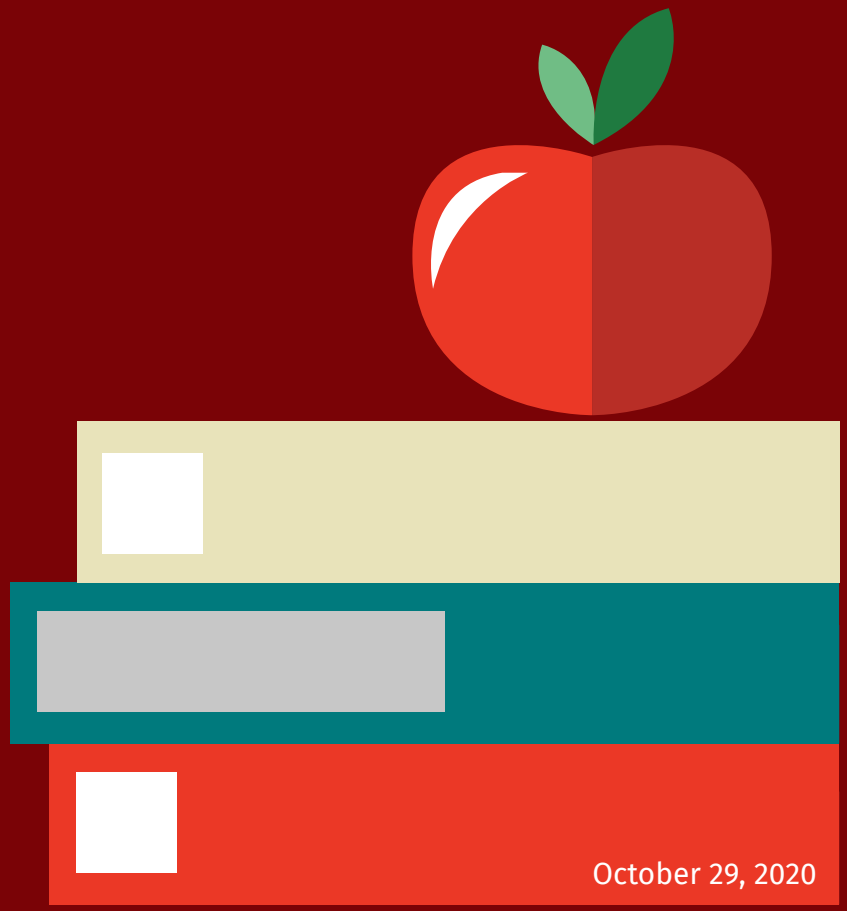
Safely Returning to In-Person Instruction



ARIZONA DEPARTMENT OF HEALTH SERVICES

October 29, 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 spread among students and staff. This document, Safely Returning to In-Person Instruction, is designed to be used in conjunction with the Roadmap for Reopening Schools.

The level of COVID-19 spread in the community is an important factor in determining when it is safe to carry out in-person instruction. The experiences of other countries have indicated that operating schools may be low risk in communities with low spread rates. Recent evidence suggests that children likely have the same or higher viral loads in their nasopharynx compared with adults and that children can spread the virus effectively in households and camp settings.

Due to community mitigation measures and school closures, transmission of SARS-CoV-2 to and among children may have been reduced in the United States during the pandemic in the spring and early summer of 2020. This may explain the low incidence in children compared with adults. Comparing trends in pediatric infections before and after the return to in-person school and other activities may provide additional understanding about infections in children.

Schools are/were required to begin distance learning at the beginning of their academic calendar. The benchmarks included herein should be used as a guide, in consultation with Local Health Departments, to determine the most appropriate instructional delivery model based on the local level of community spread. As school districts begin returning to in-person instruction, they should follow the health protocols set forth in the Roadmap for Reopening Schools. Operating schools during a pandemic 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 opening 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 opening school buildings regardless of if 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 open a school building. If community transmission is low but the school and/or community mitigation strategies are not implemented, then the risk of introduction and subsequent transmission of COVID-19 in a school will increase. Alternately, if community transmission is high, but school and community mitigation strategies are implemented and strictly followed as recommended, then the risk of introduction and subsequent transmission of COVID-19 in a school will decrease.

