extracurricular activities such as choir, orchestra, band, and theater.
 - Higher risk activities should be held **outdoors** as much as possible.
 - When participating in higher risk activities, participants should maintain physical distance of at least 6 feet from other people as much as possible, particularly indoors.
- When participating in sports and higher risk activities **indoors**, participants must wear masks at all times (regardless of vaccination status).
 - **Exceptions:**
 - Masks must not be worn in swimming pools.
 - Student-athletes who are up to date on their COVID-19 vaccine are not required to wear masks while they are **actively physically engaged** in a sports competition or practice. Masks must be worn by athletes at all other times when not actively participating (i.e., while resting and in team meetings).
- **Risk classification of sports:**
 - **Indoor sports are generally higher risk.**
 - **Risk by type of sport:**
 - **Higher risk sports:** sports that involve close, sustained contact between participants and high probability that respiratory particles will be transmitted between participants (examples: wrestling, football, basketball, boxing, hockey, lacrosse, martial arts, rugby, soccer, cheerleading, racquetball, squash)
 - **Intermediate risk sports:** sports that involve close, sustained contact, but with protective equipment in place that may reduce the likelihood of respiratory particles being transmitted between participants OR sports with intermittent close contact (examples: flag football, volleyball, ultimate frisbee, crew, water polo, field hockey, baseball, softball)
 - **Lower risk sports:** Sports that can be done with social distancing or individually without sharing of equipment (examples: archery, badminton, bowling, cycling (outdoor), fencing, golf, gymnastics, horseback riding, ice skating, skiing, swimming, tennis, and track & field.)
- Participation in sports and higher risk activities should be supported with regular screening testing for students and involved staff. At minimum, those who are unvaccinated (i.e., for athletes, those who have religious or medical exemptions) or not up to date on their COVID-19 vaccine should have screening testing.
 - For participants in higher-risk sports and activities:
 - Frequency:
 - At least once per week when community transmission levels are low to moderate⁶
 - Twice per week when community transmission levels are substantial
 - AND
 - Screen before games, competitions, or athletic

- events
 - **Higher risk sports and activities should be cancelled or be made virtual when community transmission levels are high, unless all participants are up to date on their COVID-19 vaccine.**
- Participants in low and intermediate risk sports and activities
 - Frequency: at least once per week

Other operational considerations:

- Institute an auditing program, to be performed at least every two weeks, to monitor the implementation of practices described in this guidance document.
- **In-person instructional activities should be prioritized over extracurricular activities and events, including sports.**
- Move as many classes and activities outdoors as possible, weather permitting (the same physical distancing protocols apply).
- There is no need to limit food service items to single use items and packaged “grab-and-go” meals, given the low risk of COVID-19 transmission from surfaces.
- Educate staff, students, and their families on COVID-19 and preventive measures such as mask wearing and physical distancing.
- Use methods such as posting signs and making announcements to regularly promote COVID-19 prevention methods. Make such communications accessible to all students and translate them appropriately.
- Add reminders about physical distancing in areas prone to congestion such as the health office.
- Non-essential visitors to the school should be minimized if DC is at **moderate** to **high** community transmission levels⁶ All visitors should be required to follow school policy on masks, physical distancing, and other preventive measures.

Workforce considerations

- Schools should implement leave policies that are flexible and non-punitive and that allow sick employees to stay home.
 - Leave policies are recommended to account for the following:
 - Employees who report COVID-19 symptoms,
 - Employees who have been tested for COVID-19 (for reasons including symptoms, travel, or exposure) and are awaiting test results
 - Employees who tested positive for COVID-19,
 - Employees who are a close contact of someone who tested positive for COVID-19 and who need to quarantine,
 - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
 - Employees who need to get the COVID-19 vaccine,
 - Employees who are experiencing side effects from the COVID-19 vaccine.
- Learn about and inform your employees about COVID-related leave provided through any new federal laws and all applicable District law relating to sick leave. Keep abreast of current law, which has amended both the DC Family and Medical Leave Act and the DC Sick and Safe Leave Law.

