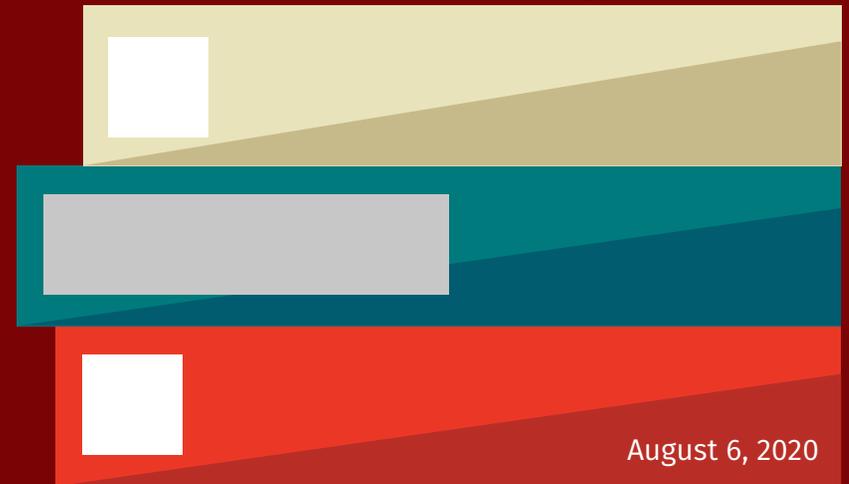


Safely Returning to In-Person Instruction



ARIZONA DEPARTMENT
OF HEALTH SERVICES

August 6, 2020

Introduction

Aside from a child's home, no other setting has more influence on a child's health and well-being than their school. The school environment helps with the following:

- Provides education instruction;
- Supports the development of social and emotional skills;
- Creates a safe environment for learning;
- Addresses nutrition needs;
- And facilitates physical activity.

After the early closure of schools during the 2019-2020 school year in response to the COVID-19 pandemic, local education agencies (LEAs), schools, and universities have been preparing to reopen schools for in-person instruction. The Arizona Department of Education (ADE) and Arizona Department of Health Services (ADHS) have partnered in the development of guidance to support the safe reopening of school buildings. The [Roadmap for Reopening Schools](#), released in June 2020, provides LEAs and schools the guidance necessary to create plans to reopen schools while reducing the risk of transmission among students and staff. This document, Benchmarks for Safely Returning to In-Person Instruction, is designed to be used in conjunction with the Roadmap for Reopening Schools.

The level of COVID-19 transmission in the community is an important factor in determining when it is safe to begin in-person instruction. The experiences of other countries have indicated that reopening schools may be low risk in communities with low transmission rates. Despite children having similar viral loads in their upper airways as adults, there appears to be a lower risk that children under 10 with COVID-19 will transmit to household members, compared to children 10 or older and adults. Both large-scale epidemiological surveys and smaller analyses of household clusters suggest that younger children are less likely to infect the adults in their household with COVID than vice versa. Based on contact-tracing studies performed early in the epidemic, little evidence has been found of efficient transmission in school settings. While children, particularly those under 10, may not amplify transmission within the school setting, special attention should be given to prevent staff-to-staff transmission.

Schools are required to begin distance learning at the beginning of their academic calendar. Developed at the request of the education community, the benchmarks included herein should be used as a guide, in consultation with [Local Health Departments](#), to determine when it is safe to return to in-person instruction. As communities begin meeting benchmarks, school districts should follow the health protocols set forth in the [Roadmap for Reopening Schools](#). Reopening schools is complicated, as is providing helpful guidance for a virus we are still learning about. What each school decides must be specific to its needs and circumstances. Guidance to schools may change as our understanding of the virus evolves, and more scientific evidence becomes available.

Benchmarks

There are two key components to reopening school buildings for in-person instruction. First is the quality of the school’s mitigation plan, or the “how”. This plan outlines strategies the school will implement to reduce the spread of COVID-19 among students and staff upon reopening school buildings regardless of the building is open for [onsite support services](#) or in-person instruction. This plan must be adopted, implemented, and posted on the LEA’s website before onsite support services may begin. The second is the level of spread occurring within the community, or the “when”. Both the school’s individual mitigation plan as well as degree of community spread are equally important in determining when it is safe to reopen a school building.

The CDC defines community spread as follows:

Minimal community spread: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting

Moderate Community Spread: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases

Substantial Community Spread: Large scale, controlled community transmission, including communal settings (e.g., schools, workplaces)

The ADHS further defines community spread levels with the thresholds outlined below. These thresholds are consistent with the national standards set by the Coronavirus Task Force.