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.

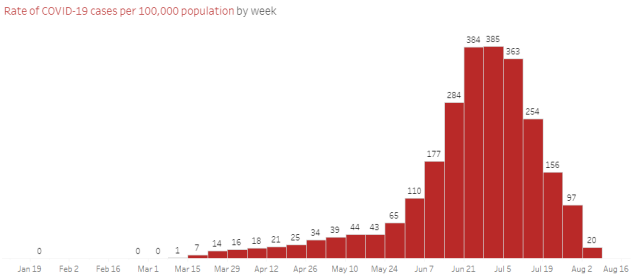
Benchmarks	Minimal	Moderate	Substantial
Cases	<10 cases/100,000	10 - 100 cases/100,000	>100 cases/100,000
Percent Positivity	<5%	5 - 10%	>10%
COVID-like Illness	<5%	5 - 10%	>10%

Recommended Delivery Model	Traditional	Hybrid	Virtual (w/onsite support services)

Understanding the Benchmarks

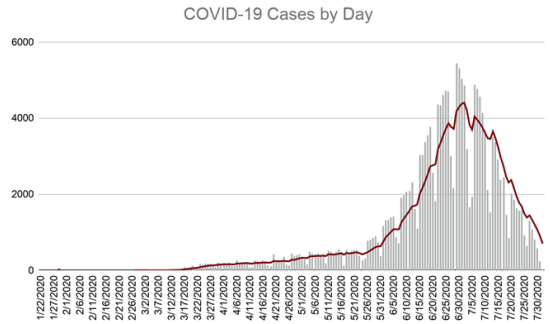
Cases

Benchmark: Less than 100 new cases per 100,000 individuals for two consecutive weeks (not including the current week)



OR

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

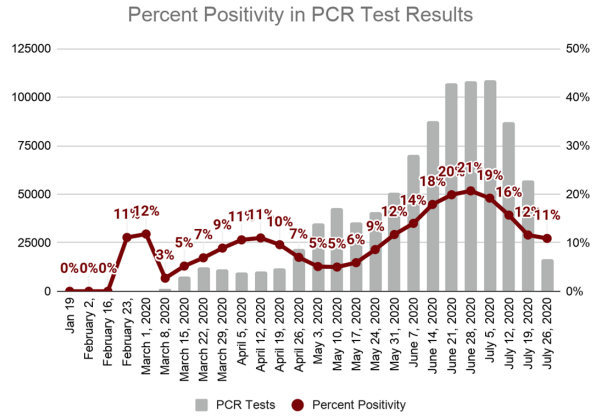


Data Source: ADHS MEDSIS Confirmed and Probable Cases

Available by: County

Percent Positivity

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



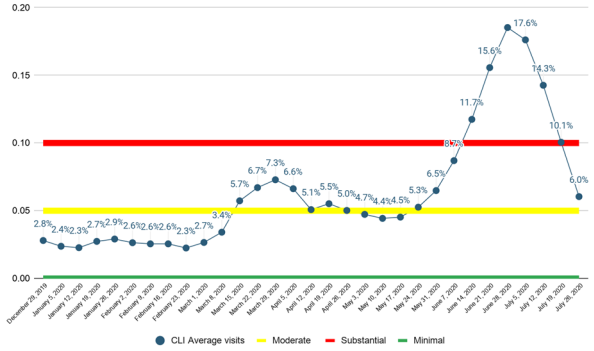
Data Source: ADHS Electronic Laboratory Data

Available by: County

COVID-like Illness

Benchmark: Two consecutive weeks with hospital visits for COVID-like illness in the region below 10%

Note: 7% is only for initial reopening



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 (some students in physical buildings and some students distance learning) or traditional instruction. 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 less than 100 per 100,000
- Percent positivity: two weeks with less than 7% positivity (note: 7% for initial reopening only)
- 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 with students only learning virtually through an approved Arizona On line Instruction (AOI) program
- Hybrid - Some students in physical buildings and some students distance learning with onsite support services
- 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 with onsite support services