People at high-risk for severe COVID-19

Students and staff at increased risk for experiencing severe illness due to COVID-19 are recommended to consult with their medical provider **before** attending in-person activities.

- Older adults (older than 65) and people with the following conditions **are at increased risk** of severe illness from COVID- 19:
 - Cancer
 - Chronic kidney disease
 - Chronic liver disease, especially cirrhosis
 - Chronic lung diseases, including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, bronchiectasis, pulmonary hypertension, and pulmonary embolism.
 - Dementia or other neurological conditions
 - Diabetes (type 1 or type 2)
 - Down Syndrome
 - Heart conditions (such as heart failure, coronary artery disease, and cardiomyopathies, and possibly high blood pressure)
 - HIV infection
 - Immunocompromised state (weakened immune system)
 - Mental health conditions (including schizophrenia and depression)
 - Overweight and obesity
 - Pregnancy, or recent pregnancy (within 42 days following end of pregnancy)
 - Sickle cell disease
 - Smoking, current or former
 - History of solid organ transplant or stem cell transplant
 - History of stroke or cerebrovascular disease
 - Substance use disorders
 - Thalassemia
 - Tuberculosis
- For a complete list of conditions that can increase the risk for severe illness from COVID-19, please see [cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html).
- Children with underlying medical conditions are at increased risk for severe illness with COVID-19 compared to their healthier peers. These conditions include:
 - Asthma or other chronic lung disease
 - Bronchopulmonary dysplasia
 - Congenital heart disease
 - Diabetes
 - Genetic conditions
 - Immunosuppression
 - Metabolic conditions
 - Neurologic conditions
 - Obesity
 - Sickle cell disease
- Any staff member, student, or parent/guardian of a student who has a medical condition not listed, but who has safety concerns, are recommended to consult with their medical provider before attending in-person activities.

Preventing outbreaks of other vaccine-preventable diseases (non-COVID-19):

According to CDC and DC Health data, the COVID-19 pandemic has resulted in a significant reduction in childhood vaccine administrations across the country including the District of Columbia and Maryland.

In order to prevent a vaccine-preventable disease outbreak in a school setting, it is imperative for all students who attend in-person activities to be **fully vaccinated** according to CDC and DC Health standards.

- Ensure a policy is in place for reviewing of immunization status of students, provision of reminders to parents, timelines for compliance, and support for students who do not meet requirements.
- A review of immunizations can be found [here](#).
- Review CDC resources regarding [Vaccine-Preventable Diseases](#).

QUARANTINE AND TEST TO STAY: For people exposed to COVID-19

In the school setting, there are two potential options for people who are identified as close contacts of someone with confirmed COVID-19 and do not meet exemption criteria for quarantine: **conventional quarantine or a Test to Stay (TTS) protocol**. These options are explained in this section.

For quarantine calculation purposes the date of exposure is considered **Day 0**. The first full day after date of exposure is **Day 1**.

Close contacts

- **Definition of close contact**: Someone who was within 6 feet of an infected person for a cumulative 15 minutes or more over a 24-hour period, starting from 2 days before illness onset (or for asymptomatic infected people, 2 days prior to positive test collection) until the time the infected person is isolated.
 - For example, if someone is less than 6 feet from a case for 5 minutes at three separate times over the course of a day (total time for exposure:15 minutes) they would qualify as a close contact.
- **Exception to close contact definition**:
 - In the school indoor classroom setting (Pre-K-12th Grade and Adult Education), the close contact definition excludes students who were within 3 to 6 feet of an infected fellow student if:
 - Both students were engaged in consistent and correct use of well-fitting face masks the entire time
AND
 - Other layered prevention strategies were in place (such as universal mask wearing in the school regardless of vaccination status, physical distancing, and good ventilation)
 - **NOTE: This exception cannot be applied if students consumed meals, snacks or drinks or napped within 6 feet of one another in the classroom (since masks have been removed). It also doesn't apply to interactions between students and staff.**
- **Staff and students who are close contacts of someone with confirmed COVID-19, regardless of their vaccination status should:**
 - Get a COVID-19 test 5 days after the date they were exposed.⁷
 - Either a NAAT or antigen test may be used.
 - If the test is positive, they must not attend school and should isolate and follow isolation instructions.
 - **Monitor themselves for COVID-19 symptoms for a full 10 days after exposure (Days 0 through 10) and isolate and test if symptoms develop.**
 - **Wear a well-fitting mask when around other people (including household members) for 10 days after their exposure (days 0 through 10).**

