

CORONAVIRUS – COVID19

YKHC OFFICIAL ADVISORY — July 19, 2021

COVID-19 Prevention Strategies for Safe In-Person Learning

Summary of recent changes

Schools play critical roles in promoting [equity](#) in learning and health, particularly for groups disproportionately affected by COVID-19. People living in rural areas, people with disabilities, and people who identify as American Indian/Alaska Native, Black or African American, and Hispanic or Latino have been disproportionately affected by COVID-19. In-person instruction in the fall is a priority, and we should make every effort to ensure students can return to the classroom.

Though COVID-19 outbreaks have occurred in school settings, multiple studies have shown that transmission rates within school settings, when multiple prevention strategies are in place, are typically lower than – or similar to – community transmission levels. As such, YKHC continues to recommend layered prevention strategies to keep transmission rates within school settings low, and to keep kids in the classroom as often as possible.

The majority of the YKHC recommendations for schools comes directly from the CDC in their [most recent update on July 9, 2021](#). This guidance has not significantly changed since the last update in March. There were some modifications to recommendations for vaccinated individuals. In general, the CDC is not recommending masks for fully vaccinated individuals. However, the studies used by the CDC when developing the new guidance **do not account for new variants of the virus**.

This context is important when considering and reviewing the summarized science. After reviewing the science around the new variants and recommendations from other public health authorities whose guidance takes into account the new variants, YKHC has determined it is still safest to require universal masking of both vaccinated and unvaccinated persons when:

- less than 70% of the entire population in a community are fully vaccinated, and
- there are any local cases of COVID-19.

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

Schools will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated. Elementary schools primarily serve children under 12 years of age who are not eligible for the COVID-19 vaccine at this time. Other schools (e.g., middle schools, K-8 schools) may also have students who are not yet eligible for COVID-19

vaccination. Some schools (e.g., high schools) may have a low percentage of students and staff fully vaccinated despite vaccine eligibility. These variations require K-12 administrators to make decisions about the use of COVID-19 prevention strategies in their schools to protect people who are not fully vaccinated.

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

- Level of [community transmission](#) of COVID-19.
- [COVID-19 vaccination coverage](#) in the community and among students, teachers, and staff.
- Use of a frequent SARS-CoV-2 screening testing program for students, teachers, and staff who are not fully vaccinated.
- COVID-19 outbreaks or increasing trends in the school or surrounding community.
- Ages of children served by K-12 schools and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.

Multi-layered COVID-19 prevention strategies remain critical to protect people, including students, teachers, and staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels. The need for layering specific prevention strategies will vary, and localities might implement fewer COVID-19 prevention strategies based on community transmission levels, vaccination coverage, and local policies and regulations. CDC continues to recommend masking and physical distancing. However, if considering whether and how to remove prevention strategies, one prevention strategy should be removed at a time and students, teachers, and staff should be closely monitored (with adequate testing through the school or community) for any outbreaks or increases in COVID-19 cases. In this document, YKHC is providing guidance on when it is safe to begin lifting some prevention strategies based on community vaccination rates and prevalence of COVID-19 in communities.

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1. Promoting Vaccination

Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full operations.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. A [growing body of evidence](#) suggests that people who are fully vaccinated against COVID-19 are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated. In most settings, people who are [fully vaccinated](#) can safely resume activities they did before the pandemic, except where prevention measures are required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

As more individuals become vaccinated, there are fewer opportunities for the virus to spread in the population. When most of a population is immune to infection there is indirect protection to everyone. This protects individuals such as people with weak immune systems, people going through chemotherapy treatments, and those who refuse vaccination who rely on herd protection to avoid contracting the virus. How much of the population is required to achieve community protection depends on two factors, the percentage of the population that is immune from vaccination or prior infections, and how contagious an infection is. As more of the population becomes immune, the larger the benefit. Conversely, as a disease becomes more contagious, a larger portion of the community needs to be protected to protect those without immunity.

We must vaccinate people as quickly as possible while maintaining other non-pharmaceutical interventions like masking and distancing to keep infection levels low while we work towards achieving herd protection.