The following table combines levels of community spread with the mitigation strategies outlined in the Roadmap to Reopening 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*	Physical Distancing*	Masks*	Proper Ventilation (buildings and Buses)	Monitor Absenteeism	Symptom Screening	Cohorting	Field Trips & Large Gatherings Canceled	Communal Spaces Closed
Minimal	Traditional	x	x	x	x	x	x				
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

* Key mitigation strategies as identified by CDC

Regardless of the level of community spread, as determined by the indicators, it is critical that schools use multiple mitigation strategies including consistent and correct use of masks, physical distancing to the extent possible, hand hygiene and respiratory etiquette, cleaning and disinfection, and work in partnership with local health departments to support contact tracing to help prevent the continued spread of COVID-19. Vigilance to mitigation strategies within schools and the broader community will reduce the risk of introduction and subsequent transmission of COVID-19 in schools

Using the Benchmarks to Select the Instructional Delivery Model

LEAs have the final decision-making authority for selecting an educational delivery model, ADHS recommends LEAs work with their local health department to determine the most appropriate instructional delivery model based on the local level of community spread and their plan to mitigate spread of disease. LEAs may use the ***Initial Reopening Checklist*** (below) when considering to *first* return to hybrid or traditional instruction.

Selecting a Delivery Model

As outlined in the Roadmap for Reopening Schools, LEAs should be prepared to move between delivery models throughout the 2020–-2021 school year as community spread changes. The instructional delivery model has been thoughtfully paired with the degree of community spread to minimize transmission in the school setting. When all three benchmarks have moved to a greater-risk category (e.g., previously **green**, now **yellow**) , LEAs could consider transitioning to the appropriate risk model (e.g., transition from traditional to hybrid). For example:

- A county has one benchmark in the red category for two or more weeks, even if different benchmarks, schools should consult with their local health department to determine whether to *prepare* to transition back to virtual learning with onsite support services.
    - For example, based on community-level data, a local health department may make the recommendation for a school or district to move to virtual instruction even if only one metric is in the substantial transmission category.
- If a county has all three benchmarks in the **red** category, ADHS recommends schools transition to virtual learning in consultation with their local health department.
- Once a school has all three benchmarks in the minimal category for two weeks, they could consider moving to traditional learning in consultation with their local health department.

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% (note: 7% is only for initial reopening)
    - ☐ 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.