⁷ You do not have to test if you had confirmed COVID-19 in the past 90 days with recovery, as long as you remain symptom-free

- **The following close contacts must not attend school and should quarantine (unless they are eligible to participate in a school's Test to Stay program):**
 - Unvaccinated people
 - People who are not up to date on their COVID-19 vaccine
- **The following close contacts do not need to quarantine (provided that they do not have symptoms of COVID-19): ("Quarantine Exemption Criteria")**
 - People who are up to date on their COVID-19 vaccine
 - People who have had confirmed COVID-19 (symptomatic or asymptomatic) within the last 90 days with recovery
- **Household members** of persons identified as close contacts, who are not close contacts themselves, may continue to attend/work at a school. (They are considered "contacts of a contact".) If a close contact subsequently tests positive for COVID-19, at that point their household members must immediately not attend school and should begin quarantine. (For more information about quarantine and testing of household members, see **ISOLATION** section on page 13.)

Quarantine process in schools:

- Unless they are eligible to participate in a school's Test to Stay program (see next section), close contacts who meet criteria to quarantine must not attend school and should quarantine for **7 days**.
 - **Seven-day quarantine is permissible only if the close contact is tested for COVID-19 on day 5 or later of the quarantine period, and receives a negative test result. (The earliest return to school date in this scenario would be Day 8)**
 - The student's parent/guardian must report the negative test result to DC Health and must show the negative test result to the school. It is not necessary for DC Health to clear the individual from quarantine before they return to school.
 - **Which test to use in this scenario?**
 - A NAAT or antigen test may be used.
 - **If the test is positive, the close contact must immediately start isolation.** Start the clock again, set Day 0 as the day of the positive test and follow instructions in the **ISOLATION** section on page 13.
 - **If the close contact develops COVID-19 symptoms during their quarantine period, they must immediately isolate and be retested as needed.** Start the clock again, set Day 0 as the day symptoms started, and follow instructions in the **ISOLATION** section on page 13.
 - **If no COVID-19 testing is done, the close contact must quarantine for at least 10 days.**
- Please see the guidance documents *Guidance for Isolation: People who Test Positive for COVID-19* and *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing* for detailed guidance on isolation and quarantine at coronavirus.dc.gov/healthguidance.
- For more information about diagnostic testing in the school setting, see *Overview of Testing for SARS-CoV-2 (COVID-19)* at cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print.

Test to Stay:

Schools may consider Test to Stay (TTS) as an alternative to conventional quarantine for some close contacts who would otherwise be required to quarantine (See above for list). Test to Stay programs utilize testing protocols to enable more people to continue in-person learning as long as they continue to test negative.

- Schools implementing TTS should:
 - Have robust contact tracing protocols in place and continue to submit contact tracing consults to DC Health.
 - Continue layered prevention strategies.

