

## Coronavirus 2019 (COVID-19): Guidance for Schools (Pre-Kindergarten – 12<sup>th</sup> 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. Childcare centers within schools should follow *Guidance for Childcare Facilities* at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance). For additional information, including current District COVID-19-related public health data, please visit [coronavirus.dc.gov](https://coronavirus.dc.gov).

### Prevention of COVID-19 in schools

Studies show that schools can be open and stay open for in-person learning during the COVID-19 pandemic if multiple layered prevention strategies are in place. **Vaccination is the most important public health intervention for ending the COVID-19 pandemic.** The continued use of layered prevention measures will help prevent the spread of COVID-19 in schools as vaccination coverage increases.

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 universal indoor masking regardless of vaccination status
- Schools **should** implement these elements in their COVID-19 prevention strategy:
  - Promoting COVID-19 vaccination
  - Staying home when sick
  - Physical distancing
- Other key elements include:
  - Hand hygiene and respiratory etiquette
  - Screening testing
  - Contact tracing, testing, quarantine, and isolation<sup>1</sup>
  - Cleaning and disinfection
  - Ventilation

### COVID-19 vaccination

- In the United States, all people age 5 and older are currently eligible for COVID-19 vaccination. COVID-19 vaccines are free, safe, and highly effective even against the circulating variants of the virus that causes COVID-19, including the Delta variant. However, no vaccines are 100% effective and there are breakthrough cases of COVID-19 even in fully vaccinated people. Fortunately, if you catch COVID-19 when you are fully vaccinated, the infection will likely be mild. The vaccines are very effective at preventing severe illness, hospitalization, and death. At this point, most people who become very sick with COVID-19

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<sup>1</sup> **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.

- are unvaccinated people.
- **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.<sup>2</sup>** There is no test out option. This applies to all DC Public Schools, DC public charter schools, independent schools, private schools, and parochial schools. The deadline for vaccination was 11/1/21.
  - **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.**
    - **The original deadline for vaccination of student-athletes was 11/1/21, but the City Administrator has granted a one-month implementation window to fully operationalize the Mayor’s Order.**
    - 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.
    - **Students who turned 12 between September 20, 2021 and November 1, 2021 must be fully vaccinated before December 13, 2021 to be eligible to participate in school-based sports.**
    - **Students who turn 12 after November 1, 2021 have two months from their birthday to receive a full course of vaccination in order to participate in school-based athletics.**
  - **All other students are strongly encouraged to be vaccinated as soon as they are eligible.**
  - 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](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/essentialworker/workplace-vaccination-program.html).
  - **A person is considered fully vaccinated 14 days after they complete a primary<sup>3</sup> COVID-19 vaccine series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).** However, students 12 and up may participate in school-based, extracurricular athletics after December 1 as soon as they have their second shot.
  - Find out more about getting the COVID-19 vaccine in DC at [coronavirus.dc.gov/vaccine](https://coronavirus.dc.gov/vaccine).
  - For detailed guidance for fully vaccinated people, see *Guidance for Fully Vaccinated People* at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).
  - For more information about the COVID-19 vaccine mandates, see Mayor’s Order 2021-109, available on [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).

### Stay home when sick

- Any person experiencing symptoms of COVID-19 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.

<sup>2</sup> **Note:** Unvaccinated students may **not** participate in wrestling, even if they have received a medical or religious exemption to the vaccine.

<sup>3</sup> The standard vaccine course before any extra (i.e., “booster”) doses

- 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 **for symptomatic students, staff, and their household members** section on page 11-12.)
- Unvaccinated people who have travelled should follow travel-related COVID-19 testing and quarantine recommendations outlined in *Guidance for Travel* at [coronavirus.dc.gov/healthguidance](https://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**
  - *Please note: Schools should follow their existing infectious disease protocols for exclusion, regardless of the number of symptoms experienced. This list is provided solely for the purpose of COVID-19 symptoms and individuals should be excluded from school for illness, as appropriate outside of COVID-19.*

## **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 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](https://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, particularly in areas of **substantial to high** transmission<sup>4</sup>, CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.
- **On school buses:** Masks must be worn on school transportation, including school buses.