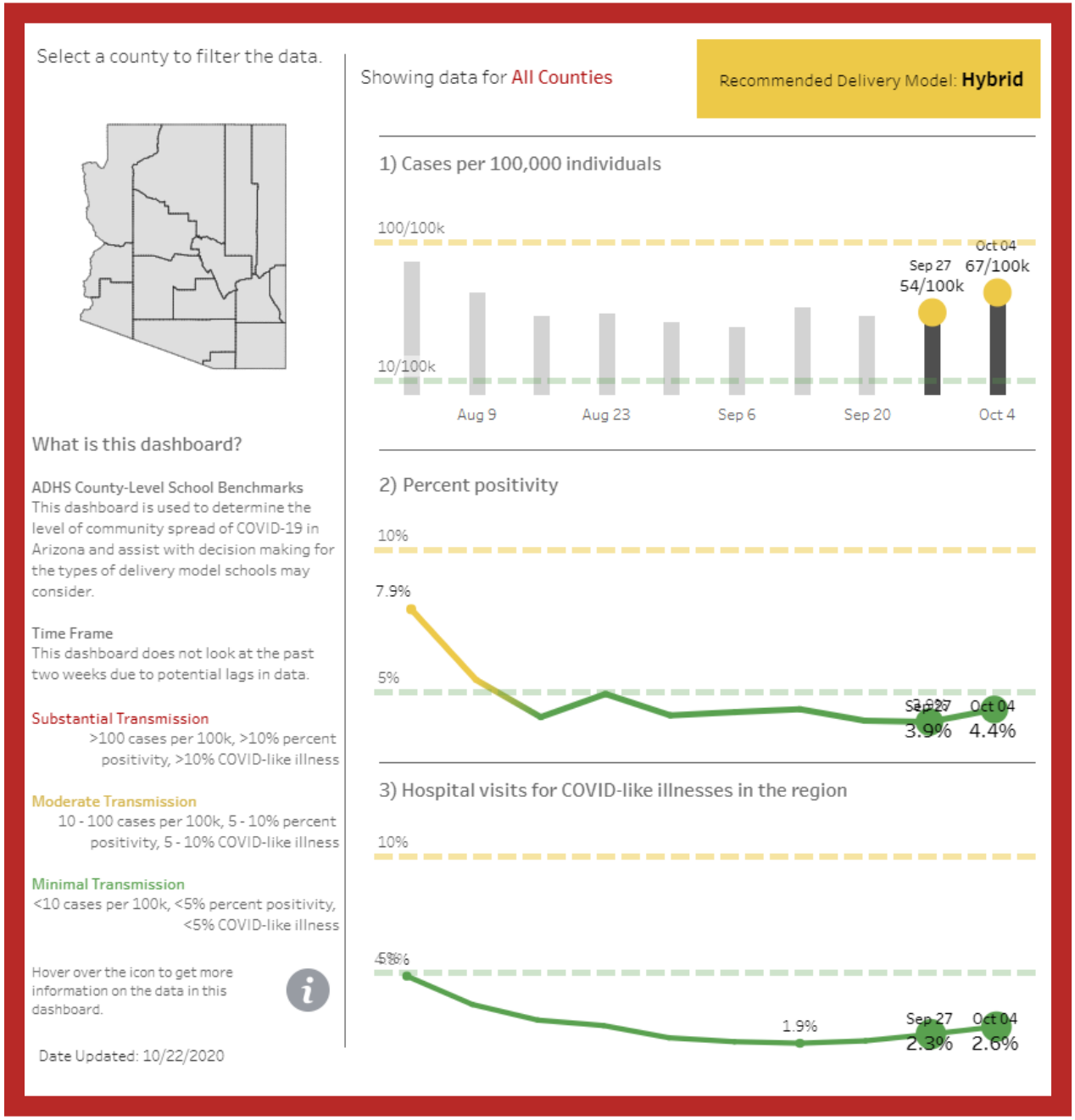
Using the Data Dashboard

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

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.



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 Release 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 mask 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 should 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:

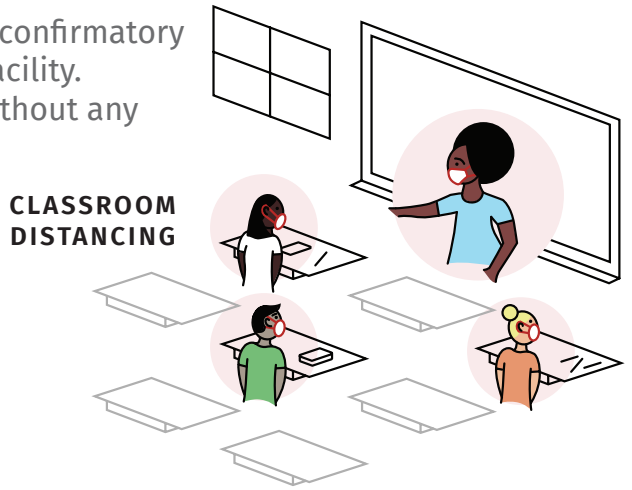
- Date of test collection (if tested);
- Date of onset of symptoms; and
- Date of resolution of fever.

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. The local health department will make the final determination on whether an outbreak is occurring. To facilitate early investigation of suspected outbreaks, please see the following guidelines for reporting cases:

1. Two or more individuals report COVID-19 symptoms to the facility (with or without confirmatory testing) within 14 days and the most plausible transmission mechanism is at the facility.
2. Multiple individuals are out sick above what is usual or expected for the facility without any clear transmission link.

Similar to determining when to open 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, in conjunction with ADHS. Both the context of local spread as well as the school's mitigation practices should be considered. Schools should begin *preparing* for virtual instruction when one or more benchmark categories fall within the **substantial** spread category.