Test to Stay process

- Students or staff identified as close contacts (who would otherwise be required to quarantine) may continue to attend in-person school and/or participate in before or after care programs if they meet the following criteria:
 - **The exposure must be determined to have occurred at school (e.g., the exposure cannot be a household or community exposure).**
 - **The exposure must be determined to have occurred when both the person with COVID-19 and the person exposed were properly masked.**
 - The close contact must not have any symptoms of COVID-19 infection.
- **Testing:**
 - Students and staff participating in TTS must undergo COVID-19 testing **at minimum** twice during the 7-day period after their last exposure: immediately (defined as within 24 hours of their exposure notification) and again 5 to 7 days after exposure. More frequent testing (up to a maximum of daily testing) increases effectiveness for quickly detecting positive cases so that they can begin isolation.
 - **Which test to use in this scenario?**
 - An antigen or rapid NAAT test may be used.
 - **NOTE: School-based testing is recommended for TTS programs.**
 - School-based testing has the advantage of immediately available results.
 - An opportunity to receive free antigen tests from the Federal Government
 - If resources do not allow for school-based testing, the next best alternative for TTS programs is testing done through a reliable community testing site (e.g., pharmacies, clinics, community-based testing sites, private laboratories).
- Students and staff participating in TTS must:
 - Wear a well-fitting mask while in school.
 - Stay separated from other individuals during periods where their mask would need to be removed (e.g., when eating, drinking, and napping), if possible. Consider cohorting individuals participating in TTS at these times.
 - Stay home and isolate if they develop symptoms of COVID-19 infection or receive a positive test result.
 - Not participate in (during their TTS period):
 - Any higher risk classes or activities⁸ during the school day
 - Any extracurricular activities
 - **Note: The close contact must quarantine at home whenever they are not at school** until 7 days have passed since their last close contact exposure date.
- Schools with TTS programs should ensure that:
 - The program is offered in an equitable manner among students and across schools.
 - Any school-based tested is permitted by all applicable laws, including under the use of a Clinical Laboratory Improvement Amendments (CLIA) waiver, as necessary.
 - They comply with all relevant privacy and confidentiality laws, regulations, and policies.
- **Reporting:**
 - All positive antigen test results used for TTS must be reported to DC Health at

⁸ Higher risk activities are those with increased risk for COVID-19 transmission due to greater potential for forceful exhalation during participation. For example: gym class, recess, choir, orchestra, band, theatre, dance.

<https://coronavirus.dc.gov/page/rapid-test-result-submission-portal>

- For schools implementing school-based testing, the school must report the result to DC Health.
- For schools implementing non-school-based TTS models where the student's family is responsible for administering the test, the student's family must report the result to DC Health.

ISOLATION: For symptomatic or COVID-19 positive people

- Identify a point of contact (POC) at the school that staff and students (or caregivers) can notify if they test positive for COVID-19.
- Students and staff that develop symptoms of COVID-19 (**see page 3**) must not attend school, should isolate at home, and consult with their healthcare provider or seek testing.
- **What test to use for diagnosis of COVID-19?**
 - **A NAAT or antigen test can be used.**
 - If an antigen test is used to test persons with symptoms of COVID-19, a negative antigen test must be confirmed by NAAT.
 - For more information about diagnostic testing in the school setting, see *Overview of Testing for SARS-CoV-2 (COVID-19)* at [cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print](https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print).

How long to isolate (regardless of vaccination status):

If you had COVID-19 with symptoms:

- **If you had mild to moderate COVID-19⁹:**
 - You likely had mild or moderate COVID-19 if:
 - You were able to recover at home taking over-the-counter medications or oral prescription medications.
 - You did not need major medical intervention during your illness. You did not require emergency room visits or admission to a hospital.
 - You didn't develop severe breathing trouble.
 - **Your minimum duration of isolation is 7 full days.** (Count Day 0 as the date your symptoms started and Day 1 as the first full day after symptoms started. For example, Candace starts feeling sick at 10 pm on January 15. January 15 is her Day 0 and January 16 is her Day 1)
 - **A 7-day isolation period can be used if:**
 - ❖ A COVID-19 antigen test done on day 5 or later is negative
AND
 - ❖ You have been fever-free for at least 24 hours without the use of fever-lowering medications like Tylenol or ibuprofen and your other symptoms are improving¹⁰.
 - **If these conditions apply, you may come out of isolation and return to school on Day 8.**
 - **Continue to wear a well-fitting mask when around other people through Day 10. A negative COVID-19 antigen test does not guarantee that you are not infectious to others, so**

⁹ If you are unsure about how mild or severe your case of COVID-19 was, or how long you should isolate, ask your healthcare provider, and follow their advice.

¹⁰ Symptoms of altered taste and smell may continue for weeks to months after recovery from COVID-19 and these symptoms do not need to keep you in isolation.