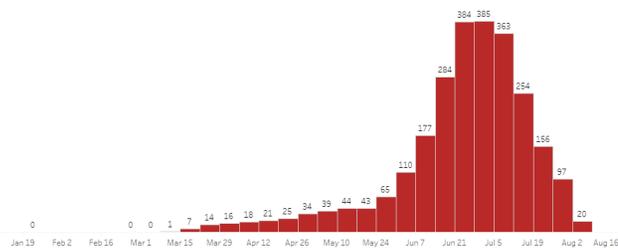
Benchmarks	Minimal	Moderate	Substantial
Cases	<10 cases/100,000	10-100 cases/100,000	>100 cases/100,000
Percent Positivity	<5%	5-10%	>10%
COVID-like Illness	<5%	5-10%	>10%

Understanding the Benchmarks

Cases

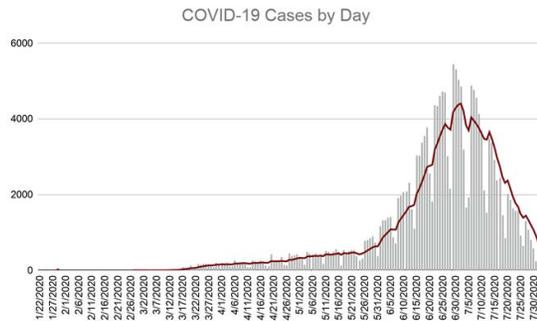
Benchmark: Two weeks below 100 cases per 100,000 (not including the current week)

Rate of COVID-19 cases per 100,000 population by week



OR

Benchmark: A decline in weekly average cases for two consecutive weeks (not including the current week)

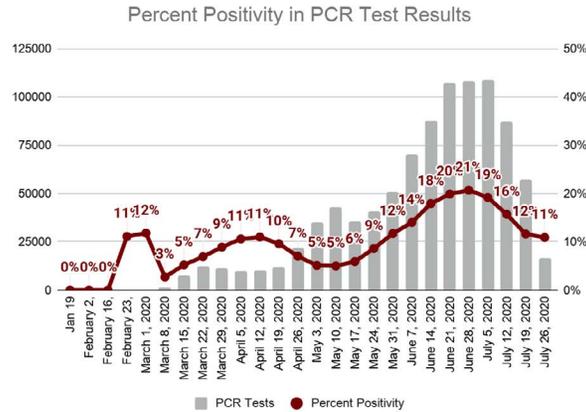


Data Source: ADHS MEDSIS Confirmed and Probable Cases

Available by: County

Percent Positivity

Benchmark: Two weeks with percent positivity below 7% (not including the current week)



Data Source: ADHS Electronic Laboratory Data

Available by: County

COVID-like Illness

Benchmark: Two weeks with hospital visits due to COVID-like illness below 10%



Data Source: BioSense Syndromic Surveillance Platform

Available by: BioSense Region

- **Northern:** Apache, Coconino, Navajo, Yavapai Counties
- **Central:** Gila, Maricopa, Pinal Counties
- **Southeastern:** Cochise, Graham, Greenlee, Pima, Santa Cruz Counties
- **Western:** La Paz, Mohave, Yuma Counties

Additional Considerations for Offering In-Person Instruction

The ADHS recommends county-specific public health benchmarks fall within the moderate or minimal spread category in all three benchmarks for two weeks in order to provide Hybrid learning (some students in physical buildings and some students distance learning). Specifically, ADHS recommends the following benchmarks be met prior to offering any in-person learning:

-  Cases: a two week decline in the number of cases or two weeks with new case rates below 100 per 100,000
-  Percent positivity: two weeks with less than 7% positivity
-  COVID-like Illness Syndromic Surveillance: two weeks with hospital visits due to COVID-like illness below 10%
-  In addition, the Local Health Department may modify a specific benchmark.



Community Spread Levels & Schools

School reopening plans should encompass four scenarios:

- Traditional - All students in physical buildings
- Hybrid - Some students in physical buildings and some students distance learning
- Virtual - All students distance learning with onsite support services
- Intermittent - Intermittent distance learning based on emergency closures as defined by state and local health departments

The following table combines levels of community spread with the mitigation strategies outlined in the [Roadmap to Reopen Schools](#). This is not a comprehensive list and LEAs should consult the roadmap to ensure their plans include the strategies that will best protect the students, staff, and teachers within their school(s).