Supplemental Materials

How to Wear a Mask

How to Wash Your Hands

Symptoms of COVID-19

Physical Distancing

COVID-19 Continuum of School Learning Scenarios

A New School Day

Masks

Opening Arizona Schools: Benchmarks

How to Wear a Mask

Who should wear a mask?

Everyone over the age of 2 should wear a mask in public. It is one of the best tools you have to protect yourself, your family, and others from COVID-19.

✓ DO'S

Wash or sanitize your hands before and after touching your mask.

Wear the mask snugly but comfortably over your nose and mouth. If it hurts your ears, try one that ties behind your head instead of looping over your ears.

Keep it on over your mouth and nose when speaking with others or when on the phone.

Wear the mask in public until you need to eat or drink, then make sure to keep it clean and uncontaminated.

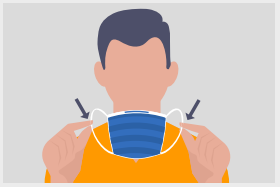
✗ DON'TS

Don't let the mask sit under your nose. If it gapes open, it's not doing its job.

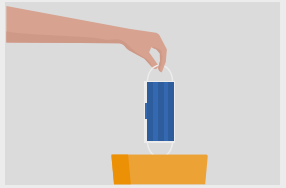
Don't touch your mask when wearing it.

Don't adjust your mask too much, and refrain from pulling on or touching the front of your mask.

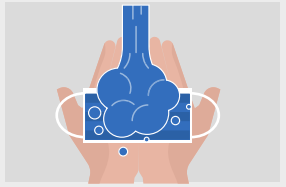
REMOVING AND STORING A MASK



1. Make sure you are more than 6 feet from others and then remove the mask by touching the ear loops or ties only.



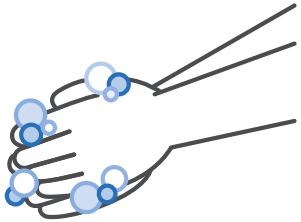
2. Place your mask in a clean paper bag, container, or on a designated surface.



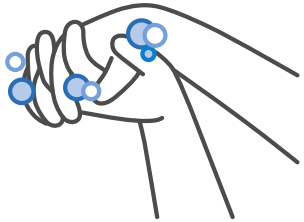
3. Wash your mask after each day's use and store it in a clean bag or container.