If you come out of isolation after less than 10 days:

- Continue wearing a well-fitting mask around other people at home and in public through day 10.
 - **People who are unable to wear a mask when around others must isolate for a full 10 days.**
- Avoid being around people who are immunocompromised, people who are not up to date on their COVID-19 vaccine, or at high risk for severe COVID-19.
- Continue monitoring yourself for symptoms of COVID-19. If symptoms appear, isolate, repeat testing and consult with your healthcare provider as needed.
- For more information, see *Guidance for People who Test Positive for COVID-19* at coronavirus.dc.gov/healthguidance.

If a symptomatic individual chooses to not be tested for COVID-19, they must either:

- Submit written or verbal documentation from a healthcare provider of an alternate diagnosis and meet standard criteria to return after illness before returning to school.
- OR**
- Not attend school for at least 10 days from when symptoms first appeared. Before returning to school, they must be fever-free for at least 24 hours without the use of fever-lowering medications like Tylenol or ibuprofen and other symptoms must have improved.

Household members:

- Household members (who do not meet **Quarantine Exemption Criteria** on page 11) of symptomatic students or staff must not attend school while the symptomatic student or staff member's test result is pending.
- **Students and staff (except for persons who have a history of COVID-19 in the last 90 days with recovery) should also get tested if anyone in their household develops symptoms of possible COVID-19.**
 - **Which test to use in this scenario?**
 - A NAAT or antigen test may be used.
 - If result is positive, the student/staff member must not attend or work at the school. They should isolate at home and expect outreach from the DC **Health Contract Tracing team.**
 - The student/staff member (**Person "A"**) should not attend/work at the school while the symptomatic household member (**Person "B"**)'s test result is pending.
 - If Person B's test comes back negative, Person A can return to the school.
 - **If Person "B" does not get tested, the school should treat Person "A" as if Person "B" had tested positive.**
 - If Person "A" develops symptoms of COVID-19 at any time during their quarantine period, they should isolate and follow recommendations for symptomatic people
 - **Detailed instructions for household members of people with COVID-19 can be found in *Guidance for Close Contacts of a Person Confirmed to have COVID-19* at coronavirus.dc.gov/healthguidance.**

Communication and Response

- If a student or staff member develops symptoms of COVID-19 (**see page 3**) during the school day, the school should have a process in place that allows them to isolate until it is safe to go home and seek healthcare provider guidance. Note: Multiple symptomatic individuals should not isolate in the same space in the school at the same time.
- If a school identifies a student or staff member with COVID-19 who is in the building, schools should dismiss that person as well as any individuals that the school identifies as potential close contacts (including household members of the positive person). If a student is part of a cohort, it is not necessary to dismiss the entire cohort. Preliminary

contact identification should be carried out by school staff to identify and dismiss potential close contacts from classes or aftercare until DC Health is able to complete the case investigation.

- Schools should have a notification process in place to share the following with staff and parents if a case occurs at the school:
 - Education about COVID-19, including the signs and symptoms of COVID-19
 - Referral to *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing*, available at coronavirus.dc.gov/healthguidance.
 - Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing.
 - The privacy of the staff or student must be maintained.
- Schools are responsible for implementing policies and having communications plans in place for all contractors, vendors, and community partners serving the school.
- Schools should identify POCs for contractors, vendors, and community partners in case of an exposure and should have that information available for DC Health when needed.

Reporting

- Refer to the guidance *First Steps for Businesses when an Employee or Patron Tests Positive for COVID-19* at coronavirus.dc.gov/healthguidance when a case is reported in your school.
- Schools **must** notify DC Health if:
 - A school is notified that a student, staff member (including contractors), volunteer, or visitor **tested positive for COVID-19** (not before results come back)
 - AND**
 - the person was in the building or participated in school **activities during the 14 days prior to symptom onset or positive test date (if person is asymptomatic)**
- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website: dchealth.dc.gov/page/covid-19-reporting-requirements.
 - Submit a Non-Healthcare Facility COVID-19 Consult Form.
 - DC Health must be notified on the same day the case was reported to the school, preferably as soon as possible after the school was notified.
- An investigator from DC Health will follow-up within 24 hours to all appropriately submitted notifications.
 - Please note this time may increase if cases of COVID-19 increase in the District.
 - While awaiting DC Health follow up, **do not delay conducting preliminary contact identification**. It is important for schools to immediately notify potential close contacts that they must not attend school and must quarantine.