2. Consistent and Correct Mask Use

YKHC continues to recommend universal mask wearing for all individuals when community vaccination rates are below 70% of the total population, or when there are any local cases of COVID-19 in the past 10 days. Under these conditions, schools should continue to require all people older than 2 years of age to wear a mask but should make exceptions for the following categories of people:

- A person who [cannot wear a mask, or cannot safely wear a mask](#), because of a disability as defined by

the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.). Discuss the possibility of [reasonable accommodation](#) with workers who are not fully vaccinated who are unable to wear or have difficulty wearing certain types of masks because of a disability.

- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

In general, masks are recommended at all times when indoors. People do not need to wear masks when outdoors. However, in areas that have had a case of COVID-19 in the past 10 days, YKHC recommends everyone, regardless of vaccination status, wear a mask in crowded outdoor settings or during activities that involve sustained close contact with people who are not fully vaccinated.

When masks are worn by teachers and school staff in the workplace, the masks should meet one of the following criteria:

- [CDC mask recommendations](#)
- [ASTM International Standard Specification for Barrier Face Coverings](#)
- [NIOSH Workplace Performance and Workplace Performance Plus masks](#)

When there are no local COVID-19 cases in the past 10 days and more than 70% of the total population is fully vaccinated, schools might consider relaxing masking requirements for fully vaccinated individuals. However, consistent and [correct mask use](#) by people who are not fully vaccinated is still important. This is especially true for indoors and in crowded outdoor settings when physical distancing cannot be maintained.

Schools should be supportive of people who are fully vaccinated, but choose to continue to wear a mask, as a personal choice or because they have a medical condition that may weaken their immune system. School administrators will also need to ensure their selected mask use policy does not conflict with local, state, and territorial laws, policies, and regulations.

During school transportation: [CDC's order](#) applies to all public transportation conveyances including school buses. Regardless of the mask policy at school, passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order. Learn more [here](#). For example, if a student attends a school

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where mask use is not required due to vaccination status and no local cases, the student is still required to wear a mask on the school bus.

3. Physical Distancing

Because of the importance of in-person learning, schools where not everyone is fully vaccinated should implement physical distancing to the extent possible within their structures, but should not exclude students from in-person learning to keep a minimum distance requirement. In general, CDC recommends people who are not fully vaccinated maintain [physical distance](#) of at least 6 feet from other people who are not in their household. However, several [studies](#) from the 2020-2021 school year show low COVID-19 transmission levels among students in schools that had less than 6 feet of physical distance when the school implemented and layered other prevention strategies, such as the use of masks.

Based on studies from the 2020-2021 school year, CDC recommends schools maintain at least 3 feet of physical distance between students **within classrooms**. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk.

Cohorting: Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, and particularly in areas of moderate-to-high transmission levels. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended. It is a school's responsibility to ensure that cohorting is done in an equitable manner that does not perpetuate academic, racial, or other tracking, as described in the U.S. Department of Education [COVID-19 Handbook, Volume 1](#). The ability to cohort should not outweigh the importance of in-person learning 5 days a week.

4. Screening Testing

Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and [isolate](#) cases, [quarantine](#) those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education.

CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing and do not need to quarantine if they do not have any symptoms. [Screening testing](#) may be most valuable when the surrounding area has substantial or high community transmission levels, low vaccination coverage, and in schools where other prevention strategies are not fully implemented. More frequent testing can increase effectiveness, but feasibility of increased testing in schools needs to be considered. Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect student, teacher, and staff privacy.

Please notify YKHC immediately following a positive screening result so that they can begin contact tracing, and notify close contacts to quarantine and seek additional testing

To be effective, the screening program should test at least once per week. YKHC recommends screening testing for everyone who has not been fully vaccinated, and rapidly (within 24 hours) report results to both the State and YKHC. Screening testing more than once a week might be more effective at interrupting transmission. Schools may consider multiple screening testing strategies, for example, testing a random sample of at least 10% of students who are not fully vaccinated, or conducting [pooled testing](#) of cohorts.