How Nurses and Doctors Wash Their Hands

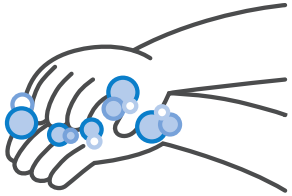
1. Wet & Soap



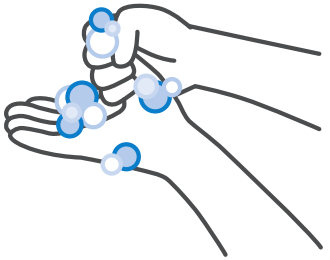
2. Palms



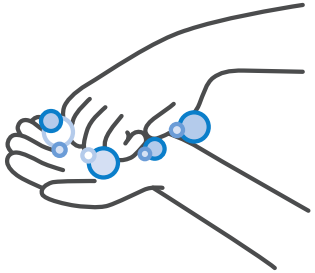
3. Between Fingers



4. Back of Fingers



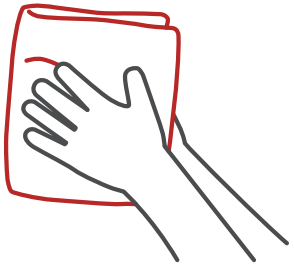
5. Thumbs



6. Fingernails

7. Wrists

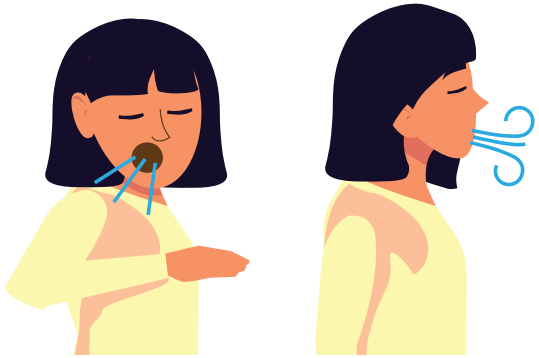
8. Rinse & Dry



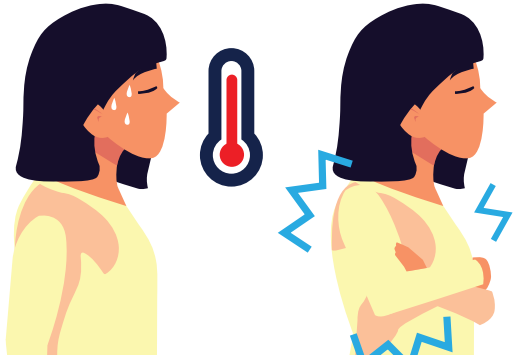
9. Use Towel to Turn Off Faucet & Open Door

Symptoms of Coronavirus (COVID-19)

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



Cough, shortness of breath or difficulty breathing



Fever or chills

Muscle or body aches

Vomiting or diarrhea

New loss of taste or smell

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

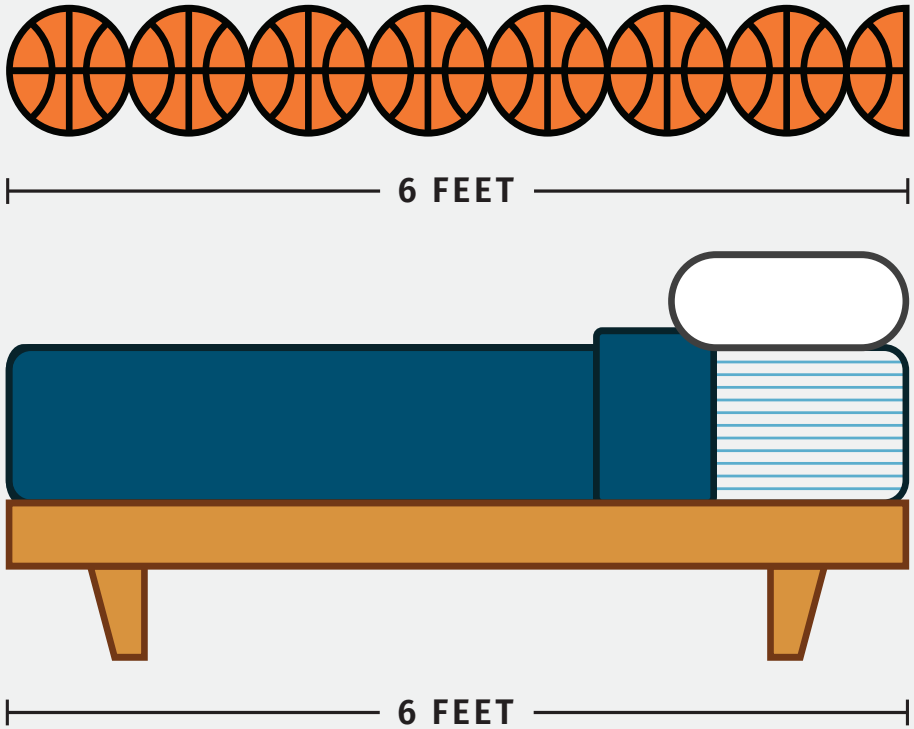
Seek medical care immediately if someone has **emergency warning signs of COVID-19.**

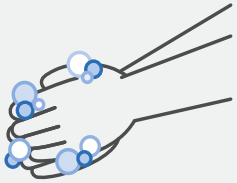
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

Physical Distancing

Physical distancing helps to slow down or stop the spread of COVID-19. You can help by keeping 6-feet of space between you and others.





Remember to wash your hands for 20 seconds with soap and water and try not to touch your face.

COVID-19 Continuum of School Learning Scenarios

LEA's and schools reopening plans include information for operating within all scenarios outlined in Arizona's Roadmap for Reopening Schools.