Community Spread Level	Delivery Model	Hand Hygiene & Respiratory Etiquette	Enhanced Cleaning	Proper Ventilation (buildings and Buses)	Monitor Absenteeism	Symptom Screening	Physical Distancing (6 feet)	Cloth Face Coverings	Cohorting	Field Trips & Large Gatherings Canceled	Communal Spaces Closed
No to Minimal	Traditional	X	X	X	X						
Minimal to Moderate	Hybrid	X	X	X	X	X	X	X	X	X	X
Substantial	Virtual w/ onsite support services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Using the Benchmarks to Inform Reopening

LEAs may use the following checklist when considering to reopen school buildings. As outlined with this document as well as the Roadmap for Reopening Schools, ADHS encourages LEAs to meet all criteria listed below:

Initial Reopening Checklist

- Reopening buildings for on site services or in-person instruction is consistent with applicable state and local orders
- Consulted the local health department to confirm all three benchmarks are within the **minimal** or **moderate** spread category for two weeks. LEAs and local health departments may use additional considerations for initial reopening as outlined above.
 - Cases: <100 cases/100,000 or a two week decline in number of cases
 - Percent Positivity: <7%
 - COVID Like Illness: <10%
- The adopted mitigation plan includes strategies for traditional, hybrid, virtual, and intermittent models
- The adopted mitigation plan has been posted on the LEA's website

The ADHS recommends schools work with their local health department. Schools should start preparing for virtual learning when one or more of the benchmarks are in the **substantial** spread category.

Using the Data Dashboard

The ADHS dashboard will be updated every Thursday for the data covering the two-week period ending 12 days earlier. The table below provides examples using the August and September dashboard updates with the data time period. Dashboard updates will continue beyond the dates in the table.

Dashboard Update	Date Time Period
August 6, 2020	07/12 - 07/18 07/19 - 07/25
August 13, 2020	07/19 - 07/25 07/26 - 08/01
August 20, 2020	07/26 - 08/01 08/02 - 08/08
August 27, 2020	08/02 - 08/08 08/09 - 08/15
September 3, 2020	08/09 - 08/15 08/16 - 8/22
September 10, 2020	08/16 - 08/22 08/23 - 08/29
September 17, 2020	08/23 - 08/29 08/30 - 09/05
September 24, 2020	08/30 - 09/05 09/06 - 09/12

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Reading the Dashboard

The County-Level School Benchmarks page on the ADHS dashboard (shown below) is used to determine the level of community spread of COVID-19 in Arizona and assist with the decision making for the types of delivery model schools may consider. Users may select a county to filter the data. The [dashboard](#) includes easy to read, color coded indicators.

Select a county to filter the data.

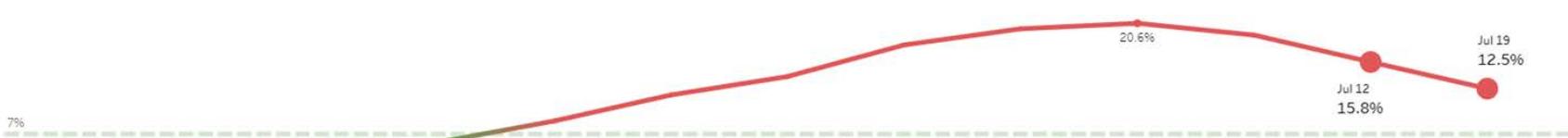


Showing data for **All Counties**

1) Decline in cases or less than 100 cases per 100,000 individuals for two consecutive weeks: **Benchmark Met**



2) Two consecutive weeks with percent positivity below 7%: **Benchmark Not Met**



3) Two consecutive weeks with hospital visits for COVID-like illnesses in the region below 10%: **Benchmark Not Met**



What is this dashboard?

ADHS County-Level School Benchmarks
This dashboard is used to determine the level of community spread of COVID-19 in Arizona and assist with decision making for the types of delivery model schools may consider.

Time Frame
This dashboard does not look at the past two weeks due to potential lags in data.

Hover over the icon to get more information on the data in this dashboard.



Responding to COVID-19 in Schools

The importance of staying home when sick cannot be emphasized enough. Schools should encourage all students/parents, staff, and teachers to self monitor for symptoms at home prior to leaving for school. Symptoms include:

- Fever (greater than or equal to 100.4 F or 38 C)
- Subjective chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

COVID-19 symptoms may present differently in children than in adults. For example, children are less likely than adults to have fever with COVID-19 and more likely to present with non-respiratory symptoms such as nausea and diarrhea. It is important to recognize many common illnesses have similar symptoms. In an abundance of caution, any person experiencing symptoms should remain home.

What to do When Someone on Site has COVID-19 Symptoms

Schools should set a low threshold for sending students or staff members home if illness is suspected and encourage the collection of backup emergency contacts. Any of the symptoms listed above that are not related to an already diagnosed condition or illness (as known by the school healthcare personnel) could be COVID-19. The student or staff member should not physically attend school until clearance from [isolation criteria](#) have been met or an alternative diagnosis is made.

As with other infectious diseases, if a student or staff member develops any symptoms at school, they should be immediately removed from any group setting. They should be placed in a separate room with a face covering on, as tolerated. If a separate room is not available, place the sick student or staff member in a location where they can be at least 6 feet away from others.