To facilitate safe participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), schools may consider implementing screening testing for participants who are not fully vaccinated. Schools can routinely test student athletes, participants, coaches, and trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Schools can implement screening testing of participants who are not fully vaccinated up to 24 hours before sporting, competition, or extracurricular events. Schools can use different screening testing strategies

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for lower-risk sports. High-risk sports and extracurricular activities should be virtual or canceled in areas of high community transmission unless all participants are fully vaccinated.

Funding provided through the ELC Reopening Schools award is primarily focused on providing needed resources to implement screening testing programs in schools aligned with the CDC recommendations. Learn more [ELC Reopening Schools: Support for Screening Testing to Reopen & Keep Schools Operating Safely Guidance](#).

5. Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with [other preventive strategies](#), including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems.

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

For more specific information about maintenance, use of ventilation equipment, actions to improve ventilation, and other ventilation considerations, refer to:

- [CDC's Ventilation in Schools and Child care Programs](#)
- [CDC's Ventilation in Buildings webpage](#)
- [CDC's Ventilation FAQs](#) and
- [CDC's Improving Ventilation in Your Home](#)

Additional ventilation recommendations for different types of school buildings can be found in the [American Society of Heating, Refrigerating, and Air-Conditioning Engineers \(ASHRAE\) schools and universities guidance document](#).

Funds provided through the Elementary and Secondary Schools Emergency Relief Programs and the Governor's Emergency Education Relief Programs can support improvements to ventilation. Please see question B-7 of the [U.S. Department of Education Uses of Funds](#) guidance for these programs.

6. Handwashing and Respiratory Etiquette

People should practice handwashing and [respiratory etiquette](#) (covering coughs and sneezes) to keep from getting

and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds.
- Remind everyone in the facility [to wash hands frequently](#) and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.

7. Staying Home When Sick and Getting Tested

Students, teachers, and staff who have symptoms of infectious illness, such as [influenza](#) (flu) or [COVID-19](#), should stay home and be referred to YKHC for testing and care. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. It also is essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19. If a student becomes sick at school see [What to do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School](#). If a school does not have a routine screening testing program, the ability to do rapid testing on site could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation. Schools that do not have a universal mask requirement could require masking by students, teachers, and staff if they are experiencing onset of upper respiratory infection [symptoms](#) at school while waiting to be picked up or leave the school. Mask use could also be required prior to onsite testing (if available) and/or after diagnosis to help prevent spread.

CDC guidance provides that people who are fully vaccinated and do not have COVID-19 symptoms do not need to quarantine or get tested after an exposure to someone with COVID-19. Schools should educate teachers, staff, and families about when they and their children should [stay home](#) and when they can return to school. During the COVID-19 pandemic it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested.

Getting tested for COVID-19 when [symptoms](#) are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread at schools, especially if key prevention strategies (masking and distancing) are not in use.

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8. Contact Tracing in Combination with Isolation and Quarantine

Schools should continue to collaborate with YKHC to confidentially provide information about people diagnosed with or exposed to COVID-19. This allows identifying which students, teachers, and staff with positive COVID-19 test results should [isolate](#), and which [close contacts](#) should [quarantine](#). See the added exception in the [close contact](#) definition for the exclusion of students in the K-12 indoor classroom who are within 3 to 6 feet of an infected student with masking and other prevention strategies. See the [Department of Education's Protecting Student Privacy FERPA and the Coronavirus Disease 2019](#) for more information.

Schools should report, to the extent allowable by applicable privacy laws, new diagnoses of COVID-19 to YKHC as soon as they are informed. YKHC will work with school officials to notify, to the extent allowable by applicable privacy laws, teachers, staff, and families of students who were close contacts as soon as possible (within the same day if possible) after they are notified that someone in the school

has tested positive. [Fully vaccinated](#) people who were in close contact with someone who has COVID-19 but do NOT have COVID-19 symptoms do not need to quarantine or be tested.

9. Cleaning and Disinfection

In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19 list](#) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility](#).

If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.