

Austin Public Health Interim Guidance on COVID-19 Operations for Austin-Travis County Schools



The following is a list of the updates that were made since the last version of this interim guidance was released.

- Added COVID-19 vaccines to the mitigation strategies listed in the risk-based guidelines tables
- Updated physical distancing guidance based on new CDC recommendations
- Added updated CDC language about children in the "Protecting Vulnerable Populations" section
- Added a new section called "Key Things to Know About COVID-19 Vaccines"
- Updated the list of recommended COVID-19 symptoms to screen for
- Added updated CDC language in the "Ventilation, Air Quality, and Water System Safety" section
- Added information and recommendations in the "Sports and Extracurricular Activities" section
- Included updated CDC information on quarantine throughout the document and in the appendices
- Updated cleaning and disinfecting guidelines to align with new CDC guidance
- Added Appendix K, a document from the Texas Medical Association called "Physician Guidance for Return to Play Clearance for Athletes Aged 18 and Younger"

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Austin Public Health Interim Guidance on COVID-19 Operations for Austin-Travis County Schools

In addition to Texas Education Agency (TEA) guidance, Austin Public Health expects school districts and schools to adhere to guidance from the Centers for Disease Control and Protection (CDC) regarding school operations in order to do everything feasible to keep students, teachers, staff and our communities safe.

This document supplements local Health Authority Rules and TEA guidance. These practices are essential baseline actions in order to minimize risk of exposure to COVID-19 for students, staff, and families. The recommendations are additional strategies that schools can use to minimize spread of COVID-19. All recommended practices will not be possible in all settings and should be tailored to each school/district as appropriate.

The guidance in this document is based on the best available evidence at this time. Austin Public Health guidance for schools may be updated throughout the school year as new information becomes available. The National Academies of Sciences, Engineering, and Medicine recommend that schools prioritize mask wearing, healthy hand hygiene, physical distancing, and limiting or eliminating large gatherings to mitigate the spread of COVID-19. The study recommends frequent cleaning, the creation of small cohorts of students, and improvements in HVAC systems/ventilation as additional mitigation strategies schools can focus on. (See Appendix A for a copy of ["Protecting and Educating Our Children During the COVID-19 Pandemic"](#) from Vital Strategies which includes a list of eight basic safety measures schools can follow.)

In addition to these mitigation strategies, schools should actively recommend all staff and students be fully vaccinated, to include vaccination against influenza, pneumococcal disease, and COVID-19. Schools are encouraged to facilitate influenza vaccines for staff and students by offering one or more on-campus vaccination events.

It is important for staff, students, and their families to understand that, as the National Academies of Sciences, Engineering, and Medicine point out, **"Even if all of the mitigation strategies are in place and well implemented, it is impossible to completely eliminate the risk of COVID-19 in schools. Therefore, it is incumbent on school officials, in association with local public health authorities, to plan for the possibility that one or more students, teachers or staff will contract COVID-19."**

Stages of Risk, Phased-in Learning, and Mitigation Strategies

Stages of Risk

Austin Public Health (APH) has published a color-coded chart to help residents of Austin-Travis County understand the stages of risk and provide recommendations on what people should do to stay safe during the COVID-19 pandemic.

The risk stages system illustrates the regression and progress of several factors, including doubling time, healthcare capacity, and testing positivity rate on a seven-day moving average. These key indicators inform recommendations on the tightening or loosening of restrictions on physical distancing, mass gatherings, business operations, and other safety measures.

COVID-19: Risk-Based Guidelines

	Practice Good Hygiene	Maintain Social Distancing	Wear Facial Coverings	Higher Risk Individuals Aged 65+, diabetes, high blood pressure, heart, lung and kidney disease, immunocompromised, obesity			Avoid Gatherings*	Avoid Non-Essential Travel	Avoid Dining/ Shopping	Recommended Business Capacity
	Stay Home If Sick Avoid Sick People Get Vaccinated			Avoid Gatherings*	Avoid Non-Essential Travel	Avoid Dining/ Shopping				
Stage 1	•			Greater than 25		Except with precautions	Gathering size TBD			100%
Stage 2	•	•	•	Greater than 10		Except as essential	Greater than 25			75%
Stage 3	•	•	•	Social groups greater than 10	•	Except as essential	Social groups greater than 10			50 - 75%
Stage 4	•	•	•	Social groups greater than 10	•	Except as essential	Social groups greater than 10	•		25 - 50%
Stage 5	•	•	•	Outside of household	•	Except as essential	Outside of household	•	Except as essential	Contactless options only (i.e. curbside, delivery)

* See CDC updated guidelines

Use this color-coded alert system to understand the stages of risk. This chart provides recommendations on what people should do to stay safe during the pandemic. Individual risk categories identified pertain to known risks of complication and death from COVID-19. This chart is subject to change as the situation evolves.



[AustinTexas.gov/COVID19](https://austintexas.gov/COVID19)

Published: March 30, 2021



Phased-in Approach to On-Campus Instruction Based on Risk-Based Guidelines Stages

Phasing-in when reopening schools: A phased-in reopening strategy based on local risk stages would provide schools with the ability to scale up based on the risk stages listed in the APH "COVID-19: Risk-Based Guidelines." **APH recommends school districts begin on campus instruction at up to 25% capacity.** Schools should only increase capacity to the next higher percentage if able to safely do so and should remain at each percentage level for a minimum of two weeks and collaborate with Austin Public Health before moving to the next least restrictive level.

When planning for student return to on-campus learning, **administrators should consider student needs, staffing availability, adequacy of facilities, and mitigation efforts.** If any of these needs are lacking, the school districts should reduce the percentage of on-campus population to the next lowest level until these needs are sufficiently met. In addition, school districts should observe local public health guidelines when returning to school.

COVID-19: Risk-Based Guidelines Stages for Phased-in Learning

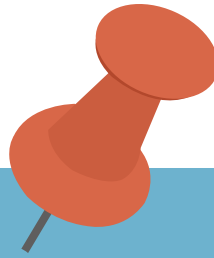
	CDC Level of Community Transmission	On-campus Population
Stage 1	No to minimal transmission	Up to 100% on-campus learning
Stage 2	Minimal to moderate transmission	Up to 75% on-campus learning
Stage 3	Substantial, controlled transmission	Up to 50% on-campus learning
Stage 4	Substantial, uncontrolled transmission	Up to 25% on-campus learning
Stage 5	Widespread uncontrolled transmission threatening our healthcare infrastructure	100% virtual learning



[AustinTexas.gov/COVID19](https://austintexas.gov/COVID19)

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Administrators should consider student needs when planning for student return to on-campus learning: The National Academies for Science, Engineering and Medicine recognize the importance of in-person interaction for learning and development and recommend that schools prioritize reopening with an emphasis on providing full-time, in-person instruction in grades (Pre) K-5 and for students with special needs who would be best served by in-person instruction.

School districts should recognize that disparities in educational outcomes caused by school closures are a particular concern for low-income and minority students and students with disabilities. Education leaders need to be careful when making the decision to reopen to not exacerbate these inequities. Persistent achievement gaps that already existed before COVID-19, such as disparities across income levels and races, can worsen and cause serious, hard-to-repair damage to children's education outcomes. Remote learning makes absorbing information more difficult for students with disabilities, developmental delays, or other cognitive disabilities. In particular, students who are deaf, hard of hearing, have low vision, are blind, or have other learning disorders (e.g., attention deficit hyperactivity disorder [ADHD]) and other physical and mental disabilities have had significant difficulties with remote learning.

Families and students who had to make alternative arrangements with community providers to receive services (e.g., school food programs, physical or occupational therapy, speech therapy, mental health services) during periods of school closures may need additional support and communication to establish a transition plan upon returning to school. Schools can take actions to identify, support, and communicate with families who need to initiate new services as schools prepare to open. Administrators can work with community partners to plan for additional school-based services and programs during the transition back to normal schedules in anticipation of an increased need for mental health services.

Mitigation Strategies

The guidance in this document is based on the best available evidence at this time. Guidance for schools may be updated throughout the school year as new information becomes available.

Reinforcement of prevention efforts is essential in congregate settings that serve children, including childcare centers and schools. Similar to the general population, children should be encouraged to wash their hands often, continue physical distancing, and wear a face covering when around persons outside of their families to reduce the risk for COVID-19 infection and transmission to others.

Until further notice, districts should implement the following mitigation strategies to help decrease the transmission of the COVID-19 virus during the pandemic:

COVID-19: Risk-Based Guidelines for School Mitigation Strategies

Table last updated 4/09/2021	Controls	Engineering Controls			Administrative Controls						Personal Actions	
	Mitigation Strategies	Ventilation and air quality	Home-based Symptoms and Temperature Screening	Cleaning & Disinfecting	Cohorting	Physical distancing among students in classrooms*	Physical distancing for adults and for students outside of classrooms	Eliminate Large Gatherings	Avoiding Shared Materials and Equipment	Hand Hygiene	Face Coverings	COVID-19 Vaccine
No to minimal transmission	Stage 1	•	•	•	•	≥ 3 ft.	6 ft.	•	•	•	•	•
Minimal to moderate transmission	Stage 2	•	•	•	•	≥ 3 ft.	6 ft.	•	•	•	•	•
Substantial, controlled transmission	Stage 3	•	•	•	•	≥ 3 ft.	6 ft.	•	•	•	•	•
Substantial, uncontrolled transmission	Stage 4	•	•	•	•	≥ 3 ft.	6 ft.	•	•	•	•	•
Widespread uncontrolled transmission threatening our healthcare infrastructure	Stage 5	•	•	•	Virtual Education**	6 ft.	6 ft.	•	•	•	•	•

* There are some situations in which there should be 6 feet of physical distance among students regardless of the stage. Refer to the "Physical Distancing and Minimizing Exposure" section.

** Virtual Education applies for all columns in Stage 5.



[AustinTexas.gov/COVID19](https://www.austintexas.gov/COVID19)

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<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>



Center Equity in Plans and Implementation

Recommendations

- Schools should actively apply an equity lens to the creation and implementation of health/safety and operational plans.
 - » “Across schools, plans need to address disparities in school facilities, staffing shortages, overcrowding, and remote learning infrastructures. Within schools, plans should address disparities in resources for students and families. These issues might include access to technology, health care services, ability to provide masks for students, and other considerations.” (Source: National Academies of Sciences, Engineering, and Medicine 2020. Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25858>.)
- Ensure school health and safety plans and all COVID-19 related education and communication is distributed and readily available to students and families in their primary language.
- Use positive approaches to promoting behaviors that will mitigate the spread of COVID-19.
 - » “The fact that staff will need to monitor and enforce the guidelines around mask wearing, physical distancing, and handwashing opens up the possibility that patterns of enforcement of the new measures will follow the same trends that are seen in school discipline more generally. Should this be the case, Black students [and other students of color], boys, and students with disabilities will be particularly vulnerable to potentially harsh responses if they fail to follow the strategies consistently (Anderson and Ritter, 2017; U.S. Government Accountability Office, 2018). To guard against this, positive approaches to encouraging adherence to the strategies are preferred over punitive ones.” (Source: National Academies of Sciences, Engineering, and Medicine 2020. Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25858>.)



Coping and Resilience

The National Academies of Sciences, Engineering, and Medicine note that during the pandemic, in particular:

“The socioemotional and mental health needs of students and families will need to be a high priority. While much attention has been paid in the media to potential learning losses and the negative consequences for academic achievement, the collective trauma of the pandemic should not be underestimated. Particularly in the communities hardest hit by COVID-19, children may have experienced the extreme illness or death of multiple close family members even as their families and communities are facing the stress of serious economic setbacks.”

It is important to recognize that school staff and administrators may be experiencing the same types of trauma and stress, as well, and will also need support.

Stopping stigma is important to making all communities and community members safer and healthier. It is also important to consider that some students, adults, or groups of people in the school community may be experiencing stigma related to COVID-19. Stigma can negatively affect the emotional, [mental](#), and physical health of stigmatized groups and the communities they live in. Stigmatized individuals may experience isolation, depression, anxiety, or public embarrassment. Everyone can help stop stigma related to COVID-19 by [knowing the facts](#) and sharing them with others in their communities.

Recommendations

- Make school counselors available to students and staff, both in person and virtually. The American School Counseling Association has toolkits on virtual school counseling for [elementary](#), [middle](#), and [high](#) schools.
- Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media, if they are feeling overwhelmed or distressed.
- Encourage employees and students to eat healthy, exercise, get enough sleep, spend time outdoors, and find time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- Share crisis support information with students, staff, and families for suicide prevention, domestic violence, child abuse, and sexual assault available on the [CDC Coping with Stress](#).
- Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746.
- Work to actively prevent and address stigma related to COVID-19 and educate the school community:

- » Correct negative language that can cause stigma by sharing accurate information about how the virus spreads.
 - » Provide mental health or other social support services to individuals in the school community who have experienced stigma or discrimination.
 - » Maintain the privacy and confidentiality of those seeking healthcare and those who may be part of any contact investigation.
- Seek out and offer trainings for teachers and staff on providing trauma-informed teaching and services to students and families.
 - Work with community partners for additional services, programs, and resources that address social determinants of health.
 - Ensure the mental health supports, communication, and education efforts described above are offered and available to students and their families in their primary language.



Protecting Vulnerable Populations

Individuals who are **considered high-risk for severe illness** due to COVID-19 include people who:

- Are 65 years of age or older
- Have the following medical conditions:
 - » Cancer
 - » Chronic kidney disease
 - » COPD (chronic obstructive pulmonary disease)
 - » Immunocompromised state (weakened immune system) from solid organ transplant
 - » Obesity and severe obesity (body mass index [BMI] of 30 or higher)
 - » Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - » Pregnancy
 - » Sickle cell disease
 - » Smoking
 - » Type 2 diabetes mellitus

The CDC lists additional [medical conditions which may cause people to be at increased risk for severe illness from COVID-19](#). These include moderate to severe asthma, hypertension or high blood pressure, and Type 1 diabetes mellitus, among other conditions.

While children have been less affected by COVID-19 compared with adults, [children can be infected with the virus that causes COVID-19 and some children develop severe illness](#).

Children with underlying medical conditions are at increased risk for severe illness compared to children without underlying medical conditions.

Current evidence on which underlying medical conditions in children are associated with increased risk is limited. Current evidence suggests that children with medical complexity, with genetic, neurologic, metabolic conditions, or with congenital heart disease can be at increased risk for severe illness from COVID-19.

Similar to adults, children with obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression can also be at increased risk for severe illness from COVID-19.

One way to protect the health of children is to ensure that all adults in a household are fully vaccinated against COVID-19.

Requirements

- Create a process for students and/or their families, teachers, and staff to self-identify as being at increased risk of severe illness from COVID-19 or as living in a household with someone at high risk.
 - » Enable teachers and staff who self-identify through this process to minimize face-to-face contact and allow them to maintain a distance of 6 feet from others, modify job responsibilities that minimize exposure risk, or to work remotely if possible.
 - » Implement remote learning and supports for students who are identified as high risk.
- Systematically review all current plans (e.g. Individual Healthcare Plans, Individualized Education Plans or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease risk for exposure to COVID-19.

Recommendations

- Encourage and facilitate those at increased risk of severe illness to receive recommended vaccinations against influenza and pneumococcal disease.
- When Austin-Travis County is in stages 2-5 on the APH Stages of Risk chart, schools should strongly encourage parents of [children](#) who have medical complexity, neurologic, genetic, metabolic conditions, or congenital heart disease to remain at home and participate via remote learning.



Key Things to Know About COVID-19 Vaccines

Vaccines are an important tool in the COVID-19 mitigation toolkit. According to the CDC, we can all “help stop the pandemic by getting vaccinated,” practicing physical distancing, avoiding crowds and poorly ventilated spaces, wearing masks, and practicing good hand hygiene.

Teachers and staff hold jobs critical to the continued functioning of society and are at potential occupational risk of exposure to COVID-19. Vaccinating teachers and staff is one layer of prevention and protection for teachers and staff. The CDC defines school staff as, “any school employees, contractors,

or independent consultants interacting with students or teachers during the course of the school day, including, for example, school administration, bus drivers, school nutrition professionals, school nurses, speech/occupational therapists, custodians, and other school employees."

School officials are encouraged to support messaging and outreach about vaccination for members of school communities. School communication platforms can facilitate outreach to encourage vaccination of household members of school-age children as they become eligible. This should include outreach in a language that limited-English-proficient family members of students can understand and in alternate formats as needed to facilitate effective communication for individuals with disabilities.

Implementation of layered prevention strategies will need to continue until we better understand potential transmission among people who received a COVID-19 vaccine and there is more vaccination coverage in the community. In addition, vaccines are not yet approved for use in children under 16 years old. While vaccinations are rapidly increasing across our community, school-aged children will be among the last to be vaccinated. Schools should anticipate that COVID-19 mitigation strategies will need to extend at least through the summer months and likely into the 2021-2022 school year.

What the CDC knows about COVID-19 vaccines:

- COVID-19 vaccines teach our immune systems how to recognize and fight the virus that causes COVID-19.

- » It typically takes two weeks after vaccination for the body to build protection (immunity) against the virus that causes COVID-19. That means it is possible a person could still get COVID-19 before or just after vaccination and then get sick because the vaccine did not have enough time to provide protection.
- » People are considered fully protected two weeks after their second dose of the Pfizer-BioNTech or Moderna COVID-19 vaccine, or two weeks after the single-dose Johnson & Johnson's Janssen COVID-19 vaccine.

Have You Been Fully Vaccinated?

People are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

If it has been less than 2 weeks since your 1-dose shot, or if you still need to get your second dose of a 2 dose vaccine, you are NOT fully protected. Keep taking all [prevention steps](#) until you are fully vaccinated.

- Studies show that COVID-19 vaccines are effective at keeping you from getting COVID-19.
- Getting a COVID-19 vaccine will also help keep you from getting seriously ill even if you do get COVID-19.
- COVID-19 vaccination is an important tool to help us get back to normal.

What the CDC is still learning:

- Although COVID-19 vaccines are effective at keeping you from getting sick, scientists are still learning how well vaccines prevent you from spreading the virus that causes COVID-19 to others, even if you do not have symptoms.
- Early data show the vaccines do help keep people with no symptoms from spreading COVID-19, but we are learning more as more people get vaccinated.

- How long COVID-19 vaccines protect people.