### **Physical distancing**

- **People who are not fully vaccinated 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 staff<sup>5</sup>
  - Students and visitors to the school (unless a student and visitor are from the same household)
  - Between all non-student adults who are not fully vaccinated (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**.<sup>4</sup> 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 unvaccinated staff and students 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.

### **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.

<sup>4</sup> For information on DC's current level of community transmission, see the *CDC Data Tracker* at [covid.cdc.gov/covid-data-tracker/#county-view](https://covid.cdc.gov/covid-data-tracker/#county-view).

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

- 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.
- To be effective, screening testing should be performed at least weekly.
- **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.
    - If antigen tests are used for screening asymptomatic people, positive tests should be confirmed with laboratory based NAAT testing. Individuals with a positive antigen screening test must be treated as presumptively positive and isolate while awaiting confirmatory test results.
  - 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](https://cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print).
- DC Health does not recommend universal testing of all students and staff as a prerequisite to school attendance.
- **Fully vaccinated people and people who have a history of COVID-19 infection (and recovery) within the past 90 days<sup>6</sup> should not participate in screening testing.**
- **Use of screening testing is particularly recommended:**
  - **For unvaccinated staff regardless of level of community transmission**
  - **For schools that are not able to provide recommended physical distancing levels.**
  - **To facilitate participation in higher risk sports and extracurricular activities (see Higher risk school activities section on pages 7-8)**
    - Regular screening testing for unvaccinated participants (including students, teachers, coaches, and trainers)
- AND**
- Screening for unvaccinated participants before games, competitions, or athletic events
- **For unvaccinated students if DC is experiencing moderate to high community transmission levels<sup>4</sup>.**
  - Consider testing a random sample of at least 10% of unvaccinated asymptomatic students or screening selected cohorts weekly.
  - **Students should not be required to participate in screening testing in order to attend school. However, unvaccinated students may be required to participate in screening testing as a condition of participation in after-school activities, including sports.**
  - If a prioritization strategy is needed due to supplies or feasibility, schools should consider prioritization of high school students, then middle school students, then elementary school students, as higher infection rates occur in older students.
- For any diagnostic test, including COVID-19 tests, when community prevalence of a

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<sup>6</sup> 90 days counting from symptom onset date or date of positive test (if symptom onset date unavailable or if person had asymptomatic infection)

condition is low, the higher the likelihood of false positive test results.<sup>7</sup>

- Pooled testing may be considered as an option when community transmission levels are **low**.<sup>4</sup> If a pooled sample tests positive, all affected students and staff must not attend school and should isolate until NAAT (e.g., PCR) confirmatory results return, and close contacts of anyone in the pooled sample must not attend school and should quarantine.
- **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](https://dchealth.dc.gov/page/covid-19-reporting-requirements)).**

### Higher risk school 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, physical education classes, 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 activities **indoors**, participants must wear masks at all times (regardless of vaccination status).
  - **Exceptions:**
    - Masks must not be worn in swimming pools.
    - Fully vaccinated student-athletes 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).
- 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.
- **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)
    - **Moderate 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)
    - **Low-contact/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 higher risk sports and other activities should be supported with regular screening testing for students and involved staff who are unvaccinated. (see **Screening Testing** section on page 5)

<sup>7</sup> [statsdirect.com/help/clinical\\_epidemiology/screening\\_test.htm](https://statsdirect.com/help/clinical_epidemiology/screening_test.htm)

### 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 levels<sup>4</sup>. 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 were tested for COVID-19 for reasons including symptoms, travel, or exposure while test results are pending,
    - 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<sup>8</sup>,
    - 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.

### High-risk individuals

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 and people with the following conditions **are at increased risk** of severe illness from COVID-19:
  - Cancer
  - Chronic kidney disease

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<sup>8</sup> For more information, including information about testing and quarantine exemptions, please see *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing* at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).