Staff tending to the care of the sick individual should use appropriate personal protective equipment (PPE) including surgical mask, gloves and eye protection (goggles or face shield). If they are in direct contact with the sick individual they should wear a gown. Contact the emergency contact for the individual to be picked up from school as soon as possible, ideally within 1 hour. Call 911 if the individual is exhibiting any serious symptoms, including difficulty getting enough air, change in alertness or responsiveness, bluish lips or face.

What to do When Someone on Site has COVID-19 Symptoms *continued*

All household members of someone confirmed or suspected to have COVID-19 should not physically attend school and quarantine at home for 14 days. Keep in mind, siblings may be at the same school or at another school (age dependent). Should a student become sick, families should notify the schools of any household contact. If a sick student's household contact is in school, the contact's school should be notified and they should be removed from the classroom and sent home as soon as possible, even if not displaying symptoms. If the household contact is also sick, follow steps as above.

It is important to note that release from isolation DOES NOT require a provider's note and DOES NOT require repeat testing or a negative test. Verifying that a student or staff member meets criteria for release from isolation will be up to the school medical staff or administration. The following dates should be collected for verification:

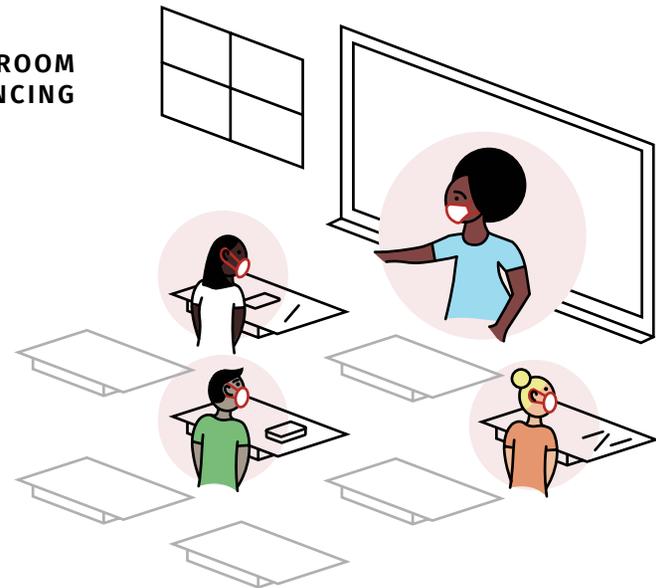
- Date of test collection (if tested);
- Date of onset of symptoms; and
- Date of resolution of fever.

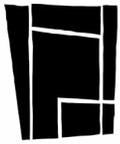
Quarantining Classes or Closing School Buildings

Schools must report any outbreaks of COVID-19 to their local health department. Having more than one case within a school does not constitute an outbreak. An outbreak is defined as two or more laboratory-confirmed COVID-19 cases among students or staff with onsets within a 14 day period, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

Similar to determining when to reopen school buildings, the decision to quarantine a class, close a portion of the school, or close the school entirely should be made in close coordination with your [local health department](#). Both the context of local spread as well as the school's mitigation practices should be considered. Schools should begin preparing for virtual learning when one or more benchmark categories fall within the **substantial** spread category.

CLASSROOM DISTANCING





ARIZONA DEPARTMENT OF HEALTH SERVICES

Safely Returning to In-Person Instruction



Cases

New cases per 100,000 population

Minimal: less than 10

Moderate: 10 - 100

Substantial: greater than 100



Percent Positivity

Percent of positive COVID-19 tests

Minimal: less than 5%

Moderate: 5 - 10 %

Substantial: greater than 10%



COVID-Like Illness

COVID-19 ER visits & hospitalizations

Minimal: less than 5%

Moderate: 5 - 10%

Substantial: greater than 10%



Initial Opening

ADHS recommends schools or school districts meet all 3 benchmarks at the county level in moderate or minimal transmission category for two weeks in order to begin hybrid learning.

Are new cases in minimal or moderate transmission category for two weeks?

or

Is there a two-week decline in the number of new cases?

↓ YES

Is the percent of positive COVID-19 tests less than 7% for two weeks?

↓ YES

Are ER visits and hospitalizations for COVID-19 in minimal or moderate transmission for two weeks?

↓ YES



**Opening benchmarks met
Consider Hybrid learning model**

NO ↗



Substantial transmission:
Maintain virtual learning

NO ↗



Substantial transmission:
Maintain virtual learning

NO ↗



Substantial transmission:
Maintain virtual learning



Monitoring Benchmarks

ADHS recommends schools work with their local health departments. After transitioning to a hybrid model, schools should consider resuming virtual learning when one or more benchmark categories are in substantial transmission.