For these reasons, people who have been fully vaccinated against COVID-19 should keep taking precautions in public places, until we know more, like wearing a mask, staying 6 feet apart from others, avoiding crowds and poorly ventilated spaces, and washing your hands often.



Recommendations

- Encourage school staff to receive the COVID-19 vaccine.
- Encourage students to receive the COVID-19 vaccine as soon as they become eligible. Students who will be returning to campus during the summer before classes begin should be encouraged to receive the COVID-19 vaccine as soon as they become eligible and vaccines are available (i.e. student athletes, marching band).
- Educational leaders should use the ideas and materials in the CDC's "[COVID-19 Vaccine Toolkit for School Settings and Childcare Programs](#)" to communicate with their staff about the importance and availability of COVID-19 vaccination:
 - » Adapt key messages to the language, tone, and format that will resonate with your school community.
 - » Organize a COVID-19 vaccine presentation (also available in Spanish) for your staff or organization and promote it via digital and employee communication channels. Record and send out presentations via email or post on the school intranet/website.
 - » Continue to educate your workforce via articles, blog posts, and social media messages. Tailor information for your staff and include graphics if you can.
 - » Share regular updates on local community COVID-19 vaccination efforts through in-person or virtual staff meetings, a staff newsletter or email blast, or through regular communications with teacher or staff unions. Create or share social media posts on your social media handles.
 - » Have open discussions. Create and publicize a feedback mechanism for staff members to ask questions about COVID-19 vaccination (email inbox, phone number, point of contact).
 - » Educate your staff that some people may experience post-vaccination side effects that usually last 1 to 2 days, and this may affect their ability to do daily activities. Side effects may include tiredness, headache, muscle pain, or fever. These are normal and are a sign that the vaccine is working.

- » Schools with on-site vaccination programs may consider staggering delivery of vaccine so that staff are not all vaccinated at the same time. Staggering considerations may be more important following the second dose of the currently available Pfizer and Moderna vaccines. Staggering may cause delays in vaccinating staff, and the decision to stagger vaccination will need to be weighed against potential inconveniences that might reduce vaccine acceptance.
- » Be sure to plan for staff to have time away from work if they develop side effects following COVID-19 vaccination.
- Learn more about [finding credible vaccine information](#). Get the facts to respond to misinformation you might encounter.
- Encourage leaders in your districts to be vaccine champions. Share testimonials from fellow staff, administrators, or school nurses about why they got vaccinated.
- Provide information on eligibility and where to find vaccines:
 - » State of Texas: [Who's Eligible to Get the Vaccine Now?](#)
 - » Visit [VaccineFinder.org](#) to find out where to get vaccinated in your community or locate a vaccine hub.
 - » COVID-19 Vaccination in Central Texas: <https://centraltxvaccs.org/>



Designate a COVID-19 Point of Contact for each District and Campus

Requirements

- Austin Public Health requires that each school or system (including private schools) in Austin-Travis County designate a single staff member at the district level to communicate with Austin Public Health.
- Each school should designate a single staff member within each school (with an alternate) to be the COVID-19 point of contact for the school and responsible for responding to COVID-19 concerns.

Recommendations

- High schools could consider having student counterparts assist in this role to be a source of information for students, thereby supporting student ownership and responsibility for creating a safe and healthy campus (i.e. students involved in organizations such as the Student Council, Peer Health Educators, Austin Youth Council, etc.).



Healthy Hand Hygiene

Requirements

- Provide adequate supplies to support healthy hygiene behaviors and systematically and frequently check and refill supplies, including:
 - » Soap, hand sanitizer with at least 60% alcohol for safe use by staff and older children, paper towels, and tissues in each classroom, and
 - » Hand sanitizer with at least 60% alcohol at key building entrances and exits and in the cafeteria and gym for safe use by staff and older students.
- Teach and remind children and adults:
 - » About handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol by staff and older children.
 - » To cough and sneeze into their elbows, or to cover with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
 - » To **avoid touching their eyes, nose, and mouth** with unwashed hands.
- Incorporate frequent handwashing and sanitation breaks into classroom activity.
- Increase monitoring to ensure adherence among students and staff.
- Supervise use of hand sanitizer by students.
- Children with skin reactions and contraindications to hand sanitizer should use soap and water.
- **Reinforce handwashing during key times such as:**
 - » Before and after eating food;
 - » After using the restroom;
 - » After blowing your nose, coughing, or sneezing;
 - » After handling your cloth face covering;
 - » After touching objects with bare hands which have been handled by other individuals; and
 - » When hands are visibly soiled



Physical Distancing and Minimizing Exposure

Requirements

- Limit common break rooms and ensure distancing among staff to increase safety, given that the highest risk to staff is from other staff.
- Limit nonessential visitors and activities involving external groups or organizations.
- Have teachers and staff monitor arrival and dismissal to discourage congregating and ensure students go straight from a vehicle to their classrooms and vice-versa.
- Discontinue in-person activities that involve bringing together large groups of people and activities that do not allow for social distancing (e.g. assemblies, performances).
- Arrange furniture or block off seats, such as desks, chairs, or other seating in classrooms, reception areas, and cafeterias so that students, teachers, staff, and visitors can practice physical distancing.
- Provide frequent reminders for students, teachers, staff, and visitors to physically distance themselves from others.

Recommendations

- When our community is in **Risk Stage 1, 2, 3, or 4**, students should be at least **3 feet apart** from each other when they are **in classrooms and mask use is universal**.
- **6 feet of distance** should be maintained in the following circumstances:
 - » Among adults in the school building, and between adults and students
 - » When masks can't be worn, such as when eating
 - » During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise. Move these activities outdoors or to large, well-ventilated spaces
 - » In common areas
 - » In any outdoor setting when students, teachers, staff, and visitors are stationary (e.g. waiting in line for transportation, sitting in a group)
 - » During Risk Stage 5
- Schools are encouraged to use outdoor space more often, weather-permitting, to enable social distancing. Consider having classes, meals, and meetings outdoors as much as possible. Use or create "outdoor classroom" areas, especially in shady or covered outdoor spaces.
- Modify learning stations and activities as applicable so there are fewer students per group.

- Consider converting larger indoor areas such as gymnasiums and cafeterias into classroom spaces to allow for greater physical distancing among students.
- Remove nonessential furniture and make other changes to classroom layouts to maximize distance between students.
- Turn desks to face in the same direction (rather than facing each other) or have students sit on only one side of tables, spaced apart.
- Provide physical distancing standing/seating markings in waiting and reception areas.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls to create “one-way routes” in hallways and remind students and staff to stay 6 feet apart in lines and at other times when they may congregate.
- Eliminate or decrease nonessential in-person interactions among teachers and staff during meetings, lunches, and other situations that could lead to adult-to-adult transmission. Consider holding virtual, rather than in-person, staff and parent meetings.
- Stagger staff shifts, start times, and break times as feasible to reduce the number of employees in common areas such as screening areas, break rooms, and locker rooms.



Face Coverings

Wearing face coverings correctly and consistently can help slow the spread of COVID-19. Face coverings are meant to protect those around you, in case you are unknowingly infected with the virus that causes COVID-19. The CDC explains that masks are 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.”

[A cloth mask also offers some protection to you](#) too. How well it protects you from breathing in the virus likely depends on the fabrics used and how your mask is made (e.g. the type of fabric, the number of layers of fabric, how well the mask fits). CDC is currently studying these factors.

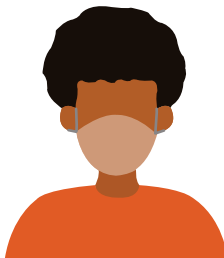
The cloth face cover is not a substitute for physical distancing; individuals are advised to continue to practice physical distancing even when wearing masks. The use of [cloth face coverings](#) is especially important when students, teachers, and staff are indoors and when [social distancing](#) of at least 6 feet is difficult to implement or maintain. The CDC offers useful [strategies to support students' wearing cloth face coverings in schools](#), including strategies specific to elementary, middle, and high school settings, and for students with special healthcare needs.

Requirements

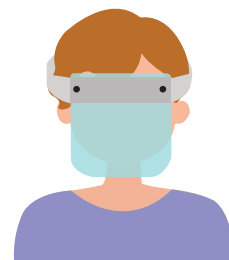
- Except as otherwise provided in this document, all persons age 10 and over must wear a face covering on buses or other school transportation vehicles, inside school buildings, and anywhere on school grounds, including outside. In the school setting, this generally applies to students in 5th grade and above. However, face coverings are recommended for children two years of age and older; in the school setting, this generally applies to students in Pre-K and above.
 - » Children in early elementary grades, especially those in Pre-K and kindergarten, may have difficulty complying with mask usage. Nonetheless, efforts should be made to encourage compliance.
- **Face coverings should not be placed on:**
 - » Children younger than 2 years old.
 - » Anyone who has trouble breathing or is unconscious;
 - » Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance.
 - » A child with a significant behavioral or psychological issue undergoing treatment that is exacerbated specifically by a face covering;
 - » A child with severe autism or with extreme developmental delay who may become agitated or anxious wearing a mask; and
 - » A child with a facial deformity that causes airway obstruction.
- Ensure teachers, staff, children, and families are aware that the CDC does not recommend that face shields be used for normal everyday activities or as a substitute for cloth face coverings.



Cloth face cover



Clear face cover



Face shield

The CDC notes that clear face coverings are not face shields.

- Ensure that students and staff are aware of the **correct use of cloth face coverings**, including wearing cloth face coverings over the nose and mouth and securely around the face. **Ensure that students, teachers, and staff are aware that they should:**

- » Wash or sanitize their hands (using a hand sanitizer that contains at least 60% alcohol) before putting on a cloth face covering
 - » Not touch their cloth face coverings while wearing them and, if they do, they should wash their hands before and after with soap and water or sanitize hands (using a hand sanitizer that contains at least 60% alcohol)
 - » Wash or sanitize hands (using a hand sanitizer that contains at least 60% alcohol) before and after helping a student put on or adjust a cloth face covering
 - » Not wear cloth face coverings if they are wet. A wet cloth face covering may make it difficult to breathe.
 - » Never share or swap cloth face coverings. Encourage students' cloth face coverings to be clearly identified with their names or initials to avoid confusion or swapping. Students' face coverings may also be labeled to indicate top/bottom and front/back.
 - » Wash cloth face coverings after every day of use and/or before being used again, or if visibly soiled
- Provide cloth or disposable face coverings to staff, students, and visitors who do not have them or if face covering becomes soiled.
 - Note that face coverings are **not required** for individuals who:
 - » Have a medical or behavioral condition or disability and cannot wear a face covering (including, but not limited to, any person who has trouble breathing, or is unconscious or incapacitated, or is otherwise unable to put on or remove the face covering without assistance)
 - If staff or parents have questions as to whether an individual's medical or behavioral condition or disability precludes them from wearing a face covering, they are encouraged to consult with their healthcare provider or with their district's medical director.
 - Although the CDC does not recommend that face shields be used for normal everyday activities or as a substitute for cloth face coverings, individuals who cannot wear a cloth face covering may consider wearing a face shield.
 - » Are eating or drinking
 - » Are strenuously exercising, especially while practicing physical distancing of at least 6 feet from others
 - » Are seeking to communicate with someone with hearing loss in a way that requires the mouth to be visible.
 - In this instance, the individual may consider wearing both a face shield and a cloth face covering and pull the cloth face covering down when speaking with persons with hearing loss and replace the cloth face covering when not speaking.
 - » **Note:** For additional exceptions to the face covering requirements, refer to the most recent [Health Authority Rules](#).

Recommendations

- Teachers and staff who may consider using clear face coverings that cover the nose and wrap securely around the face:
 - » Those who interact with students or staff who are deaf or hard of hearing, per the [Individuals with Disabilities Education Act](#)
 - » Teachers of young students learning to read
 - » Teachers of students in English as a second language classes
 - » Teachers of students with disabilities
- Provide face shields to teachers who work with children who cannot wear face coverings and would like to use them in combination with cloth face coverings.
- Consider having spare cloth face coverings available for students, teachers, and staff in case a back-up cloth face covering is needed during the day and to encourage every day washing of cloth face coverings.
- Store individual children's extra face coverings in a separate space designated for each student when not being worn (e.g., in individually labeled containers or bags, personal lockers, or cubbies).
- Consider building in "mask breaks" throughout the day when outside, as long as students are physically distanced 6 feet apart.



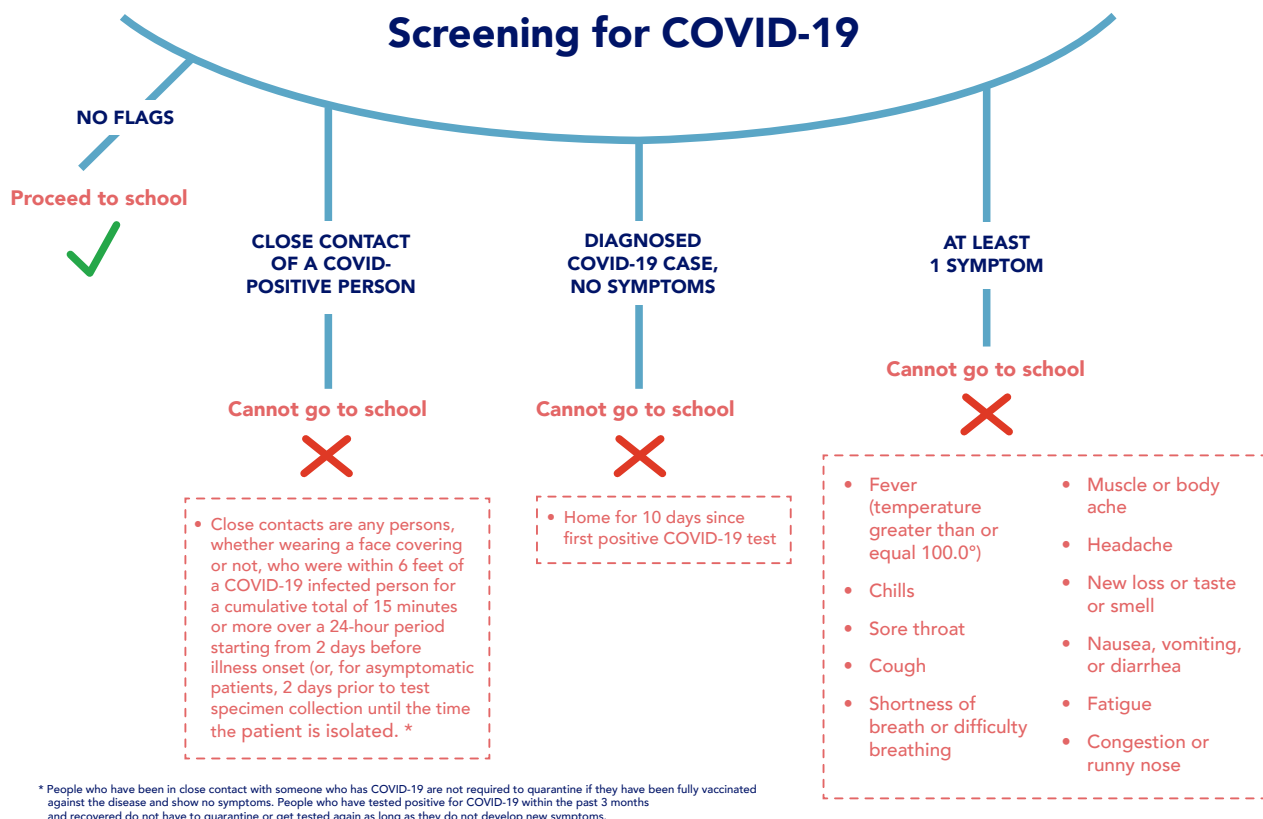
Screening for COVID-19 Symptoms before Entry

Requirements

- Schools must require all teachers and staff to screen for COVID-19 symptoms and exposure at home each day prior to coming to school.
- Campuses must screen all visitors who come in school buildings, including parents and caregivers who enter the building to drop off or pick up their child, for COVID-19 symptoms and close contact to someone with COVID-19. (See Appendix B for a Screening Flow Chart.)

Recommendations

- Austin Public Health **strongly recommends** that schools use the following list of symptoms for all screening of teachers, staff, students, and visitors, regardless of the screening type (self-screenings of teachers and staff; parents screening their children before bringing them; or screenings conducted by the school either in-person, by phone, or by other electronic means).
- In evaluating whether an individual has symptoms consistent with COVID-19, TEA recommends considering the following question: Has the person recently begun experiencing any of the following in a way that is not normal for them?
 - » Fever (temperature greater than or equal to 100.0 degrees Fahrenheit when taken by mouth)
 - » Chills
 - » Sore throat
 - » Cough
 - » Shortness of breath or difficulty breathing
 - » Muscle or body aches
 - » Headache
 - » New loss of taste or smell
 - » Nausea, vomiting, or diarrhea
 - » Fatigue
 - » Congestion or runny nose
- APH strongly recommends that this list of symptoms be shared widely with the staff, teachers, parents, and children (who are old enough to self-monitor for symptoms). Individuals with one or more of these symptoms should not enter the school.
- Schools may consider using an app for staff and children (or their parents/guardians) to self-screen each day at home before coming to school.





Frequent Cleaning and Disinfection

Requirements

- Follow CDC guidance on effective and safe [cleaning and disinfection](#) practices and on cleaning and disinfecting the school if someone is sick. For more details, refer to the section of this document called "Procedures to Follow When Individuals Present with COVID-19 Symptoms on Campus."
- Establish a schedule for and increase routine cleaning and disinfection of frequently touched surfaces at schools and on school buses such as:
 - » Door handles
 - » Stair rails
 - » Faucet handles
 - » Toilet handles
 - » Drinking fountains
 - » Light switches
 - » Desks and tables
 - » Chairs
 - » Shared supplies, such as art supplies
 - » High touch devices such as shared computers or tablets
 - » Kitchen countertops
 - » Cafeteria and service tables, carts, and trays
 - » Playground equipment
- Outdoor areas, like school playgrounds, generally require routine cleaning, but not disinfection. High-touch plastic and metal surfaces such as grab bars and railings should be cleaned routinely. Cleaning and disinfection of wooden surfaces is not recommended.
- To clean and disinfect school buses or other transport vehicles, see CDC guidance for [bus transit operators](#).
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children in child proof areas. Use products that meet [EPA disinfection criteria](#).
- Consider [ventilation system upgrades](#) or improvements and other steps to increase the delivery of clean air and dilute potential contaminants in the school.
- [Disinfection products should not be used by children or near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic vapors.](#)
- Ensure that the [Safety Data](#) Sheets (SDS) are readily accessible to employees for all hazardous chemicals in their workplace.