- 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)
- 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 or thalassemia
- Smoking, current or former
- History of solid organ transplant or stem cell transplant
- History of stroke or cerebrovascular disease
- Substance use disorders
- 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
  - 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 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](#).

## Establish a plan for COVID-19:

### For persons exposed to COVID-19

- Identify a point of contact (POC) at the school that staff and students (or caregivers) can notify if they test positive for COVID-19.
- Schools should have a plan in place so that staff or students diagnosed with COVID-19 or who are identified as a close contact of someone with COVID-19 do not return until their isolation or quarantine periods are complete, respectively (unless close contacts meet exemption criteria for quarantine below).
  - **A person who tests positive for COVID-19 must not attend or work at a school and should isolate for at least 10 days and show improvement of symptoms, including no fever for 24 hours (without the use of fever-lowering medications e.g., Tylenol, ibuprofen) prior to returning.**
  - **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-12<sup>th</sup> 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.**
  - A person who is a close contact of someone with COVID-19 must not attend school and should quarantine for at least 7 days.
    - It is recommended that close contacts get tested immediately<sup>9</sup> and if the test is negative, get tested again 5-7 days after their exposure.
    - **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 negative test result must be reported to DC Health and must be shown 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 (Nucleic Acid Amplification Test, i.e., PCR) must be**

<sup>9</sup> CDC defines "immediately" as no sooner than 48 hours after the exposure occurred.

used.

- **If no COVID-19 testing is done, the close contact must quarantine for at least 10 days.**
- Fully vaccinated people **who are close contacts of someone with COVID-19** do not need to quarantine, but they should:
  - Get a COVID-19 test 5 to 7 days after the date they were exposed. Isolate if the test is positive.
  - **Which test to use in this scenario?**
    - ❖ **A NAAT test must be used.**
  - Consider wearing a mask at home for 14 days if they live with someone who is:
    - ❖ At higher risk for severe COVID-19 who is not fully vaccinated
    - OR
    - ❖ Immunocompromised (regardless of vaccination status)
  - Monitor themselves for COVID-19 symptoms for 14 days from their exposure. They must isolate if they develop symptoms.
- Persons who have been identified as a close contact of a person with COVID-19 are NOT required to quarantine or test if:
  - They have had COVID-19 (symptomatic or asymptomatic) within the last 90 days

**AND**

  - They do not have any symptoms suggestive of COVID-19 infection.
- **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 begin quarantine. (For more information about quarantine and testing of household members, see **For symptomatic students, staff, and their household members** section, page 11.)
- Please see the guidance document *Guidance for People who Test Positive for COVID-19 and their Household Members* 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](https://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](https://cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print).

**For symptomatic students, staff, and their household members**

- 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.
  - 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 AND at least 24 hours after the fever has resolved without the use of fever-reducing medication (e.g., Motrin, Tylenol) and other symptoms have improved.
  - **If the individual tests positive, they must not attend school for at least 10 days from when symptoms first appeared.**
  - **Which test to use in this scenario?**
    - **Either 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 should 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://cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print).
  - Household members of symptomatic students and staff must not attend school while the symptomatic student or staff member's test result is pending.
- **Students and staff should also get tested if anyone in their household develops symptoms of possible COVID-19**, even if they themselves do not have symptoms.
  - **Which test to use in this scenario?**
    - The household exposed student/staff member can use **either a NAAT or antigen test.**
    - 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.**
  - There may be instances where Person "B" is not able to truly isolate from others in the home. In these cases, even if Person "A" has a negative test early on, Person "A"'s quarantine period should be counted from the end of Person "B"'s isolation period. Therefore Person "A"'s quarantine period could extend for 20 days or longer.
  - 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 People who test Positive for COVID-19 and their Household Members* at [coronavirus.dc.gov/healthguidance](https://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](https://coronavirus.dc.gov/healthguidance).
  - Information on options for COVID-19 testing in the District of Columbia, available at [coronavirus.dc.gov/testing](https://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](https://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](https://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](#) 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](https://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](https://www.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](https://www.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](https://www.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](https://coronavirus.dc.gov) regularly for the most current information.