Scenario 3
Virtual w/ Onsite Supports

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

All three benchmarks in the "red" category

if one ore more benchmarks are in the red category, consult with the local health department

Scenario 2
Hybrid

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

All three benchmarks in the "yellow" or "green" categories

Scenario 1
Traditional

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

All three benchmarks in the "green" category

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%

A New School Day

Before you leave home: Stay home if sick. Monitor for symptoms. Fill water bottles.

On the bus: Load from the back. Seat by household. Staggered seating.

At School: Check for symptoms.

Class: Space desks apart, 6 feet where feasible.

Lockers and hallways: Schedule access to avoid overcrowding.

Recess: Wash hands before and after.

Drinking Fountains: Hands free. Clean frequently. Encourage water bottles.

Lunch: Staggered seating - outside if possible.

Bathrooms: Partitions or every other stall, every other sink.

Pickup: Alternate pickup and departures

Back at Home: Wash your hands. Wash your mask. Monitor for symptoms

Mask Always On

Free Masks

ADHS, in partnership with ADOA and other state agencies, has created a program to provide free masks to vulnerable populations across the State of Arizona. This program is being expanded to allow Arizona parents and school staff to order reusable masks.

Order masks on our ***online request form*** or by phone at 602-542-8664.

These masks will be shipped directly to residential addresses in Arizona. Five (5) masks will be shipped per order, free of charge.

Please visit our **FAQs website** for more information or call Hanes 1-800-503-6698 Monday through Friday from 6:00 am - 2:00 pm Arizona time for questions regarding the mask itself or shipping.

Mask Usage Information

- Masks should be utilized when in public settings and when around people who don't live in your household. The CDC recognizes that there are specific instances when wearing a mask may not be feasible. In these instances, adaptations and alternatives should be considered whenever possible.
- Masks should not be placed on children younger than two years old, anyone who has trouble breathing or is unconscious, anyone who is incapacitated or unable to remove the mask without assistance, or students with certain disabilities or health conditions.
- Masks should fit snugly on the face. The masks provided as part of this program are not recommended for use by elementary school-aged children, as the mask may not fit small children snugly enough. Parents are responsible for determining the fit and suitability of the mask for their child, based on considerations specific to each child.
- The masks provided are not recommended for use in a surgical or clinical setting where significant exposure to liquid, bodily or other hazardous fluids may be expected or infection risk level through inhalation exposure is high.
- Do not use in the presence of a high-intensity heat source or flammable gas.
- These masks should not be used in a clinical setting where the infection risk level through inhalation exposure is high.
- The fabric over the breathable area of the mask is manufactured with 100% cotton.
- Mask may contain silver and/or copper. If irritation develops, discontinue use.
- The following washing instructions are recommended: Machine wash warm. Do not use fabric softener. Use only non-chlorine bleach if needed. Tumble dry high.
- This product has not been FDA cleared or approved.

- This product has been authorized by the US Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by healthcare professionals as a source control to help prevent the spread of infection or illness in healthcare settings and by the general public to help slow the spread of the virus during the COVID-19 pandemic.
- This product is authorized only for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of medical devices, including alternative products used as medical devices, during the COVID-19 outbreak, under section 564(b)(1) of the Act, 21 U.S.C. Section 360bbb-3(b)(1) unless the authorization is terminated or revoked sooner.

No Warranties or Assurances

- According to the CDC, a face-covering may not protect the wearer, but it may help prevent a wearer who has COVID-19, including wearers who are asymptomatic or pre-symptomatic, from spreading the virus to others. Additionally, the CDC states that wearing a face-covering may help protect people around you.
- The CDC guidelines do not claim that wearing face-coverings may protect the wearer from contracting the virus. Additionally, the State of Arizona does not make any express or implied warranties regarding the face-coverings.

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?

NO → STOP — Substantial transmission: Maintain virtual learning

↓ **YES**

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

NO → STOP — Substantial transmission: Maintain virtual learning

↓ **YES**

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

NO → STOP — Substantial transmission: Maintain virtual learning

↓ **YES**

Opening benchmarks met
Consider Hybrid learning model

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.