Recommendations

- When possible, provide adequate supplies to assign for individual student use. Keep students' personal items separate and in individually labeled cubbies, containers, or lockers.



Cohorts

Grouping students and staff into cohorts (sometimes called pods) is a strategy that schools may use to limit contact between students and staff as part of their efforts to limit transmission of COVID-19 (the virus that causes COVID-19). This strategy works by keeping groups together over the course of a pre-determined period of time. Ideally, the students and staff within a cohort will only have physical proximity with others in the same cohort. This practice may help prevent the spread of COVID-19 by limiting cross-over of students and teachers to the extent possible, thus:

- Decreasing opportunities for exposure or transmission of COVID-19;
- Reducing contact with shared surfaces;
- Facilitating more efficient contact tracing in the event of a positive case; and
- Allowing for targeted testing, quarantine, and/or isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases.

Requirements

- To the greatest extent possible, divide students and teachers into cohorts, stable groups that are smaller than normal class sizes.
- Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff from day to day (all day for young children and as much as possible for older children).
- Limit mixing among cohort groups as much as possible (e.g. during recess, special areas classes, lunch, arrival, dismissal, etc.).

Recommendations

- It is strongly recommended that, to the greatest extent feasible, schools limit group sizes to 10 people or fewer, including children and adults.
- Consider using a [Room Capacity Calculator](#), such as the one available on the Kentucky Department of Education [website](#).
- Consider staggering arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.
- Schools may alternate cohorts by days or weeks, with cohorts assigned to specific days or weeks.
- Schools may adopt a hybrid approach, with some cohorts assigned to in-person learning and others assigned to online learning.



Ventilation, Air Quality, and Water System Safety

The CDC advises that schools:

- Consider [ventilation](#) system upgrades or improvements and other steps to increase the delivery of clean air and dilute potential contaminants in the school. Obtain consultation from experienced Heating, Ventilation and Air Conditioning (HVAC) professionals when considering changes to HVAC systems and equipment.
- Consider recommendations from the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) [Guidance for Building Operations During the COVID-19 Pandemic](#).
- Consider ASHRAE [guidelines for schools](#) for further information on ventilation recommendations for different types of buildings and building readiness for occupancy. Not all steps are applicable for all scenarios.

Similarly, the National Academies of Sciences, Engineering, and Medicine cites a report from the Harvard School of Public Health (Jones et al, 2020) which identifies key ventilation and air quality strategies, including:

- Bringing in outdoor air to dilute or displace any droplets containing the virus that may be present in the air
- Avoiding recirculation of indoor air, increasing filter efficiency, and supplementing with portable air cleaners
- Verifying the performance of ventilation and filtration through testing and working with outside expert

The National Academies note that, "These additional strategies represent additional costs to schools, but they may be especially important for older school buildings with outdated HVAC system, or for buildings with limited ventilation."

Requirements

- Increase outdoor air ventilation, using caution in highly polluted areas. Whenever possible, open windows and doors. Use [properly positioned child-safe fans](#). Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms).
 - » <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Follow CDC guidance to ensure the safety of your occupants and building water system and devices when [reopening buildings after a prolonged shutdown](#).

Recommendations

- Consider improving the engineering controls using the building ventilation system recommended by the CDC in "[Operating Schools During COVID-19](#)" and "[Ventilation in Schools and Childcare Programs](#)". This may include some or all of the following activities:
 - » Increase ventilation rates.
 - » Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
 - » Increase outdoor air ventilation, using caution in highly polluted areas.
 - » Disable demand-controlled ventilation (DCV).
 - » Further open minimum outdoor air dampers (as high as 100%) to reduce or eliminate recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold or hot weather.

Improve central air filtration by increasing air filtration to as high as possible without significantly diminishing design airflow; ensuring appropriate filter fit; checking for ways to minimize filter bypass; and checking filters to ensure they are within service life and appropriately installed.

- » Consider running the HVAC system at maximum outside airflow for 2 hours before and after the school is occupied.
- » Ensure restroom exhaust fans are functional and operating at full capacity when the school is occupied.
- » Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- » Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas such as the school clinic).
- » Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher risk areas such as the nurse's office).

- » Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate the virus that causes COVID-19, especially if options for increasing room ventilation are limited.
- » Whenever possible, school bus drivers and aides should open bus windows to increase circulation of outdoor air unless doing so might pose a safety or health risk (e.g., risk of falling).



Transportation

Requirements

- Follow guidance from the CDC for [bus transit operators](#) and their employees.
- Provide training and health and safety supplies to all bus and transportation drivers and operators on measures to mitigate spread of COVID-19 to help keep themselves, students, and their families safe.
- Ensure that students, all teachers, staff, and adult visitors wear face coverings when they are on a bus or other transportation vehicles. Refer to face covering section for additional guidance.
- Limit close contact with others by maintaining a distance of at least 6 feet, when possible.
 - » Create distance between and among the driver and passengers on school buses (e.g., seat children one child per row, skip rows) when possible.
 - » Allow no more than one passenger per school bus seat (unless they are members of the same household).
 - » Institute measures to physically separate or create distance greater than 6 feet between bus transit operators and passengers. These may include use of physical partitions or visual cues (e.g., floor decals, colored tape, or signs to indicate to passengers where they should not sit or stand near the bus operator).
- Clean and disinfect transportation vehicles regularly. Children must not be present when a vehicle is being cleaned.
 - » Ensure [safe and correct use](#) and storage of cleaning and disinfection products, including storing products securely away from children and adequate ventilation when staff use such products.
 - » Clean and disinfect frequently touched surfaces in the vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) prior to morning routes and prior to afternoon routes.
 - » Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.

- » Clean, sanitize, and disinfect equipment including items such as car seats and seat belts, wheelchairs, walkers, and adaptive equipment being transported to schools.
- Students and bus operators should perform a screening for symptoms and exposure daily before going to the bus stop or reporting to work.
 - » Individuals must stay home and not board transportation if they are experiencing symptoms of COVID-19 or have been exposed to someone positive for COVID-19.
- Create a plan for getting students home safely if they are not allowed to board the vehicle.
- Enforce that if an individual becomes sick during the day, they must not use group transportation to return home.
- If a driver becomes sick during the day, they must not return to drive students.
- Provide hand sanitizer (with at least 60% alcohol) to support healthy hygiene behaviors on all school transportation vehicles for safe use by staff and older children.
 - » Hand sanitizer should only remain on school transportation while the vehicles are in use.
 - » Systematically and frequently check and refill hand sanitizers.
- Whenever appropriate and safe, keep windows open while the vehicle is in motion to help reduce the spread of the virus by increasing air circulation.

Recommendations

- To minimize the number of people on school buses, encourage families to transport their own children to and from school if they are able, rather than using the school bus.
- Encourage families to avoid use of carpools whenever possible.
- Schools can refer to Appendix L, Example Bus Seating Configurations and Capacity Estimates, for detailed recommendations on seating configurations and occupancy levels.
- Identify one adult to accompany the driver to help monitor children during transport.
- As feasible, consider using larger vehicles with more seats and increasing the frequency of routes to reduce occupancy and allow for 6 feet of physical distancing between individuals.
- Provide these reminders to families and children who walk or bike to school:
 - » Avoid touching public surfaces and use your elbow when using call signals to cross the street.
 - » Practice physical distancing when walking or biking including when safely passing another person, group, and crossing guards.
 - » When biking or walking to school, wear a face covering when physical distancing is not possible and when traveling with people outside of your household.



Food Services

Requirements

- Avoid offering any self-serve food or drink options, such as hot and cold food bars, salad or condiment bars, and drink stations. Serve individually plated meals or grab-and-go items instead, while ensuring the safety of children with food allergies.
- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should [wash their hands](#) after removing their gloves or after directly handling used food service items.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils.
- Have hand hygiene stations available at the entrances and exits of the food service area(s) to assist in hand-washing before and after meals. Refer to the Healthy Hand Hygiene section in this document.

Recommendations

- Serve individually plated meals or, when feasible, have children bring their own meals, while ensuring safety of children with food allergies.
- Maintain 6 feet of space between students during meals.
- Whenever possible, have students eat outdoors or in well-ventilated areas, while maintaining physical distance of at least 6 feet apart while unmasked.
- When outdoor eating is not possible, consider having students eat in their classrooms rather than in the cafeteria to help avoid contact between students from different classes.
- Remind students to remove their masks only when eating. When not actively eating, students should have their masks on.
- Ensure children do not share food or utensils.
- When students do eat in the cafeteria, consider implementing the following mitigation measures:
 - » Seat students only on one side of the table, all facing in the same direction, rather than facing each other across the table.
 - » To assist in contact tracing efforts, implement cafeteria seating charts with an assigned seat for each student.

- » If possible, install touchless payment methods (pay without touching money, a card, or a keypad). Provide hand sanitizer right after handing money, cards, or keypads.
- » **Of Note:** USDA has issued the [COVID-19 Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs](#).



Recess and Physical Education Class

Vigorous exercise in a confined space (e.g., indoors) may [contribute to transmission of COVID-19](#) and should be limited unless additional protections are in place.

Requirements

- Ensure students practice physical distancing to protect students at recess or in physical education class.
- Whenever possible, conduct physical education classes and recess outdoors.
- Choose physical education activities that limit the use of shared equipment and ensure any close contact between students during those activities is limited and brief.
- Closed shared spaces such as locker rooms, if possible; otherwise, stagger use and clean and disinfect between use.
- See CDC's guidance on [youth sports](#) for more information.
- Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading.



Band, Choir, and Music Class

In light of evidence that singing may contribute to COVID-19 transmission, the National Federation of State High School Associations [issued guidance](#) that discourages indoor group or ensemble singing until mitigation techniques have been tested and proven effective and recommends that instrumental groups be limited in size to meet physical distancing requirements. The American Choral Directors Association [has issued guidance](#) recommending that choirs rehearse and perform in small, physically distanced groups and outdoors if possible.

Requirements

- When students are not singing or playing an instrument that requires the use of their mouth, they should wear a cloth face covering in music class (unless class is outdoors and distance can be maintained).
- Practice social distancing and hand hygiene practices during music class.
- While students are singing or playing an instrument, use visual cues to keep them at least 6 feet apart.
- Close shared spaces such as locker rooms, if possible; otherwise, stagger use and clean and disinfect between use.
- Limit or avoid the playing of woodwind and brass instruments due to increased risk of respiratory droplets and inability to wear a cloth face covering while playing.

Recommendations

- If it's safe and weather permits, consider moving class outdoors where air circulation is better than indoors and maintain at least 6 feet distance between students.
- Teachers can reduce their own emissions by using a portable amplifier to keep their voices at a low conversational volume.



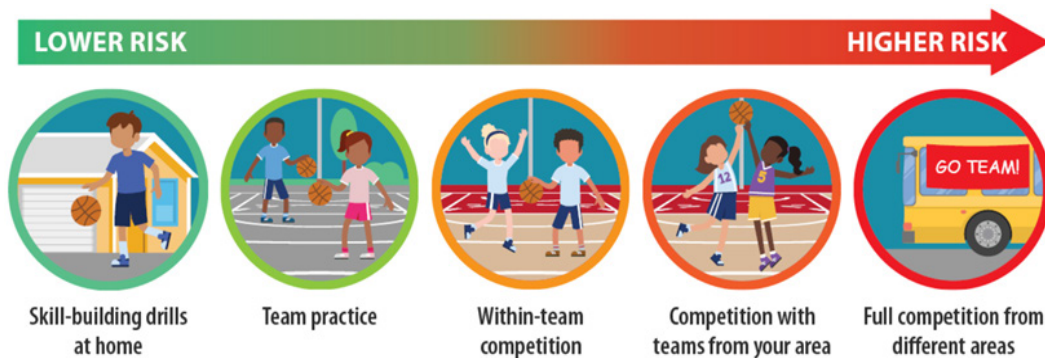
Sports and Other Extracurricular Activities

An extracurricular activity is an activity not necessarily directly related to instruction of the essential knowledge and skills but may have an indirect relation to some areas of the curriculum. Extracurricular activities include, but are not limited to, public performances, contests, demonstrations, displays, and club activities. Extracurricular activities include both UIL and non-UIL sponsored activities.

Participation in sports and other extracurricular activities where guidelines for limitation of group size, physical distancing, and masking are not practical or possible will increase the risk of disease spread. Therefore, these activities are likely to contribute to increased disruption in the academic year and continuity of education for students. **Schools should consider forgoing extracurricular activities in order to reduce disruptions to the school year**, unless those activities may be done virtually or within the guidelines for masking, social distancing, and group size.

Per CDC, the risk of COVID-19 spread increases in youth sports settings as follows:

- **Lowest Risk:** Performing skill-building drills or conditioning at home, alone or with family members
- **Increasing Risk:** Team-based practice
- **More Risk:** Within-team competition
- **Even More Risk:** Full competition between teams from the same local geographic area
- **Highest Risk:** Full competition between teams from different geographic areas



When making decisions about which extracurricular activities to hold, schools should consider the risk level of each activity and the extent to which physical distancing and masking are feasible for participants. Consider only allowing those in-person extracurricular activities in which participants are able to practice physical distancing and wearing face coverings. The following tables can assist in making decisions about sports (Adapted from the North Carolina Department of Health and Human Services' [Interim Guidance for Administrators and Participants of Youth & Amateur Sports Programs – November 23, 2020](#)).

- » The following are sports in which participants can more easily maintain physical distancing or in which close contact is limited and brief:

Golf	Swimming
Cycling	Diving
Disc Golf	Dance
Track and Field	Tennis Singles Match
Curling	Horseback Riding
Pickleball	Figure Skating
Badminton	Running
Individual Gymnastics	Weightlifting
Individual Sailing/Kayaking	

- » The following are sports in which close contact may occur but may not be prolonged:

Soccer	Volleyball
Baseball	Softball
Crew	Swimming Relays/Group Swimming
Tennis Doubles Match	Field Hockey
Non-Contact Lacrosse	

- » The following are sports in which participants cannot maintain physical distancing and in which close contact is frequent and/or prolonged:

Football	Competitive Cheer
Contact Lacrosse	Basketball
Rugby	Wrestling
Group Dance	Hockey
Pairs Figure Skating	Boxing

If extracurricular activities take place, TEA offers [Training and Conditioning Guidance for Non-UIL Activities](#). TEA advises following guidance on the [UIL website](#) for all UIL activities. Even when TEA and UIL guidance is followed, **participation in extracurricular activities while there is uncontrolled community spread of COVID-19 poses an increased risk to children, coaches, their family members, and indirectly to the children's classroom teachers and their families, as well.**

Requirements

- Provide each parent or guardian of a student who participates in sports or extracurricular activities with a written notice about an increased risk of COVID-19 transmission to the student and the household.
 - » This written notice should also include a recommendation that a student who participates in extracurricular activities in which physical distancing cannot be maintained or masking is not practical or possible should practice physical distancing and wear a mask while at home to protect family members.
- As required by the University Interscholastic League, if an athlete has tested positive for COVID-19, the athlete must be cleared for progression back to activity by an approved health care professional. See Appendix K for the Texas Medical Association's "Physician Guidance for Return to Play Clearance for Athletes Aged 18 and Younger."

Recommendations

- Students and adults at high risk for severe illness due to COVID-19, and those who live in the same household with individuals at high risk, should consider forgoing extracurricular activities altogether.
- Students who choose to participate in extracurricular activities in which physical distancing cannot be maintained or masking is not practical or possible should practice physical distancing and wear a mask while at home to protect family members.
- Conduct practices, games, and other extracurricular activities outdoors whenever possible.
- Consider having students participating in these activities remain in separate learning cohorts during the school day. Cohorting will not alleviate the risk of transmission of COVID-19 to participants' family members, but may reduce the risk of transmission among teachers and staff.
- Avoid use of carpools. When riding in an automobile to practice or games, encourage players to ride only with persons living in their same household.
- Limit tournaments in which multiple teams convene. Avoid tournaments involving teams from other geographic areas.
- Remind individuals not to shake hands, give high fives, or fist pumps before, during, or after games and practices.
- Require all coaches, spectators, and other participants to wear a face covering, unless exempted.
- Athletes should wear face coverings when not actively playing. Athletes should wear face coverings during play whenever possible.
- Advise spectators to stay in the groups they came with, maintain physical distance from people in other groups, and not to congregate.
- Have and implement a plan for enforcement of mask-wearing and physical distancing for the duration of the activity.
- Remind individuals to bring their own water bottles, and that those water bottles should not be shared.

APH recommends that schools base decisions about in-person sports practices and competition on Austin Public Health's COVID-19 Stages of Risk as outlined in the table below.

Additional Recommendations for Athletic Practices and Competition

	Recommendations
Stage 1	<p>Schools could consider competition between teams from different geographic areas.</p> <ul style="list-style-type: none"> • Limit stadium/gym capacity to no more than 50% in stands (this includes band, cheer, dance). • 6 ft. distancing required in stands and lines • Family units sit together • Advanced ticket sales (online) • Have and implement a plan for enforcement of mask-wearing and physical distancing
Stage 2	<p>Limit competition to events between teams from the same local geographic area.</p> <ul style="list-style-type: none"> • Limit stadium/gym capacity to no more than 25% in stands (this includes band, cheer, dance). • 6 ft. distancing required in stands and queues • Family units sit together • Advanced ticket sales (online) • Have and implement a plan for enforcement of mask-wearing and physical distancing throughout the event
Stage 3	<p>Limit athletic activities to team-based practice and within-team competition.</p> <ul style="list-style-type: none"> • Practices and competitions should not include participants from other schools/teams. <p>If schools choose to take the additional risk of holding athletic competitions with teams from other schools, it is recommended that:</p> <ul style="list-style-type: none"> • Stadium/gym capacity be limited to no more than 10% of spectators (family members of players and staff only; this includes band, cheer, dance) • Band (percussion), junior and senior cheer, and dance participation be allowed for home team only • Masks be required of staff, spectators, and athletes • 6 ft. distancing be required in stands and lines • Family units sit together • Tickets be sold in advanced (online) • Schools have and implement a plan for enforcement of mask-wearing and physical distancing throughout the event

Stage 4	<p>Do not hold athletic practices or competitions.</p> <p>If schools choose to take the additional risk of holding athletic competitions with teams from other schools, it is recommended that:</p> <ul style="list-style-type: none"> • Schools limit attendance to players, coaches, and parents. • Masks be required of staff, spectators, and athletes • 6 ft. distancing be required in stands and lines • Family units sit together • Tickets be sold in advanced (online) • Schools have and implement a plan for enforcement of mask-wearing and physical distancing throughout the event
Stage 5	<p>Do not hold athletic practices or competitions.</p> <ul style="list-style-type: none"> • Have students perform skill-building drills or conditioning at home, alone, or with family members.