Cleaning and disinfection

All schools should put in place plans to regularly clean high-touch surfaces and disinfect when necessary.

- Routinely clean objects that are frequently touched and disinfect when necessary. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops).
- Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them. Wait as long as possible (at least several hours) before cleaning and disinfecting, if feasible.
- For all cleaning, sanitizing, and disinfecting products, follow the manufacturer's instructions for concentration, application method, contact time, and drying time prior to use. See [CDC guidance](https://www.cdc.gov/media/releases/2020/s0120-cdc-disinfectants.html) for safe and correct application of disinfectants.
- For comprehensive information about cleaning and disinfection, including how to clean and disinfect if a person becomes ill at the school, please see *Guidance on Cleaning and*

Disinfection for Community Facilities at coronavirus.dc.gov/healthguidance.

Building considerations

Schools that are reopening after a prolonged facility shutdown should perform necessary maintenance to all ventilation and water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) so that they are ready for use and occupancy. Ensure that systems are adequately maintained throughout the operating period.

- Consider making the following improvements to improve building ventilation:
 - For indoor activities, increase circulation of outdoor air as much as possible, for example by opening windows and doors, and using child-safe fans to increase the effectiveness of open windows.
 - Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to students using the facility.
 - Verify ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
 - Improve central air filtration to the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
 - Increase ventilation rates, especially in areas where unmasked activities may take place (eating, napping, etc.).
 - Check filters to verify they are within service life and appropriately installed.
 - Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
 - Consult with a specialist to see what works for your building.
- Consider portable air cleaners that use high-efficiency particulate air (HEPA) filters to enhance air cleaning wherever possible, especially in higher-risk areas such as the health office or sick/isolation room(s).
- More details on recommended improvements to ventilation in school buildings can be found at cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html.
- Flush water systems to clear out stagnant water and replace it with fresh water. This will remove any metals (e.g., lead) that may have leached into the water and minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.
 - Further details on steps for this process can be found on the CDC website at cdc.gov/coronavirus/2019-ncov/php/building-water-system.html.

Special considerations for residential schools:

Schools with a residential component (e.g., boarding schools) should implement all of the above safety measures in the residential setting. Additionally, the following safety measures are recommended:

- No more than two students per residential room with a strong preference of one student per residential room
- Compliance with quarantine and testing per DC Health *Guidance for Travel*, available at coronavirus.dc.gov/healthguidance
- Designation of private rooms with dedicated bathrooms for isolation of any students that may test positive for COVID-19
- Designation of private rooms with dedicated bathrooms for quarantining of close contacts of confirmed cases of COVID-19 (this area should be separate from the isolation area)
- Testing access for students showing symptoms of COVID-19 or with known exposure to individuals with COVID-19
- Appropriate and easy access to medical services for COVID-19-related and non-COVID-19 related conditions; and

- Plan and capability to restrict or eliminate in person activities rapidly in case of high community transmission of COVID-19, or identified outbreak of COVID-19 at the school, including indications and procedures for closure of residential halls and dormitories.

Process to review reopening plans:

All Local Education Agencies (LEAs) and private, parochial, and independent schools were required to submit a plan to Office of the State Superintendent of Education (OSSE) that described their plans to safely reopen schools in accordance with health and safety guidance. OSSE ensured a complete review of reopening plans for all DC public and public charter LEAs and private, parochial, and independent schools. As needed, individual plan reviews included follow-up actions on areas of concern. Plans must be made publicly available at least ten days prior to reopening and should be updated throughout the school year to reflect current guidance.

The guidelines above will continue to be updated as the District's pandemic response evolves. Please visit coronavirus.dc.gov regularly for the most current information.