Strength and Conditioning

Vigorous exercise in a confined space (e.g., indoors) may contribute to transmission of COVID-19 and should be limited unless additional protections are in place.

Requirements

- Follow [CDC's guidance on youth sports](#) for more information.
- Clean surfaces on equipment (i.e. benches, barbells, dumbbells, kettlebells, training ropes, medicine balls, pull-up bars, weight bars, etc.) **after individual use**. CDC recommends that a schedule be developed for increased, routine [cleaning and disinfection](#).
- Make sure there are adequate supplies of items to minimize sharing of equipment to the greatest extent possible (e.g., protective gear, balls, bats, water bottles); otherwise, limit the use of supplies and equipment to one group of players at a time and clean and disinfect between use.
- Ensure students practice physical distancing. Ensure any close contact between students during activities is limited and brief.
 - » Space players at least 6 feet apart on the field.
 - » Reduce the capacity of students to as few as possible in order to adhere to physical distancing measures.
 - » Close shared spaces such as locker rooms, if possible; otherwise, stagger use and [clean and disinfect](#) between use.

- » During times when players are not actively participating in practice or competition, attention should be given to maintaining [social distancing](#) by increasing space between players on the sideline, dugout, or bench.
- Whenever possible, conduct activities outdoors.
- [Adaptations and alternatives](#) should be considered whenever possible to increase the feasibility of wearing a cloth face coverings or to reduce the risk of COVID-19 spreading.

Recommendations

- Provide physical guides, such as signs and tape on floors or playing fields, to make sure that coaches and players remain at least 6 feet apart.
- Coaches can encourage athletes to use downtime for individual skill-building work or cardiovascular conditioning, rather than staying clustered together.
- Designate a youth sports program staff person to be responsible for responding to COVID-19 concerns. All coaches, staff, officials, and families should know who this person is and how to contact them.



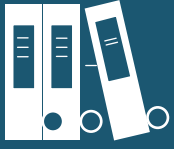
After School Programs

Requirements

- On-campus after-school programs should adhere to the requirements for schools in this document and to the school's or district's health and safety plan.

Recommendations

- When campuses reopen for in-person instruction, to reduce group sizes in after-school programs, families who are able should be encouraged to care for their children at home during the after-school hours or to seek virtual afterschool enrichment programming, rather than enroll in in-person after schools programs.
- Encourage families needing after-school care to consider **on-campus** options before considering off-site locations to minimize the need for additional transportation to other programs and the mixing of children from various schools in a program.
- To minimize the number of children students will come into contact with, after-school programs should divide children into small, stable groups or cohorts (possibly by grade). Avoid mixing of children and adults across groups. To the extent possible, keep groups in separate spaces from other groups. To the extent possible, siblings, especially those close in age, could be grouped together.
- When more than one after-school program is available on a campus, the programs could be encouraged to coordinate so that each program focuses on providing care to children in specific grades.



Procedures to Follow When Individuals Present with COVID-19 Symptoms on Campus

Schools may encounter situations where individuals develop COVID-19 symptoms while on campus.

Requirements

- **Isolate sick people:** Individuals who develop COVID-19 symptoms should be quickly isolated from other students and staff.
 - School districts should have an illness management policy, which includes infection control, to minimize COVID-19 transmission to others. The illness management policy should include the creation of a dedicated isolation area and identification of designated staff, such as a school nurse, to monitor and care for the sick individual until they can be safely transported home or to a healthcare facility. Districts should include the school nursing staff when developing illness management policies.
 - Schools should designate two rooms, when feasible, for patient care.
 - » One room should be designated for healthy students to obtain medications and nursing care (e.g. blood sugar checks and first aid).
 - » The second room will be used only for isolating sick individuals, have disposable or dedicated equipment, and be cleaned according to [CDC Cleaning and Disinfecting guidelines](#) between uses.
 - » Ideally, the isolation area will be vented to the outside to prevent droplets containing the virus from circulating through the rest of the building.
- Individuals who are sick and waiting to go home or to a healthcare facility must wear a face covering, unless an exception in the Face Covering section of this document applies. Refer to the Face Coverings section of this document for additional guidance.
 - [Face coverings](#) should **not** be placed on:
 - » Children younger than 2 years old;
 - » Anyone who has trouble breathing or is unconscious;
 - » Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance;
 - » A child with a significant behavioral or psychological issue undergoing treatment that is exacerbated specifically by a face covering;
 - » A child with severe autism or with extreme developmental delay who may become agitated or anxious wearing a mask; and
 - » A child with a facial deformity that causes airway obstruction.

- ◇ **Note:** In developing plans for placing students with symptoms in an isolation area, schools should be mindful of appropriate safeguards to ensure that students are isolated in a non-threatening manner, with adult supervision, and for very short periods of time. Schools should also be sensitive to the possible development of stigma regarding COVID-19. Schools must maintain the privacy and confidentiality of those seeking healthcare and those who may be part of any contact tracing investigation and notification.
- **Protect school staff:** School staff (e.g., workers, teacher aides, school health staff) who interact with a student who becomes ill while at school should use Standard and Transmission-Based Precautions when caring for sick people. The illness management policy should consider aerosol generating procedures (AGP) in the school setting.
 - » Districts should provide equipment for and training on the use of [Standard and Transmission-based Precautions and Personal Protective Equipment \(PPE\)](#).
- **Standard Precautions** are used to care for all patients in all settings and include:
 - Hand hygiene
 - Environmental cleaning and disinfection
 - Injection and medication safety
 - Risk assessment with use of appropriate personal protective equipment (e.g., gloves, gowns, face masks) based on activities being performed
 - Minimizing potential exposures (e.g. respiratory, hygiene, and cough etiquette)
 - Cleaning and reprocessing of reusable medical equipment between each patient and when soiled (e.g., thermometers, pulse oximeters, stethoscopes)
 - » School staff should maintain separation between clean and soiled equipment to prevent cross contamination.
 - » School staff should consult with and adhere to manufacturer's instructions for cleaning and reprocessing.
 - » Schools should ensure school staff have easy access to the manufacturer's instructions and have been trained on equipment cleaning and reprocessing.
- **Transmission-Based Precautions** are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. School districts should refer to [CDC Infection Control guidance and consider Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) when developing their illness management policies.
- **Provide care guidance for sick students and/or staff:** Schools should send sick individuals home or to a healthcare facility, depending on how severe their symptoms are, and provide CDC guidance for caring for oneself and others who are sick. (See Appendix C for CDC's handout, "[10 things you can do to manage your COVID-19 symptoms at home.](#)")

- » Schools should refer sick individuals to their healthcare provider.
 - » Schools should provide information on quarantine, isolation, and return-to-campus criteria to individuals sent home.
 - » **Note:** If a school needs to call an ambulance or bring a student to the hospital, they should first alert the healthcare staff that the student may have been exposed to someone with COVID-19.
- **Clean and disinfect:** After the student is placed in an isolation area, school staff who work in the isolation area should follow CDC's Considerations for Cleaning and Disinfecting your Building or Facility. (See Appendix D for copies of CDC handout "[Cleaning and Disinfecting in School Classrooms.](#)")
 - » **Note:** Schools should follow the [CDC's "Cleaning and disinfecting your building or facility if someone is sick" guidance](#) and, at a minimum:
 - » Wear a mask and gloves while cleaning and disinfecting.
 - » Close off areas used by the person who is sick and do not use those areas until after cleaning and disinfecting..
 - » Open outside doors and windows to increase air circulation in the area.
 - » Wait as long as possible (at least several hours) before you clean and disinfect.

If less than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, clean and disinfect the space.

If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, cleaning is enough. You may choose to also disinfect depending on certain conditions or everyday practices required by your facility.

If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed.

- » Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls.
- » Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.
 - » While vacuuming, temporarily turn off in-room, window-mounted, or on-wall recirculation heating, ventilation, and air conditioning systems to avoid contamination of HVAC units.
 - » Do NOT deactivate central HVAC systems. These systems provide better filtration capabilities and introduce outdoor air into the areas that they serve.



COVID-19: Who Quarantines, Who Isolates, Who is a Close Contact?

Definitions:

- **Isolation, Close Contacts, and Quarantine:** Schools may receive questions about the differences between and need for quarantine and isolation. Schools should use the latest CDC guidance when addressing these questions. (See Appendix E for a copy of CDC handout, "[COVID-19: Quarantine vs. Isolation](#).")
- **Isolation** is used to separate people infected with COVID-19, the virus that causes COVID-19, from people who are not infected.
 - People who are in isolation should stay home until it's safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).
- **Close Contacts** are any persons who were within 6-feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.
 - The CDC notes that "you are **still considered a close contact even if you were wearing a mask** while you were around someone with COVID-19."
- **Quarantine** is used to keep someone who might have been exposed to COVID-19 away from others. (See Appendices [E](#) through [I](#) for more information on quarantine.)
 - Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.
 - People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state health department or Austin Public Health.
 - [People who have tested positive for COVID-19 within the past 3 months and recovered do not have to quarantine or get tested again as long as they do not develop new symptoms.](#)
 - [People who have been in close contact with someone who has COVID-19 are not required to quarantine if they have been fully vaccinated against the disease and show no symptoms.](#)

Have You Been Fully Vaccinated?

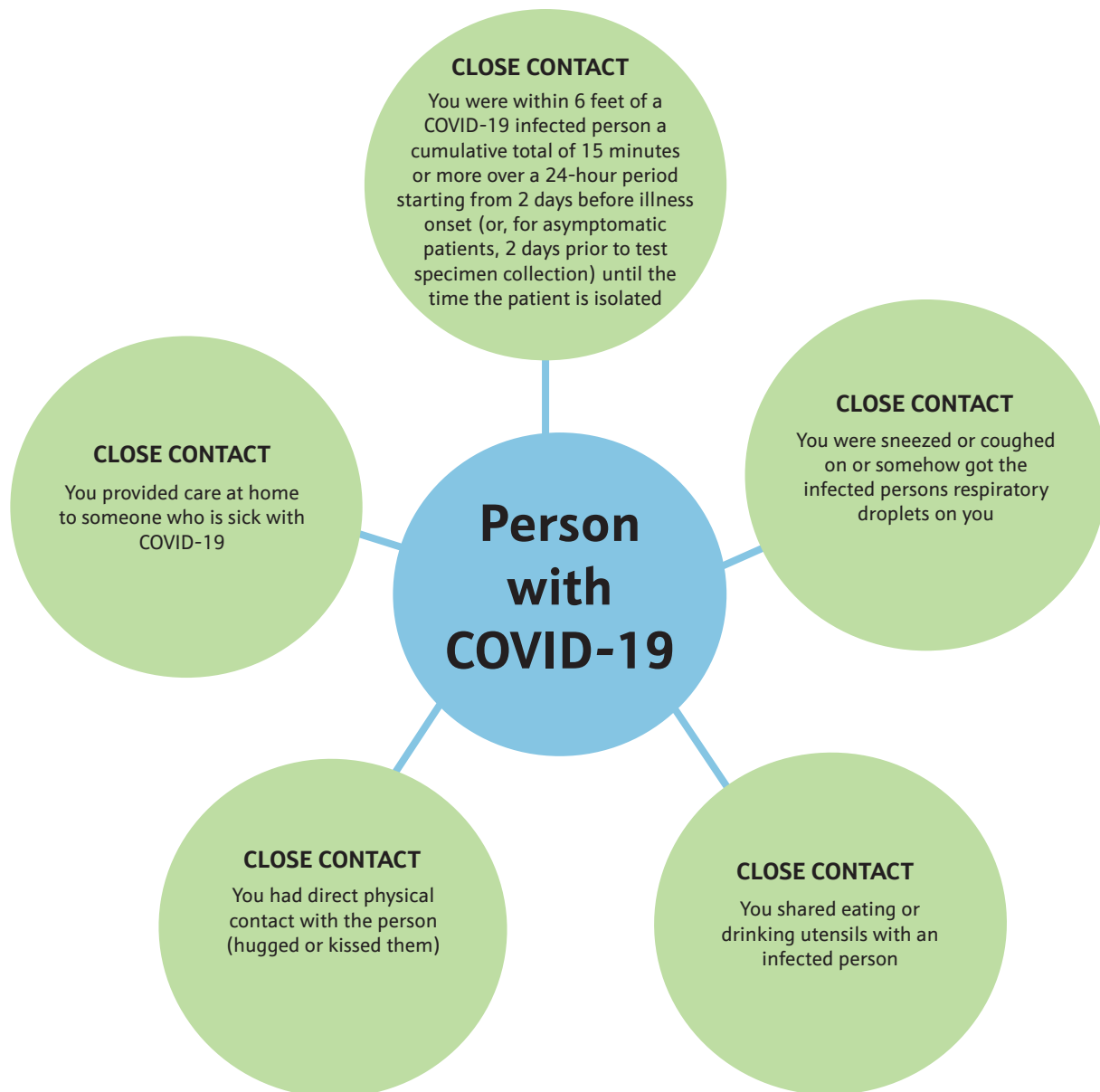
People are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

If it has been less than 2 weeks since your 1-dose shot, or if you still need to get your second dose of a 2 dose vaccine, you are NOT fully protected. Keep taking all [prevention steps](#) until you are fully vaccinated.

Note about contacts of close contacts: Per the CDC, if you have been around someone who was identified as a close contact to a person with COVID-19, you should closely monitor yourself for any symptoms of COVID-19. Regardless of your vaccination status, in this situation you do not need to self-quarantine. However, if COVID-19 symptoms do develop, you should get tested and isolate while waiting for the test results.

Examples of Close Contacts



Close contacts should **QUARANTINE**

Persons with COVID-19 should ISOLATE for 10 days minimum

Who Should Quarantine:*

Asymptomatic people who have been in close contact with someone who has COVID-19 — excluding people who have had COVID-19 within the past 3 months or who are **fully vaccinated**

* See page 40 for individuals who are not required to quarantine

- Stay home for the recommended quarantine period after exposure to a person who has COVID-19
- Monitor your health for 14 days: Watch for fever (100.0°), cough, shortness of breath, or other symptoms of COVID-19
- If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19
- Consult with your healthcare provider
- Even if you test negative for COVID-19 or feel healthy, you should stay home and complete your quarantine period

Who Should Isolate:

- People who have symptoms of COVID-19 and are able to recover at home
- People who have no symptoms (are asymptomatic) but have tested positive for infection with COVID-19

- Notify your healthcare provider
- Stay home except to get medical care
- Monitor your symptoms. If you have an emergency warning signs (including trouble breathing), seek emergency medical care immediately
- Stay in a separate room from other household members and use a separate bathroom, if possible
- Avoid contact with other members of the household and pets.
- Don't share personal household items, like cups, towels, and utensils
- Wear a cloth face covering when around other people, if you are able to

Please refer to the flow charts on pages 49-51 for return to campus recommendations



Reporting and Notification Procedures to Follow Regarding COVID-19 Positive Individuals on Campus

Schools may encounter situations where individuals were on campus and later tested positive for COVID-19.

Reporting and Notification of COVID-19 Diagnoses

Public health surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice. Continued tracking of COVID-19 infection among children is important to characterize morbidity and mortality.

COVID-19 data can be used to help public health professionals, policy makers, and health care providers monitor the spread of COVID-19 in the United States and support better understanding of illness, disease severity, effectiveness of community interventions, and social disruptions associated with COVID-19 in the U.S. These data help inform U.S. national, state, local, tribal, and territorial public health responses to COVID-19.

Requirements

- **Notify their local health department when a student or staff member is diagnosed with COVID-19.**
 - » Individual schools should follow their district's policy for notifying their district when a student or staff member is diagnosed with COVID-19.
 - » School districts, charter schools, and private schools must submit cumulative weekly case totals to Austin Public Health. If your district/school is not yet connected to Austin Public Health for reporting cases, call the Nurse Line at 512-972-5560 to report and get connected.
 - » As soon as a district/school becomes aware of three or more cases on campus within a week, this should be reported to Austin Public Health through a call to the Nurse Line.
- **When the school is notified of a COVID-19 infected individual, a designated staff member should review the individual's class schedule and seating charts to identify the close contacts of the lab-confirmed COVID-19 individual.**
 - » Schools should establish procedures that allow school staff to quickly determine when a lab-confirmed COVID-19 individual was last on campus.
 - » **Close contacts** are the students, teachers, staff, and any others who were within 6 feet from the individual with COVID-19 for a total of 15 minutes or more beginning 2 days before the individual with COVID-19 became symptomatic (or, for asymptomatic individuals, 2 days prior to specimen collection) until the time of isolation. Schools should consider the following example settings in determining [close contacts](#):
 - Classrooms
 - Lunchrooms
 - Athletic teams and other extracurricular activities
 - After-school care and other events
 - School-sponsored transportation

- » All classrooms, cafeterias, and school transportation (e.g. buses, vans) should have assigned seating to facilitate the rapid identification of close contacts. Schools are encouraged to maintain those seating charts in a central location (e.g., central office, shared online site) for ease of availability.
 - Schools should notify the close contacts of their potential exposure to COVID-19 and advise those contacts to quarantine. The close contacts should not return to campus until the quarantine period has ended. Refer to pages 42-44 for return to campus criteria.
 - For more information on quarantine, refer to Appendices E through I. Schools may find it useful to provide one or more of these documents as informational handouts for individuals needing to quarantine.
- » Schools should also follow their district protocols for notifying close contacts.
- **Schools must identify the classrooms and areas** the lab-confirmed COVID-19 individual was in and follow CDC's "Cleaning and disinfecting your building or facility if someone is sick." Schools should, at a minimum:
 - » Wear a mask and gloves while cleaning and disinfecting.
 - » Close off areas used by the person who is sick and do not use those areas until after cleaning and disinfecting..
 - » Open outside doors and windows to increase air circulation in the area.
 - » Wait as long as possible (at least several hours) before you clean and disinfect.

If less than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, clean and disinfect the space.

If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, cleaning is enough. You may choose to also disinfect depending on certain conditions or everyday practices required by your facility.

If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed.

- » Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls.
- » Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.
- » While vacuuming, temporarily turn off in-room, window-mounted, or on-wall recirculation heating, ventilation, and air conditioning systems to avoid contamination of HVAC units.
- » - Do NOT deactivate central HVAC systems. These systems provide better filtration capabilities and introduce outdoor air into the areas that they serve.

- **Schools must follow all privacy guidelines** when identifying close contacts and notifying individuals of potential exposure to COVID-19.

Contact Tracing

Contact tracing is used to prevent the spread of infectious disease. In general, contact tracing involves identifying people who have an infectious disease (cases) and their contacts (people who may have been exposed) and working with them to interrupt disease transmission. For COVID-19, this includes asking cases to isolate and contacts to quarantine. Schools can let families know that the local health department may reach out to close contacts as part of contact tracing efforts. Cooperating with the local health department will help prevent further COVID-19 spread in the community.

When Can a Person who is Quarantining Return to Campus?

The CDC notes that a 14 day quarantine is the most protective. The also CDC recognizes that in some circumstances a 14 day quarantine can cause financial hardship and personal burdens that may affect physical and mental health. The CDC and Austin Public Health provide options for a shorter quarantine in some cases. See Appendix [H](#) about these options. **School districts and schools may choose to continue requiring a full 14-day quarantine period.**

Regardless of the length of quarantine, individuals should wear a mask, watch their distance, and wash their hands for the full 14 days following an exposure, even within their own household. It is essential that close contacts closely monitor their health for a full 14 days to ensure that they are not developing symptoms of COVID-19. If individuals develop COVID-19 symptoms while in quarantine, they should contact their healthcare provider and follow the "When Can a Person who is Isolating Return to Campus?" guidance below.

When Can a Person who is Isolating Return to Campus?

Symptomatic individuals who do not receive a COVID-19 test or clinical evaluation should isolate until all three conditions have been met:

- At least 10 days since symptoms first appeared, AND
- At least 24 hours with no fever without fever-reducing medication, AND
- Symptoms have improved

Austin Public Health recommends that schools refer to the following three flow charts when making return-to-school decisions about individuals who receive a COVID-19 test.

- The first flow chart offers guidance on return to school for individuals who receive an **initial PCR test**, regardless of whether or not they are symptomatic.
- The second flow chart offers guidance on return to school for **symptomatic** individuals who receive an **initial rapid antigen test**.
- The third flow chart offers guidance on return to school for **asymptomatic** individuals who receive an **initial rapid antigen test**.

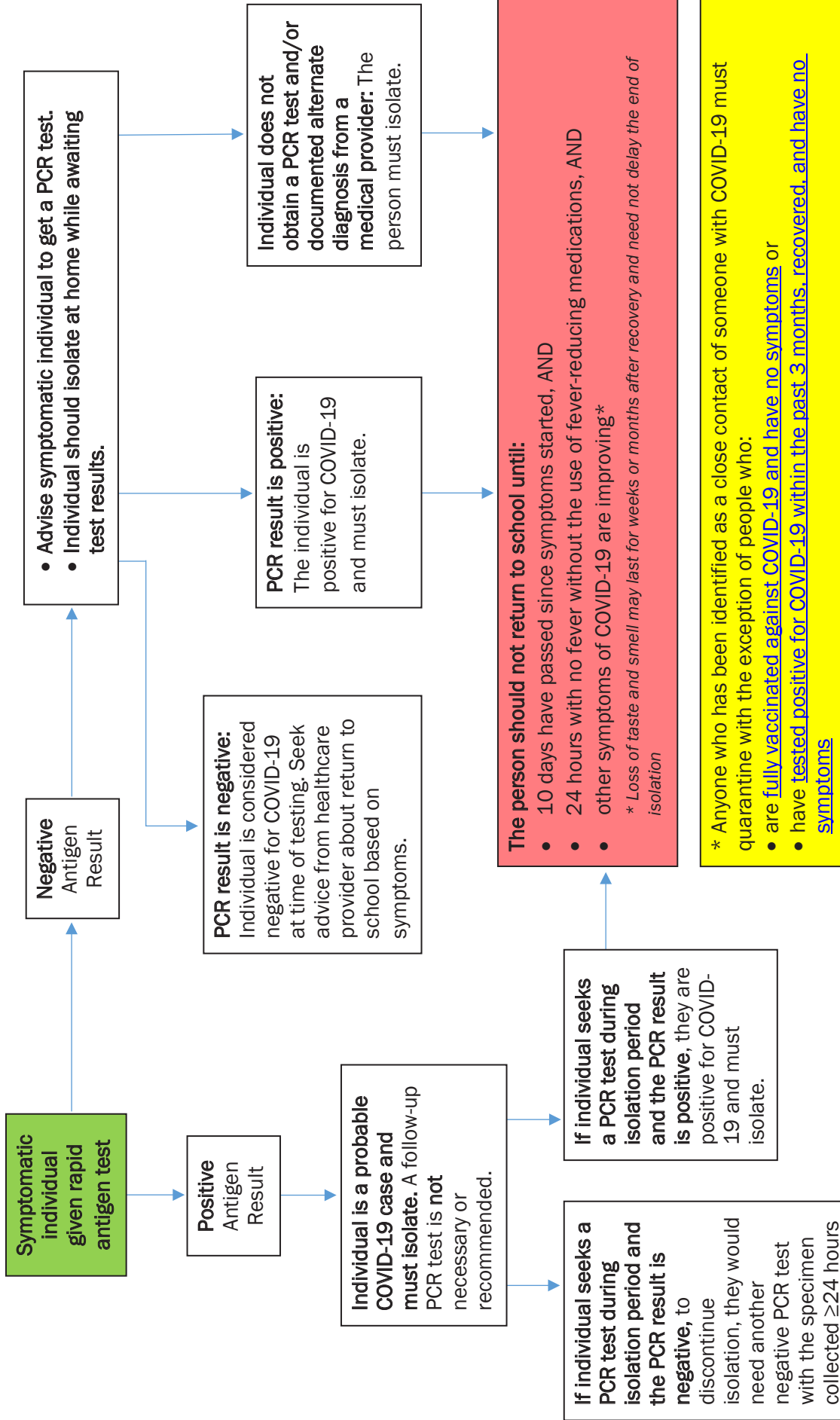
When Can a Person who is Isolating Return to Campus?" section: Schools could share the "COVID-19 Physician Letter for Students" created by the Texas Medical Association (TMA) with families and encourage them to take a copy to COVID-19-related medical appointments and ask the healthcare provider to fill it out. A printable version of the letter can be found in Appendix J.

The University Interscholastic League requires athletes who have tested positive for COVID-19 to be cleared for progression back to activity by an approved health care professional. See Appendix K for the Texas Medical Association's "Physician Guidance for Return to Play Clearance for Athletes Aged 18 and Younger."

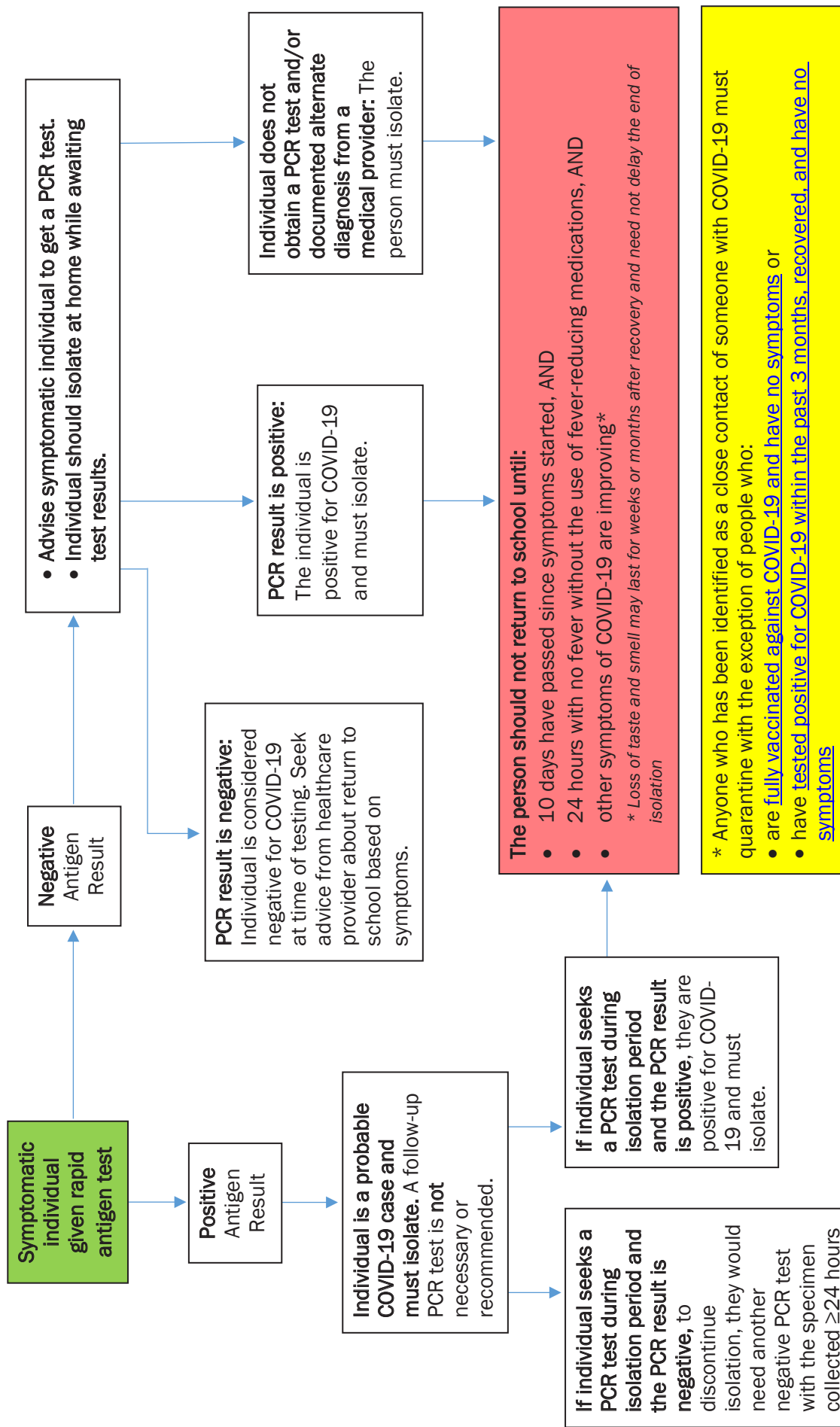


Austin Public Health Interim Guidance on Return to School for SYMPTOMATIC Individuals* Given a Rapid Antigen Test

3/26/2021



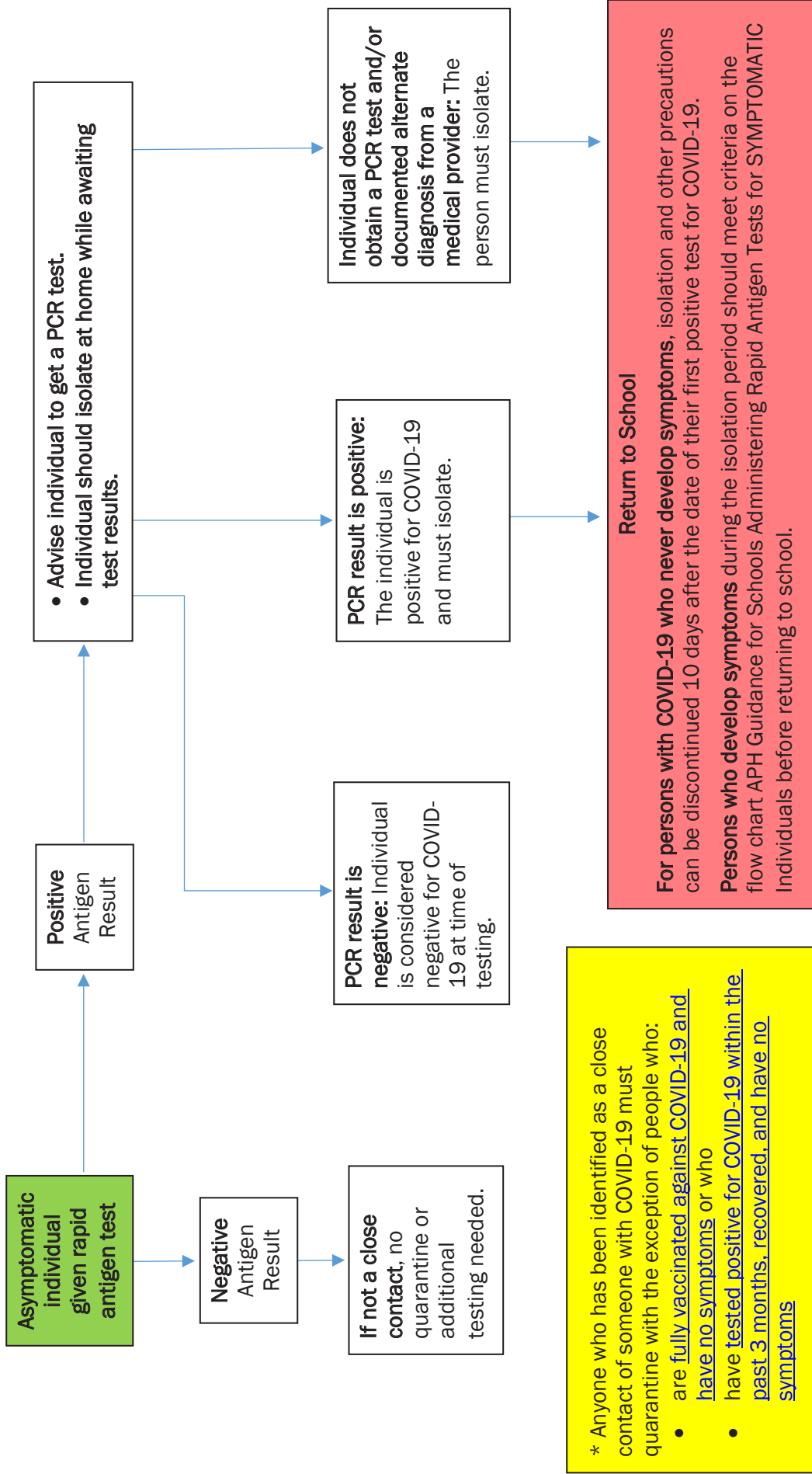
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Austin Public Health Interim Guidance on Return to School for ASYMPTOMATIC Individuals* Given a Rapid Antigen Test

3/26/2021



* Anyone who has been identified as a close contact of someone with COVID-19 must quarantine with the exception of people who:

- are fully vaccinated against COVID-19 and have no symptoms or who
- have tested positive for COVID-19 within the past 3 months, recovered, and have no symptoms



Opening and Closing Schools

School districts should consider a number of factors when making the decision to close a school(s):

- The level of community transmission;
- Whether cases have been identified among students and staff;
- Whether the number of students and/or staff out of school due to quarantine/isolation impacts school operations
- Other indicators that local public health officials are using to assess the status of COVID-19 in their area; and
- Whether student and staff cohorts have been implemented within the school, which would allow for the quarantining of affected cohorts/classrooms rather than full school closure.

Schools may need to temporarily close classrooms or dismiss school. Closures may occur on a classroom, hallway, grade, wing, or building level, depending upon the extent of an outbreak and its associated contacts.

If there is substantial transmission in the local community, Austin Public Health may suggest extended school dismissals (e.g., dismissals for longer than two weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community.

Schools may use the Decision-Making Protocol for Responses to Multiple COVID-19 Cases in a School on pages 53-54 to guide decisions on when to close classrooms and/or schools.

A. Decision-Making Protocol for Responses to COVID-19 Cases in a School

PREVENTION MEASURES

EXPECTED in ALL SITUATIONS:



Cloth face coverings



Social distancing



Hand hygiene

Cohort students & staff into small groups that remain together over time as much as possible

District representatives should contact Austin Public Health for guidance, as needed.

For EVERY Identified Case

- Districts should assist local health departments with contact tracing efforts
- Following local health departments guidance, close contacts should not return to the building until the 14-day quarantine period has passed.

Has the individual been on campus or at school activities since 48h prior to the onset of symptoms?

YES

Can all **CLOSE CONTACTS** be identified?

YES

NO

Close CLASSROOM (S)* for a minimum of 48[†] hours for cleaning and disinfecting

- Exclude case for *minimum* 10-day isolation
- Exclude close contacts for 14-day quarantine

Reopen CLASSROOM (S) and/or affected area(s)

- Identified close contacts must complete the 14-day quarantine before returning to campus
- Reinforce prevention measures
- Eliminate large gatherings

Close AFFECTED AREA(S)* (section, hallway, grade, or building depending on degree of involvement) where the case spent time for a minimum of 48[†] hours for cleaning and disinfection

- Exclude case for *minimum* 10-day isolation
- Exclude close contacts for 14-day quarantine

Reopen AFFECTED AREA *

- Reinforce prevention measures
- Eliminate large gatherings
- Identified close contacts must complete the 14-day quarantine before returning to campus

*When case has been in multiple locations, each location will need to close for cleaning and disinfecting

† Wait at least 24H before cleaning and disinfecting

For district closures, district administrators are strongly encouraged to include local, regional, and/or state public health officials in any discussions.

A **CLOSE CONTACT** is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

Adapted from TN Departments of Health and Education "COVID-19 Case Response Rubric"



B. Decision-Making Protocol for Responses to Multiple COVID-19 Cases in a School

PREVENTION MEASURES

EXPECTED in ALL SITUATIONS:



Cloth face coverings



Social distancing



Hand hygiene

Cohort students & staff into small groups that remain together over time as much as possible

District representatives should contact Austin Public Health for guidance, as needed.

CLUSTER: for **THREE or more UNLINKED** cases
no common classes, friend group(s), teammates,
or household members

OUTBREAK: for **THREE or more LINKED** cases
common classes, friend group(s), teammates

Are cases within a
physical **CLASSROOM**
space or relatively
confined area?

YES

YES

Can all
CLOSE
CONTACTS
be easily
identified?

YES

NO

NO

YES

NO

Are school
officials confident
that all
CLOSE
CONTACTS
have been
identified?

YES

NO

Increasing number of cases
identified within a 14-day period

For district closures, district administrators are strongly encouraged to include local, regional, and/or state public health officials in any discussions.

A **CLOSE CONTACT** is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

Refer to p. A, "Decision-Making Protocol for Responses to COVID-19 Cases in a School"
Also see section below, "Increasing number of cases identified within a 14-day period"

CLOSE affected area[†] (section, hallway, grade, or building depending upon degree of involvement) for 14 days

- Identified close contacts must quarantine for 14 days
- Reinforce prevention measures
- Eliminate large gatherings

† Wait at least 24H before cleaning and disinfecting.

Refer to p. A, "Decision-Making Protocol for Responses to COVID-19 Cases in a School"
Consider a partial or complete building closure for 14 days if exposure is widespread.

Close BUILDING[†] for 14 days and perform deep cleaning and disinfection

- All possible close contacts must quarantine for 14 days
- † Wait at least 24H before cleaning and disinfecting.

When reopening BUILDING:

- Identified close contacts must quarantine for 14 days
- Reinforce prevention measures
- Eliminate large gatherings

† Wait at least 24H before cleaning and disinfecting.



Signage, Communication, and Combatting Misinformation

Requirements

- Disseminate COVID-19 information and combat misinformation through multiple channels to students, families, teachers, and staff. Ensure that families have access to communicate with appropriate staff at the school with questions and concerns.
- Put up signs, posters, and fliers at main entrances and in key areas throughout school buildings and facilities to remind students and staff to use face coverings, wash hands, and stay six feet apart whenever possible. Teach students who cannot yet read what the signs mean.

Recommendations

- Make reliable, [age-appropriate](#), and culturally responsive information available to students, families, teachers, and staff about COVID-19 prevention and mitigation strategies, using methods such as sharing resources through social media, newsletters that include videos, hosting online webinars, or distributing printed materials like FAQs.
- Ensure all COVID-19 information, signage posted, and education is distributed and readily available to students and families in their primary language.
- Share regular announcements on reducing the spread of COVID-19 on PA systems.
- Refer students and families to [ConnectATX](#) and [2-1-1](#) for community resources.
- Schools can also visit this web site – <http://austintexas.gov/page/basic-needs-support> – for printable fliers and more information about basic needs resources and assistance for families in need.
- Include messages and updates about stopping the spread of COVID-19 in routine communications with students, families, teachers, and staff, such as in newsletters, emails, and online.
- Involve students and families in outreach by collaborating with the PTA or other local groups/ organizations to support disseminating important information on COVID-19.
- Make use of posters and signage available from [CDC print resources](#) including the following posters and signs for younger and older children:
 - » [K-12 Students: Did You Wash Your Hands?](#)
 - » [K-12 Students: Don't Feel Well? Stay Home When You Are Sick](#)
 - » [K-12 Students: Keep Space Between You and Others](#)
 - » [K-12 Students: Don't Let Your Germs Go for a Ride](#)
 - » [K-12 Students: Class Rules](#)
 - » [Handwashing Is Your Superpower](#) - Fight off germs. Wash your hands.

- » [Symptoms of Coronavirus \(COVID-19\)](#)
 - » [Stop the Spread- Preventive actions to help protect yourself and others](#)
 - » [Cover Coughs and Sneezes](#) - Educate children on how to stop the spread of germs
 - » [Wear a Cloth Face Covering to Protect You and Your Friends](#) – Fact sheet for young people on how to put on and take off a face covering.
 - » [Slow the Spread of COVID-19](#) - Fact sheet for high school students telling them how to reduce the spread of COVID-19
 - » [Protect Yourself and Others from COVID-19](#) – Fact sheet for high school students telling them how to protect themselves from COVID-19
 - » [Symptoms of Coronavirus](#)
 - » [Stay Safe On And Off The Field](#) - Sports banner to educate players on how to stay safe on and off the field
 - » [Keep Youth Athletes Safe](#) – Follow these tips to reduce the spread of COVID-19 in youth sports
 - » [Checklist for Coaches](#) - Help protect players and staff from COVID-19
- Combat stigma:
 - » Maintain the privacy and confidentiality of those seeking healthcare and those who may be part of any contact investigation.
 - » Correct negative language that can cause stigma by sharing accurate information about how the virus spreads.
 - » Make sure that images used in communications show diverse communities and do not reinforce stereotypes.
 - » Speak out against negative behaviors and statements.

A Note on Sources

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Appendices

Appendix A- Vital Strategies "[Protecting and Educating Our Children During the COVID-19 Pandemic](#)" factsheet

Appendix B- Screening for COVID-19 chart

Appendix C- CDC "[10 things you can do to manage your COVID-19 symptoms at home](#)" handout

Appendix D- CDC "[Cleaning and Disinfecting in School Classrooms](#)" handout

Appendix E- CDC "[COVID-19: Quarantine vs. Isolation](#)" handout

Appendix F- APH "How to Quarantine" handout

Appendix G- APH "When and How Long to Quarantine- 14 days" handout

Appendix H- APH "When and How Long to Quarantine- 14, 10, & 7 day options" handout

Appendix I- APH "[How Long to Quarantine](#)" flowchart

Appendix J- Texas Medical Association "COVID-19 Physician Letter for Students"

Appendix K- Texas Medical Association "[Physician Guidance for Return to Play Clearance for Athletes Aged 18 and Younger](#)"

Appendix L- Massachusetts Department of Elementary and Secondary Education "Example Bus Seating Configurations and Capacity Estimates"

Appendix A- Vital Strategies
*"Protecting and Educating Our
Children During the COVID-19
Pandemic" factsheet*

COVID-19



JULY 2020

Protecting and Educating Our Children During the COVID-19 Pandemic



About Us

Vital Strategies is a global public health organization working in 70+ countries to strengthen public health systems. Resolve to Save Lives, an initiative of Vital Strategies, aims to prevent at least 100 million deaths from cardiovascular disease and epidemics.

More information at
PreventEpidemics.org
ResolveToSaveLives.org
VitalStrategies.org

There is still so much we don't know about COVID-19, but we have important decisions to make. The question of whether and how to re-open schools this fall is one of the most difficult decisions.

Schools are essential to the educational and social development of children and the functioning of the economy. As places where large groups of people gather and mix indoors, they are also a place where the virus can spread. Available evidence suggests that children may be somewhat less likely to become infected with COVID-19 and to spread it to others. If children do get infected, they are definitely much less likely to get seriously ill. **But reopening schools can only be done if COVID-19 is under control in the community, schools make adjustments to protect the safety of students, their families, teachers and staff, and all involved prepare for cases to occur in the school community.**

With careful planning and precautions, we can make schools safer and increase the likelihood that schools will open ... and stay open. There are eight basic safety measures to follow:

1 Shield the most vulnerable: Anyone with underlying health conditions should participate remotely and not return to school in person unless there is little or no community transmission.

2 Reduce risk whenever possible: Reduce the number of surfaces touched (e.g., keep hallway doors open) and forgo large assemblies and choir. Close cafeterias; students should instead eat in classrooms.



3 Keep the virus out: Schools should forbid non-essential visits and require everyone who enters to wash their hands (or apply hand sanitizer) on entry and mask up. No one should come to school when sick, and every person who works at the school should have paid sick leave.

4 Reduce occupancy, especially indoors: Keep students physically apart. Consider alternate day or alternate week schedules to reduce crowding, especially of older students. Rearrange classrooms by orienting desks in the same direction instead of facing each other. Whenever conditions allow, hold class outdoors.

5 Reduce mixing among students and staff: Divide students and staff into smaller cohorts or “pods” which stay together throughout the day. Close staff break rooms and limit in-person interactions among adults.

6 Mask up: Students, teachers, and staff should all mask up throughout the day, and schools might consider monitoring and reward systems to encourage mask-wearing.



7 Implement new health and safety protocols: Install handwashing and sanitizing stations and increase cleaning during and at the end of the school day, and of buses. Limit sharing of supplies.

8 Prepare for cases: Despite precautions, there will inevitably be COVID-19 cases. Schools must function as if the virus could arrive at any moment and be ready to respond and provide ongoing education when it does. Responding quickly and effectively can prevent cases from growing into large outbreaks.

Resolve to Save Lives has produced detailed answers to frequently asked questions on reopening schools, [available here](#).

*Appendix B- Screening
for COVID-19 chart*

Screening for COVID-19

NO FLAGS

Proceed to school



CLOSE CONTACT
OF A COVID-
POSITIVE PERSON

Cannot go to school



- Close contacts are any persons, whether wearing a face covering or not, who were within 6 feet of a COVID-19 infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection until the time the patient is isolated. *

DIAGNOSED
COVID-19 CASE,
NO SYMPTOMS

Cannot go to school



- Home for 10 days since first positive COVID-19 test

AT LEAST
1 SYMPTOM

Cannot go to school



- Fever (temperature greater than or equal 100.0°)
- Chills
- Sore throat
- Cough
- Shortness of breath or difficulty breathing
- Muscle or body ache
- Headache
- New loss or taste or smell
- Nausea, vomiting, or diarrhea
- Fatigue
- Congestion or runny nose

* People who have been in close contact with someone who has COVID-19 are not required to quarantine if they have been fully vaccinated against the disease and show no symptoms. People who have tested positive for COVID-19 within the past 3 months and recovered do not have to quarantine or get tested again as long as they do not develop new symptoms.

Appendix C- CDC *"10 things you
can do to manage your COVID-19
symptoms at home"* handout

10 things you can do to manage your COVID-19 symptoms at home

Accessible Version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you have possible or confirmed COVID-19:

1. **Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



6. **Cover your cough and sneezes.**



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



3. **Get rest and stay hydrated.**



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a cloth face covering.



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



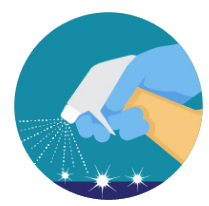
9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CS315822-A 05/11/2020

Appendix D- CDC "*Cleaning and Disinfecting
in School Classrooms*" handout

Cleaning and Disinfecting in School Classrooms

Cleaning and disinfecting are key to limiting exposure to germs and maintaining a safe environment during the COVID-19 pandemic. Reduce the spread of germs by keeping surfaces clean and reminding students of the importance of hand hygiene.

The Difference Between Cleaning and Disinfecting

- ✓ **Cleaning** reduces germs, dirt, and impurities from surfaces or objects and works by using soap (or detergent) and water to physically remove germs from surfaces.
 - Cleaning of surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses.
- ✓ **Disinfecting** kills (or inactivates) germs on surfaces or objects. Disinfecting works best by using chemicals, as directed, on surfaces after they've been properly cleaned.

Which Disinfectant Products Should I Use?

You can use any EPA-approved disinfectant against COVID-19. Visit [epa.gov/listn](https://www.epa.gov/listn) or scan the QR code with your smart phone to check EPA's list of approved disinfectants.



Where Should I Clean and Disinfect?

Clean and disinfect frequently touched surfaces and objects within the classroom. Check compatibility for products for use on electronic devices.

Consider cleaning surfaces and object including but not limited to:

- ☐ Door handles and knobs
- ☐ Desks and chairs
- ☐ Cabinets, lockers, and bookshelves
- ☐ Shared computer keyboards and mice
- ☐ Trash bins
- ☐ Light switches
- ☐ Pencil sharpener handles
- ☐ Sinks and surrounding areas
- ☐ Countertops
- ☐ Whiteboards or chalkboards
- ☐ Shared electronics such as printers
- ☐ Other shared learning materials

When Should I Clean and Disinfect?

Clean and disinfect frequently touched surfaces at least daily or between use by different students. Limit the use of shared objects when possible, or clean and disinfect between use.

Options for cleaning and disinfection include:

- ☐ In the morning before students arrive
- ☐ Between classes (if students change rooms and while students are not present)
- ☐ Between use of shared surfaces or objects
- ☐ Before and after food service
- ☐ Before students return from recess or breaks
- ☐ After students leave for the day



Store cleaning and disinfection products out of the reach of students. Cleaning and disinfection products should not be used by or near students, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.



CS319611-B 08/06/2020

cdc.gov/coronavirus

Appendix E- CDC "*COVID-19:*
Quarantine vs. Isolation" handout

COVID-19: Quarantine vs. Isolation

QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.



If you had close contact with a person who has COVID-19



- Stay home until 14 days after your last contact.



- Check your temperature twice a day and watch for symptoms of COVID-19.



- If possible, stay away from people who are at higher-risk for getting very sick from COVID-19.

ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.



If you are sick and think or know you have COVID-19



- Stay home until after
 - At least 10 days since symptoms first appeared **and**
 - At least 24 hours with no fever without fever-reducing medication **and**
 - Symptoms have improved



If you tested positive for COVID-19 but do not have symptoms



- Stay home until after
 - 10 days have passed since your positive test



If you live with others, stay in a specific “sick room” or area and away from other people or animals, including pets. Use a separate bathroom, if available.



Appendix F- APH "How to Quarantine"
handout

How to Quarantine

Your child is a close contact of a person who has tested positive for COVID-19. **For this reason, your child should quarantine.** Quarantine is used to keep someone *who might have been exposed to COVID-19* away from others. This helps lower the chance of spreading COVID-19. **People in quarantine should stay home, separate themselves from others, and monitor their health.**

Per the CDC, a [close contact](#) is “Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.”

Complete the Quarantine Period

The quarantine period starts the day your child was last exposed to the COVID-19 positive person. **Your child should quarantine even if they feel healthy.** A person can have COVID-19 without feeling sick or having any symptoms, and can still spread it to others.

The CDC notes that a 14-day quarantine is the most protective. However, the CDC recognizes that in some circumstances a 14-day quarantine can cause financial hardship and personal burdens that may affect physical and mental health. The CDC and Austin Public Health provide options for a shorter quarantine in some cases. See the [How Long to Quarantine](#) flowchart about those options.

What a Person in Quarantine Should Do

- Stay home after exposure to a person who has COVID-19.
 - Children should not go to school or to child care in person.
 - Do not go to sports practices, games, lessons, or other activities.
- Stay home unless you absolutely need to travel outside your home. If you must leave home:
 - Wear a face covering that covers your nose and mouth
 - Limit contact with others
 - Stay 6 feet away from others
 - Avoid going places where there are many people such as stores and movie theaters
- Do not have visitors in your home.
- Stay away from others, especially people who are at [higher risk](#) for getting very sick from COVID-19, if you can.
- Watch for signs and symptoms of COVID-19 for a full 14 days.
 - [Symptoms](#) include fever (100.0°F or higher), chills, cough, sore throat, shortness of breath, trouble breathing, fatigue, headache, congestion or runny nose, muscle or body aches, new loss of taste or smell, nausea or vomiting, diarrhea.
 - **If you have [emergency warning signs](#) like trouble breathing or chest pain, get emergency medical care immediately.**
- Consult with your healthcare provider and visit the CDC website (www.cdc.gov/coronavirus) to learn more about COVID-19 and [quarantine](#).
- Find out about free lodging for those who cannot safely self-isolate due to COVID-19 [here](#) under the heading “Isolation Facility.”

How to Quarantine

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

If your child develops symptoms, contact your healthcare provider for further guidance.

Anyone who has been identified as a close contact of someone with COVID-19 **must quarantine**, with the exception of people who:

- are fully vaccinated against COVID-19 and have no symptoms or who
- have tested positive for COVID-19 within the past 3 months, recovered, and have no symptoms

COVID-19: Quarantine vs. Isolation

QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.



If you had close contact with a person who has COVID-19



- Stay home until 14 days after your last contact.



- Check your temperature twice a day and watch for symptoms of COVID-19.



- If possible, stay away from people who are at higher-risk for getting very sick from COVID-19.

ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.



If you are sick and think or know you have COVID-19



- Stay home until after
 - At least 10 days since symptoms first appeared **and**
 - At least 24 hours with no fever without fever-reducing medication **and**
 - Symptoms have improved



If you tested positive for COVID-19 but do not have symptoms



- Stay home until after
 - 10 days have passed since your positive test



If you live with others, stay in a specific "sick room" or area and away from other people or animals, including pets. Use a separate bathroom, if available.

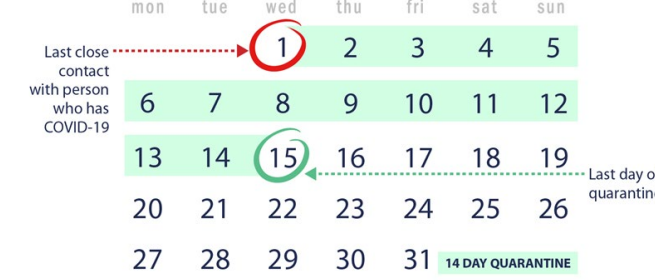

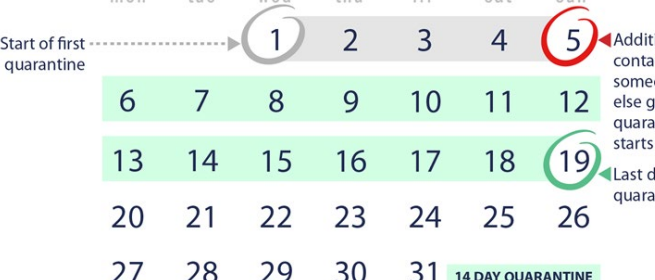



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cdc.gov/coronavirus

*Appendix G- APH "When and How Long
to Quarantine- 14 days" handout*

When and How Long to Quarantine

Scenario 1: You are the close contact of someone who has COVID-19—you will not have further close contact	Scenario 1: Quarantine Timeline = Date of last close contact with person who has COVID-19 + 14 days
<ul style="list-style-type: none"> Example 1: I had close contact with someone who has COVID-19 and will not have further contact or interactions with the person while they are sick (e.g., co-worker, neighbor, or friend). In example 1, your last day of quarantine is 14 days from the date you had close contact. 	 <p><i>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</i></p>
Scenario 2: You had close contact with someone who has COVID-19—you live with the person but can avoid further close contact	Scenario 2: Quarantine Timeline = Date person with COVID-19 began home isolation + 14 days
<ul style="list-style-type: none"> Example 2: I live with someone who has COVID-19 (e.g., roommate, partner, family member), and that person has isolated by staying in a separate bedroom. I have had no close contact with the person since they isolated. In example 2, your last day of quarantine is 14 days from when the person with COVID-19 began home isolation. 	 <p><i>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</i></p>
Scenario 3: You are under quarantine and had additional close contact with someone with COVID-19	Scenario 3: Quarantine Timeline = Date of additional close contact with person who has COVID-19 + 14 days
<ul style="list-style-type: none"> Example 3: I live with someone who has COVID-19 and started my 14-day quarantine period. While I am quarantining, what if I have another close contact with the person who is sick or another household member gets sick with COVID-19? Do I need to restart my quarantine? In example 3, yes, you will have to restart your quarantine from the last day you had close contact with anyone in your house who has COVID-19. Any time a new household member gets sick with COVID-19 and you had close contact, you will need to restart your quarantine. 	 <p><i>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</i></p>
Scenario 4: You live with someone who has COVID-19 and you cannot avoid continued close contact	Scenario 4: Quarantine Timeline = Date the person with COVID-19 ends home isolation + 14 days
<ul style="list-style-type: none"> Example 4: I live in a household where I cannot avoid close contact with the person who has COVID-19. I am providing direct care to the person who is sick, don't have a separate bedroom to isolate the person who is sick, or live in close quarters where I am unable to keep a physical distance of 6 feet. In this example, you should avoid contact with others outside the home while the person is sick, and quarantine for 14 days after the person who has COVID-19 meets the criteria to end home isolation. 	 <p><i>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</i></p>



How is Close Contact Defined?

The [CDC defines a close contact](#) as:

Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).*

For Anyone Who Has Been Around a Person with COVID-19

Anyone who has had close contact with someone with COVID-19 should stay home for 14 days **after their last exposure** to that person.

However, anyone who has had close contact with someone with COVID-19 and who meets the following criteria does NOT need to stay home:

- Has been fully vaccinated against COVID-19 **and** shows no symptoms, OR
- Has been ill with COVID-19 within the previous 3 months **and** has recovered **and** remains without COVID-19 symptoms (for example, cough, shortness of breath)

When You Can be Around Others After You Had or Likely Had COVID-19

I think or know I had COVID-19, and I had symptoms:

You can be around others after:

- 10 days since symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications **and**
- Other symptoms of COVID-19 are improving*

Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

Note that these recommendations **do not** apply to persons with severe COVID-19 or with severely weakened immune systems (immunocompromised). These persons should follow the guidance below for **“I was severely ill with COVID-19 or have a severely weakened immune system (immunocompromised) due to a health condition or medication. When can I be around others?”**

**Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation*

I tested positive for COVID-19 but had no symptoms:

If you continue to have no symptoms, you can be with others after 10 days have passed since you had a positive viral test for COVID-19. Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

If you develop symptoms after testing positive, follow the guidance above for **“I think or know I had COVID-19, and I had symptoms.”**

I was severely ill with COVID-19 or have a severely weakened immune system (immunocompromised) due to a health condition or medication. When can I be around others?

People who are severely ill with COVID-19 might need to stay home longer than 10 days and up to 20 days after symptoms first appeared. [Persons who are severely immunocompromised](#) may require testing to determine when they can be around others. Talk to your healthcare provider for more information. If testing is available in your community, it may be recommended by your healthcare provider. Your healthcare provider will let you know if you can resume being around other people based on the results of your testing. Your doctor may work with [an infectious disease expert or your local health department](#) to determine whether testing will be necessary before you can be around others.

Links to CDC References:

[When to Quarantine](#); [When You Can be Around Others After You Had or Likely Had COVID-19](#); [Close Contact](#)



3/26/2021



*Appendix H- APH "When and How Long
to Quarantine- 14, 10, & 7 day options"
handout*

When and How Long to Quarantine

Scenario 1: You are the close contact of someone who has COVID-19—you will not have further close contact

- Example 1:** I had close contact with someone who has COVID-19 and will not have further contact or interactions with the person while they are sick (e.g., co-worker, neighbor, or friend).
- In example 1,** your last day of quarantine is 14 days from the date you had close contact.

Note: The calendars on this page show how to complete a 14-day quarantine. See information on the next page about when to end a 10 or 7-day quarantine.

Scenario 1: Quarantine Timeline =
Date of last close contact with person who has COVID-19 + 14 days



Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

Scenario 2: You had close contact with someone who has COVID-19—you live with the person but **can** avoid further close contact

- Example 2:** I live with someone who has COVID-19 (e.g., roommate, partner, family member), and that person has isolated by staying in a separate bedroom. I have had no close contact with the person since they isolated.
- In example 2,** your last day of quarantine is 14 days from when the person with COVID-19 began home isolation.

Scenario 2: Quarantine Timeline =
Date person with COVID-19 began home isolation + 14 days



Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

Scenario 3: You are under quarantine and had additional close contact with someone with COVID-19

- Example 3:** I live with someone who has COVID-19 and started my 14-day quarantine period. While I am quarantining, what if I have another close contact with the person who is sick or another household member gets sick with COVID-19? Do I need to restart my quarantine?
- In example 3,** yes, you will have to restart your quarantine from the last day you had close contact with anyone in your house who has COVID-19. Any time a new household member gets sick with COVID-19 and you had close contact, you will need to restart your quarantine.

Scenario 3: Quarantine Timeline =
Date of additional close contact with person who has COVID-19 + 14 days

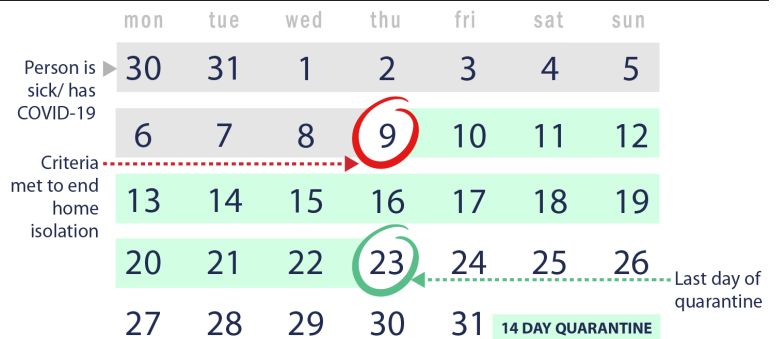


Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

Scenario 4: You live with someone who has COVID-19 and you cannot avoid continued close contact

- Example 4:** I live in a household where I cannot avoid close contact with the person who has COVID-19. I am providing direct care to the person who is sick, don't have a separate bedroom to isolate the person who is sick, or live in close quarters where I am unable to keep a physical distance of 6 feet.
- In this example,** you should avoid contact with others outside the home while the person is sick, and quarantine for 14 days after the person who has COVID-19 meets the **criteria to end home isolation**.

Scenario 4: Quarantine Timeline =
Date the person with COVID-19 ends home isolation + 14 days



Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.



How is Close Contact Defined?

The [CDC defines a close contact](#) as:

Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).*

For Anyone Who Has Been Around a Person with COVID-19

Anyone who has had close contact with someone with COVID-19 **must quarantine**. The CDC notes that a 14-day quarantine is the most protective. For some, a 14-day quarantine can cause financial hardship and personal burdens that may affect physical and mental health. The CDC and Austin Public Health (APH) provide options for a shorter quarantine in some cases. See the [APH "How Long to Quarantine" flowchart](#) about these options.

- **Day 1 of quarantine always begins the day after your last close contact with the person who has COVID-19.** (So, if the day of your last exposure to the COVID-positive person was Monday, the first day of your quarantine is Tuesday.)
- **14-day quarantine-** End your quarantine on day 15
- **10-day quarantine-** End your quarantine on day 11
- **7-day quarantine-** End your quarantine on day 8
- **If you develop COVID-19 symptoms during quarantine,** contact your healthcare provider and follow the "I think or know I had COVID-19, and I had symptoms" guidance below

However, a close contact who meets the following criteria does NOT need to stay home:

- Has been fully vaccinated against COVID-19 **and** shows no symptoms, OR
- Has been ill with COVID-19 within the previous 3 months **and** has recovered **and** remains without COVID-19 symptoms (for example, cough, shortness of breath)

When You Can be Around Others After You Had or Likely Had COVID-19

I think or know I had COVID-19, and I had symptoms:

You can be around others after:

- 10 days since symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications **and**
- Other symptoms of COVID-19 are improving*

Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

Note that these recommendations **do not** apply to persons with severe COVID-19 or with severely weakened immune systems (immunocompromised). These persons should follow the guidance below for "**I was severely ill with COVID-19 or have a severely weakened immune system (immunocompromised) due to a health condition or medication. When can I be around others?**"

**Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation*

I tested positive for COVID-19 but had no symptoms:

If you continue to have no symptoms, you can be with others after 10 days have passed since you had a positive viral test for COVID-19. Most people do not require testing to decide when they can be around others. However, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results. If you develop symptoms after testing positive, follow the guidance above for "**I think or know I had COVID-19, and I had symptoms.**"

Links to CDC References:

[When to Quarantine](#); [When You Can be Around Others After You Had or Likely Had COVID-19](#); [Close Contact](#)

Appendix I- APH "*How Long to
Quarantine*" flowchart

How Long To Quarantine



Close contact with COVID-19 infection?

* High-Risk Settings

- Long-term care facilities
- Residential facilities
- Jails and detention centers



10-day symptom-free quarantine or 7-day symptom-free quarantine and a negative test*** on or after the 5th day



No



Are you a
• healthcare worker or
• first responder?



No



Do you live or work
• in a high-risk setting,* or
• with someone who is at increased risk** for severe disease?



Yes

Were masks worn at the time of exposure?



No

Note

Practice wearing a mask, washing your hands and watching your distance for the full 14 days following your last exposure, even within your household.



Yes



7-day symptom-free quarantine and negative test*** on or after the 7th day

*** Tests

PCR or Rapid Antigen

If you test*** positive for COVID-19 self-isolate for:

- 10 days since symptoms first appeared and
- 24 hours with no fever without the use of fever-reducing medications and
- Other symptoms of COVID-19 are improving****

****Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.

** Individuals With Increased Risk

- Persons > 65 years of age
- Persons with underlying conditions:
 - ♦ Cancer
 - ♦ Chronic kidney disease
 - ♦ Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - ♦ Immunocompromised state (weakened immune system) from solid organ transplant
 - ♦ Chronic Obstructive Pulmonary Disease (COPD)
 - ♦ Obesity (body mass index [BMI] of 30 kg/m² or higher but <40 kg/m²)
 - ♦ Severe obesity (BMI >40 kg/m²)
 - ♦ Pregnancy
 - ♦ Sickle cell disease
 - ♦ Smoking
 - ♦ Type II diabetes mellitus

See additional conditions from the [CDC](#).



APH Austin Public Health
PREVENT. PROMOTE. PROTECT.

Published 12/10/2020
Guidelines are subject to change.

*Appendix J- Texas Medical Association
"COVID-19 Physician Letter for Students"*



NOTICE TO PHYSICIANS

COVID-19 Return-to-School Letter for Students

This publication is intended for general informational purposes only. The information provided in this publication does not constitute legal or medical advice and does not ensure a successful outcome. This publication does not substitute for your own professional judgment or the judgment of other clinicians in your practice.

The Texas Medical Association (TMA) provides this information with the express understanding that 1) no attorney-client relationship exists, 2) neither TMA nor its attorneys are engaged in providing legal advice and 3) the information is of a general character. This is not a substitute for the advice of an attorney. Although TMA has attempted to present materials that are accurate and useful, some material may be outdated and TMA shall not be liable to anyone for any inaccuracy, error or omission, regardless of cause, or for any damages resulting therefrom. Any forms are only provided for the use of physicians in consultation with their attorneys.

COVID-19 PHYSICIAN LETTER FOR STUDENTS

Practice Name: _____ Phone: _____

Student Name: _____ Date of Birth: _____ Grade: _____

Date sent home or first day kept home from school: _____

This student has been evaluated by a physician due to symptoms consistent with COVID-19 or exposure to a person with COVID-19. The student's status and conditions for return to school are marked below. Return-to-school conditions are based on current Centers for Disease Control and Prevention (CDC) guidelines and are intended to complement school policy. Return-to-school conditions may change based on new guidelines, symptoms, exposures, or results. Parent/guardian has been instructed to notify the school and physician of changes to the student's symptoms, exposures, or results.

If testing is PENDING, the physician should complete the form only after results are available. Notify parent or guardian that student may not return while a test is pending and must quarantine at home until results are available.

Status (Check only ONE)	COVID-19 Testing ¹	Test Result	Is student symptomatic?	RETURN-TO-SCHOOL CONDITIONS
<input type="checkbox"/>	N/A	N/A	N/A	Student has had close contact² with someone confirmed to have COVID-19 and must quarantine for 14 days from the date of last contact unless a positive COVID test is noted below.
<input type="checkbox"/>	Not performed	N/A	Yes, <i>but other source determined</i>	Student may return to school 24 hours after fever ³ has resolved, other symptoms have improved, and the other source of symptoms is resolved. <i>Other symptom source (optional):</i> _____
<input type="checkbox"/>	Not performed	N/A	Yes, source undetermined	Student may return to school 24 hours after fever ³ has resolved and other symptoms have improved, after a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	PCR or Antigen	—	Yes, <i>but other source determined</i>	Student may return to school 24 hours after fever ³ has resolved, other symptoms have improved, and the other source of symptoms is resolved. <i>Other symptom source (optional):</i> _____
<input type="checkbox"/>	PCR	—	Yes, source undetermined	Student's constellation of symptoms is significant enough to be still considered at risk and may not return to school until 24 hours after fever ³ has resolved and other symptoms have improved for a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	PCR	—	Yes, source undetermined	Student's negative test result indicates symptoms are unlikely to be due to COVID-19. Student may return to school 24 hours after fever ³ has resolved and other symptoms have improved.
<input type="checkbox"/>	Antigen	—	Yes, source undetermined	Student still considered at risk and may not return to school until 24 hours after fever ³ has resolved and other symptoms have improved, with a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	PCR or Antigen	+	Yes, source is presumed COVID-19	Student must stay home until 24 hours after fever ³ has resolved and other symptoms have improved, with a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	PCR or Antigen	+	No, student is asymptomatic	Student must stay home for 10 days from the date of the test. If symptoms develop, the student must THEN stay home until 24 hours after fever ³ resolves and other symptoms have improved, with a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	Other comments:			

Earliest date this student may return to school: _____ Today's date: _____

Physician name: _____ Parent or guardian name: _____

Physician signature: _____ Parent or guardian signature: _____

¹ Antibody testing cannot diagnose current COVID-19 infection and should not be used to determine conditions for a student's return to school.

² CDC defines close contact as the following:

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more (regardless if either person was wearing a mask).
- You provided care at home to someone who is sick with COVID-19.
- You had direct physical contact with the person (hugging or kissing).
- You shared eating or drinking utensils.
- Someone sneezed, coughed, or somehow got respiratory droplets on you.

³ Fever is defined as $\geq 100^{\circ}\text{F}$. Fever is resolved if a student's temperature is below 100°F for 24 hours WITHOUT the use of medication. If fever was never present, all other guidelines must still be followed.

Appendix K-Texas Medical Association
*"Physician Guidance for Return to Play Clearance
for Athletes Aged 18 and Younger"*

PHYSICIAN GUIDANCE FOR RETURN TO PLAY CLEARANCE FOR ATHLETES AGED 18 AND YOUNGER



Many youth in Texas participate in some form of athletics, organized sports, or other exercise of moderate or vigorous intensity.¹ SARS-CoV-2, the novel coronavirus causing the COVID-19 pandemic, presents unique health issues that should be considered prior to a young athlete's return to sports and exercise.

While most youth infected with SARS-CoV-2 have mild symptoms or remain asymptomatic, the infection can cause direct injury or inflammation to the myocardium and lung tissue, especially in patients with moderate or severe disease including those that require hospitalization. Cardiopulmonary concerns from COVID-19 arise from data in severely ill adult patients; approximately 1 in 5 hospitalized patients suffer from cardiac, pulmonary, thromboembolic (clotting) complications, and/or unknown long-term effects.

Evidence remains limited on the prevalence and risks of complications in children and adolescents who have had a milder form of the illness. While the incidence of myocarditis is lower in pediatric populations compared to adults, myocarditis is known to be a cause of sudden death during exercise in young athletes.

RETURN TO PLAY GUIDANCE FOR PHYSICIANS

Based on currently available evidence, health care professionals evaluating children for Return to Play (RTP) after COVID-19 infection should observe the following recommendations, depending on disease severity.

ASYMPTOMATIC OR MILD

Fewer than 4 days of fever above 100.4°F, short duration of myalgia, chills, and lethargy²

Asymptomatic or mild illness in the pediatric population does not require cardiac testing during acute infection, but children should be evaluated by a physician prior to returning to athletics, organized sports, or other exercise.

Physical exam should include a cardiac screen for myocarditis/myocardial ischemia (answer ALL questions below):

▪ Chest pain/tightness with exercise	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
▪ Unexplained syncope/near syncope	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
▪ Unexplained/excessive dyspnea with exertion	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
▪ Unexplained/excessive fatigue with exertion	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
▪ New palpitations	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
▪ New heart murmur on exam	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If the history or physical exam is concerning for myocarditis as indicated by YES to any question, a child should receive a 12-lead electrocardiogram (EKG) with rhythm strip to assess arrhythmia prior to clearance. If an abnormal EKG result is obtained, the youth should be referred to a pediatric cardiologist for further evaluation.

¹ Centers for Disease Control and Prevention [Physical Activity Guidelines for Americans, 2nd Edition](#) defines moderate-intensity activities as requiring 3.0 to 5.9 metabolic equivalents of task (METs). Vigorous-intensity activities are defined as requiring 6.0 METs or more. Refer to [General Physical Activities Defined by Level of Intensity](#) and [Youth Compendium of Physical Activities](#) for examples of physical activities generally classified as moderate to vigorous.

MODERATE

More than 4 days of fever above 100.4°F, myalgia, chills, or lethargy or those who had a non-ICU hospital stay and no evidence of MIS-C²

Young athletes with moderate disease should have a standard 12-lead EKG before being cleared to return to athletics or exercise. An abnormal EKG should prompt the physician to refer the patient to a pediatric cardiologist to evaluate for possible myocarditis before clearing the young athlete to return to athletics or exercise. The American Academy of Pediatrics currently recommends an ECG and cardiology consult after symptom resolution for all children recovered from moderate disease.² Abnormal results during this evaluation may prompt further evaluation for possible myocarditis with repeat troponin and/or cardiac MRI before clearing the young athlete to return to athletics or exercise.

SEVERE

ICU stay and/or intubation, or multisystem inflammatory syndrome in children (MIS-C)²

Young athletes who had severe COVID-19 disease requiring hospitalization, evidence of myocarditis and/or were diagnosed with MIS-C, should **NOT** be cleared to return to any athletics or exercise for 3 to 6 months post-infection and must be cleared by a pediatric cardiologist.

RETURN TO PLAY PROGRESSION

Once cleared by a physician, youth athletes may initiate **RTP progression**^{3,4} when the following is met:

- At least 14 days have passed from the date of positive COVID-19 test, if asymptomatic.
- At least 14 days have passed from the date of resolution of symptoms, if mild disease.
- At least 14 days have passed from the date of resolution of symptoms for moderate disease **AND** should have a **NORMAL EKG with rhythm strip** once symptom free for 14 days.

RTP progression is a six-step process that includes a series of graduated exercises of increasing physical exertion performed over several days.⁵ Progression through the six RTP stages permits assessment of recovery progress. Difficulty with progression may indicate need for further evaluation.

It is important for a young athlete's parent(s) and coach(es) to watch for symptoms such as chest pain, chest tightness, shortness of breath, palpitations, lightheadedness, and pre-syncope or syncope after each day's RTP progression activity. A young athlete should only move to the next step if they do not have any new symptoms at the current step. If any of these symptoms develop, they should not be allowed to continue the exercises and should be reevaluated by a physician.

Young athletes must complete the progression without development of symptoms to be allowed to fully return to play sports. An athlete's return to play progression should be monitored by a certified athletic trainer if available, and if not available, by another non-coach adult who is responsible for compliance with the school's Return to Play protocol. If symptoms develop, the patient should be referred to the evaluating physician who signed the form.

2 American Academy of Pediatrics. (2020). [COVID-19 Interim Guidance: Return to Sports](#). Accessed Dec. 16, 2019.

3 Dean PN, Jackson LB, Paridon SM. [Returning To Play After Coronavirus Infection: Pediatric Cardiologists' Perspective](#). July 14, 2020. Accessed Dec. 16, 2020.

4 Maron BJ, Udelson JE, Bonow RO, et al. Eligibility and disqualification recommendations for competitive athletes with cardiovascular abnormalities: task force 3: hypertrophic cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy and other cardiomyopathies, and myocarditis. *J Am Coll Cardiol* 2015;66:2362–71

5 Elliott N, Martin R, Heron N, Elliott J, Grimstead D, & Biswas A. (2020). Infographic. Graduated return to play guidance following COVID-19 infection. *British journal of sports medicine*, 54(19), 1174-1175.

RETURN TO PLAY AFTER COVID-19 INFECTION IN PEDIATRIC PATIENTS



Physicians Caring for Texans



**Pediatric Patient
With History of
COVID-19 Infection
and Asymptomatic
14 Days or More**

**Asymptomatic or
Mild Symptoms**

Clear for
Participation

**Moderate Symptoms
(No Hospitalization or
Cardiac Symptoms)**

EKG With Rhythm Strip
Prior to Participation

**Normal
EKG**

Clear for
Participation

**Abnormal
EKG**

NO SPORTS
Until Evaluation
by Pediatric
Cardiologist

**Concerns of
Myocarditis**

**Severe Symptoms,
Including Cardiac
(Hospitalized, MIS-C or
Evidence of Myocarditis)**

Exercise/Sport
Restriction for 3 to 6
Months

**Should be cleared
by pediatric cardiologist*

ADAPTED BY PHYSICIAN MEMBERS OF THE
TMA SCHOOL REOPENING WORKGROUP FROM:

Dean PN, Jackson LB, Paridon SM. [Returning To Play
After Coronavirus Infection: Pediatric Cardiologists'
Perspective](#). July 14, 2020. Accessed Dec. 16, 2020.

Maron BJ, Udelson JE, Bonow RO, et al. Eligibility
and disqualification recommendations for competitive
athletes with cardiovascular abnormalities: task force
3: hypertrophic cardiomyopathy, arrhythmogenic right
ventricular cardiomyopathy and other cardiomyopathies,
and myocarditis. J Am Coll Cardiol 2015;66:2362-71

RETURN TO PLAY FORM A

COVID-19 MEDICAL CLEARANCE

For Physician Use

Per the University Interscholastic League, if an athlete has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care professional (MD/DO/APRN/PAC).

Athlete's name: _____ DOB: _____

Date of (+) COVID-19 test: _____ Date of Symptom Onset: _____

Date of Symptom Resolution _____ Date of Evaluation: _____

MEDICAL CLEARANCE

Criteria to return (Please check below as applies)

- ☐ Athlete was not hospitalized due to COVID-19 infection **AND**
- ☐ At least 14 days have passed since resolution of symptoms **OR**
- ☐ If asymptomatic, At least 14 days have passed since date of positive test **OR**
- ☐ **All cardiac screen questions negative for myocarditis/myocardial ischemia**

<input type="checkbox"/> Chest pain/tightness with exercise	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<input type="checkbox"/> Unexplained syncope/near syncope	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<input type="checkbox"/> Unexplained/excessive dyspnea with exertion	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<input type="checkbox"/> Unexplained/excessive fatigue with exertion	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<input type="checkbox"/> New palpitations	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<input type="checkbox"/> New heart murmur on exam	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

NOTE TO PHYSICIAN: If moderate disease **OR** any cardiac screening question is positive, further workup is indicated: 12 lead EKG with rhythm strip (at minimum), echocardiogram, cardiology consult, chest x-ray, spirometry, chest CT, cardiac magnetic resonance (CMR)

Athletes with severe disease who were hospitalized or diagnosed with MIS-C, should NOT return to play for 3 to 6 months and should be cleared by pediatric cardiologist.

- ☐ Athlete **HAS** satisfied the above criteria and **IS** cleared to start the return to activity progression.
- ☐ Athlete **HAS NOT** satisfied the above criteria and **IS NOT** cleared to return to activity.

Additional Comments/Recommendations:

Medical Office Information (Please Print/Stamp):

Physician Name/Signature: _____

Office Address: _____ Office Phone: _____

RETURN TO PLAY **FORM B**

COVID-19 MEDICAL CLEARANCE

For Athletic Trainer Use

Athlete Name: _____ DOB: _____

Student ID#: _____ Sport: _____

Date of Positive COVID-19 Test: _____ Date of Medical Clearance: _____

- Student-athlete (SA) must have medical clearance from COVID-19 on file to initiate Return to Play Progression.
- An athlete's Return to Play Progression should be monitored and recorded on this form by a certified athletic trainer (AT) if available, and if not available, by another non-coach adult who is responsible for compliance with the school's Return to Play protocol.
- SA must complete the progression below without development of chest pain, chest tightness, palpitations, light-headedness, pre-syncope, or syncope. If these symptoms develop, patient should be referred to the evaluating physician who signed Form A.

STAGE 1: (TWO DAYS MINIMUM) Light activity (walking, stationary bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

DAY 1 | Date: _____ Pass: _____ Fail: _____ AT INITIALS: _____ SA INITIALS: _____

DAY 2 | Date: _____ Pass: _____ Fail: _____ AT INITIALS: _____ SA INITIALS: _____

STAGE 2: (ONE DAY MINIMUM) Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.

Date: _____ Pass: _____ Fail: _____ AT INITIALS: _____ SA INITIALS: _____

STAGE 3: (ONE DAY MINIMUM) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.

Date: _____ Pass: _____ Fail: _____ AT INITIALS: _____ SA INITIALS: _____

STAGE 4: (ONE DAY MINIMUM) Normal training activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.

Date: _____ Pass: _____ Fail: _____ AT INITIALS: _____ SA INITIALS: _____

STAGE 5: (ONE DAY MINIMUM) Return to team activities, strength & conditioning, skill work, and non-contact practice.

Date: _____ Pass: _____ Fail: _____ AT INITIALS: _____ SA INITIALS: _____

STAGE 6: Return to team activities and full team practice.

Student is cleared for full participation by school athletic trainer (minimum seven days spent on RTP):

Athletic Trainer: _____ Date: _____

NOTICE: This document provides general information regarding COVID-19 and returning to play. It does not constitute medical advice and does not substitute for the advice of your physician. Consulting your personal physician is recommended in order to take into consideration your medical condition and individual circumstances. You should not rely on this information when dealing with personal health matters; rather medical advice from your personal physician should be sought.

This publication is not intended to establish medical standards of care for the purposes of litigation, including expert testimony. The standard of care is dependent upon the particular facts and circumstances of each individual case and no generalization can be made that would apply to all cases.

Although the Texas Medical Association (TMA) has attempted to present materials that are accurate and useful, some material may be outdated when you read it and TMA shall not be liable to anyone for any inaccuracy, error, or omission, regardless of cause, or for any damages resulting therefrom.

Certain links provided with this information connect to websites maintained by third parties. TMA has no control over these web sites. Inclusion of such links does not constitute an endorsement, approval, or sponsorship by TMA of the third party.

LAST UPDATED DECEMBER 16, 2020

*Appendix L- Massachusetts Department
of Elementary and Secondary Education
"Example Bus Seating Configurations
and Capacity Estimate*

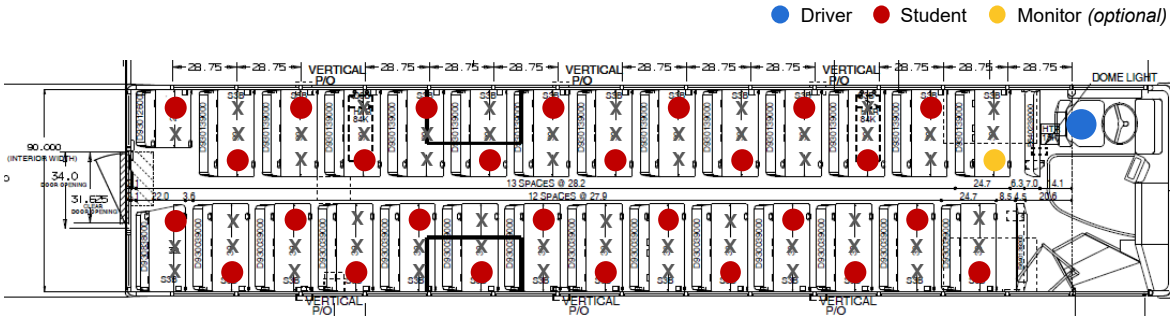
Example Bus Seating Configurations and Capacity Estimates

Source: Massachusetts Department of Elementary and Secondary Education,
Fall Reopening Transportation Guidance, July 22, 2020

Bus Model: 83-passenger bus

Max. capacity with physical distancing requirements: 27 passengers (33% full capacity)

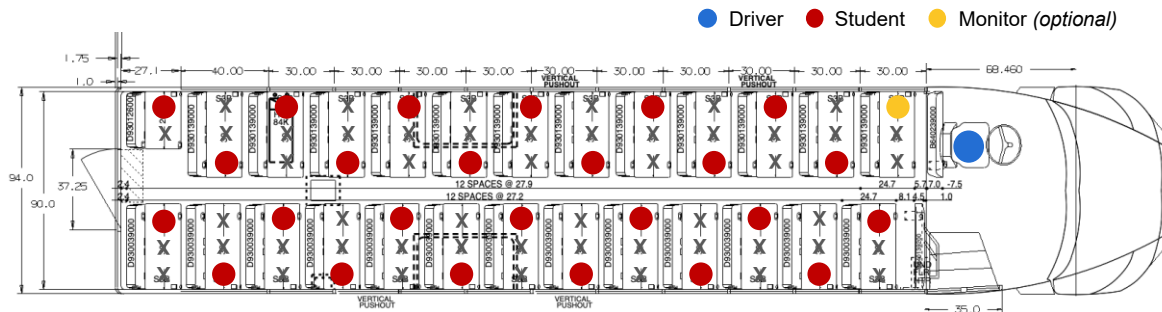
Seat map configuration:



Bus Model: 77-passenger bus

Max. capacity with physical distancing requirements: 25 passengers (32% full capacity)

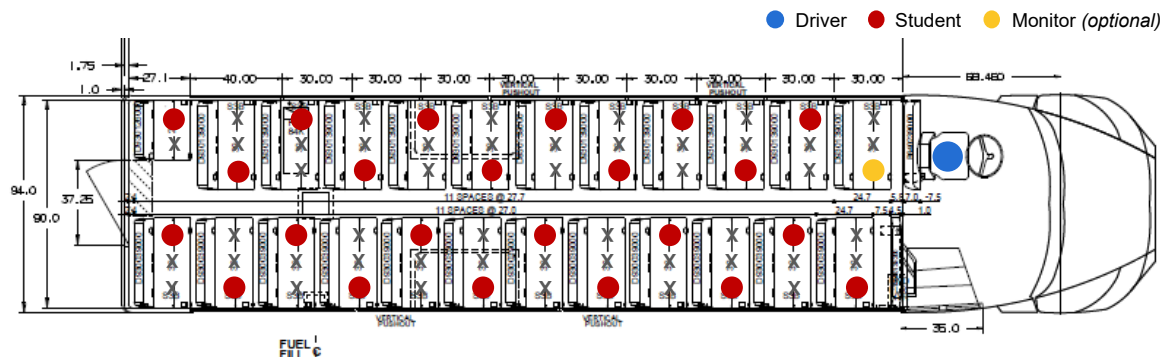
Seat map configuration:



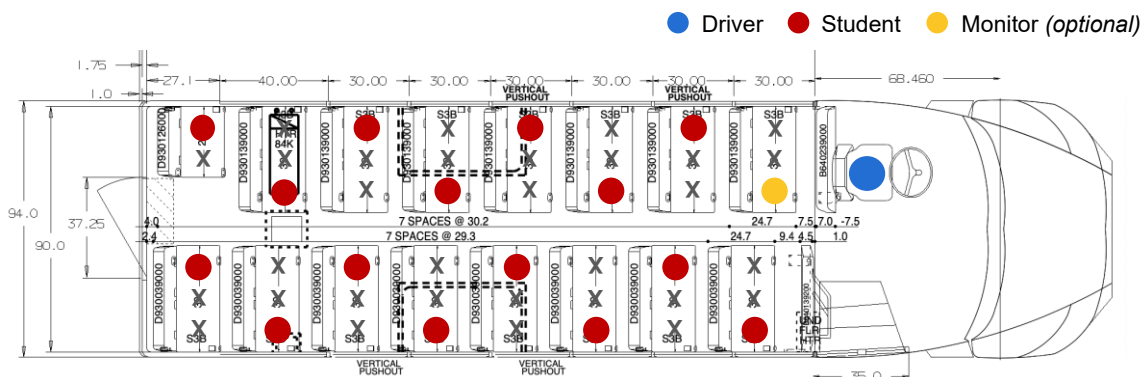
Bus Model: 71-passenger bus

Max. capacity with physical distancing requirements: 23 passengers (32% full capacity)

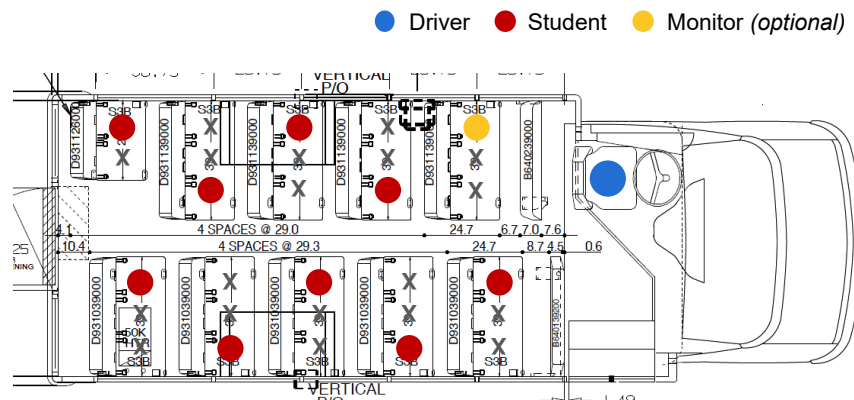
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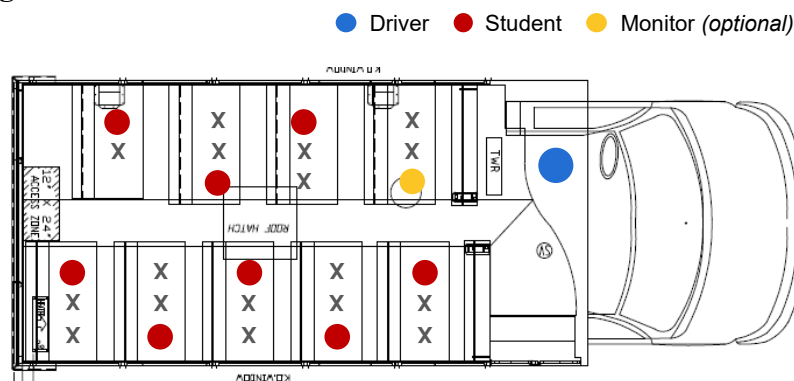
Seat map configuration:



Seat map configuration:



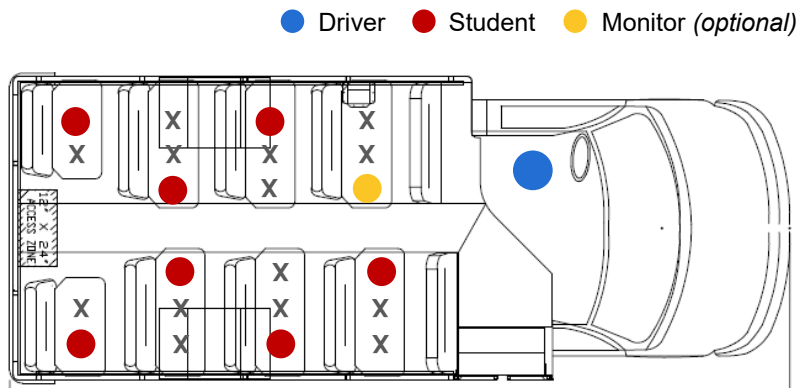
Seat map configuration:



Bus Model: 22-passenger bus

Max. capacity with physical distancing requirements: 7 passengers (32% full capacity)

Seat map configuration:



Bus Model: 14-passenger bus

Max. capacity with physical distancing requirements: 6 passengers (43% full capacity)

Seat map configuration:

