Best Practice Recommendations for COVID-19 Prevention in Schools for the 2021-22 School Year

9/1/2021

Recent updates and clarifications to best practice recommendations include:

- Added information on offering and promoting COVID-19 vaccination.
- Emphasis on the importance of layering prevention strategies, as informed by regular monitoring of community transmission levels, vaccination coverage levels, screening testing results, and the occurrence of outbreaks.
- Aligned masking guidance to reflect the federal recommendation of universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status.
- Updated physical distancing guidance to reflect national recommendations to use distancing to the extent possible, without excluding students, to maintain a minimum distance requirement.
- Updated the close contact definition to reflect a new exception in national guidance that excludes students in an indoor classroom from quarantine when both the case and close contact were wearing a well-fitting mask.

No changes to the following existing requirements, based on federal government and existing Minnesota Rules:

**Face coverings:** All people are required by Centers for Disease Control and Prevention (CDC) order to wear face coverings while in public transportation hubs and on all public transportation conveyances (airplanes, public buses, etc.), including school buses (both public and private).


**Handling a suspected or confirmed case of COVID-19:** Minnesota Rule 4605.7070 requires any person in charge of any institution, school, child care facility, or camp to report cases of COVID-19 to MDH.

- [Office of Revisor of Statutes Minnesota Administrative Rules, part 4605.7070](https://www.revisor.mn.gov/rules/4605.7070/)
- [Reportable Infectious Diseases: Reportable Diseases A-Z](https://www.health.state.mn.us/diseases/reportable/disease.html)
 While fewer children than adults have become seriously ill with COVID-19 during the pandemic, children can be infected with the virus that causes COVID-19, get sick with COVID-19, spread the virus to others, and have severe outcomes from their infection. Vaccine eligibility has been expanded to include some school-age children who are ages 12 and older. However, because children under 12 years old are not yet eligible to be vaccinated and children ages 12 to 15 are only recently eligible, there is an increased risk of COVID-19 transmission in school settings. The introduction of new variants of COVID-19 as well as increasing rates of vaccination among adults and adolescents may also impact the epidemiology and incidence of COVID-19 among this population.

Therefore, the Minnesota Department of Health (MDH), in alignment with current scientific evidence and guidance from CDC, **strongly recommends** vaccination for those ages 12 and older, in addition to the consistent use of layered mitigation strategies to help limit the spread of COVID-19, to support in-person learning, and to protect people who are not fully vaccinated, including children, students, teachers, staff, and members of their households. This recommendation is grounded in the knowledge that the benefits of being physically present in school are significant and creating conditions that help safeguard in-person instruction is a priority.

**MDH recommends schools use** [CDC guidance for Schools and Child Care Programs: Plan, Prepare, and Respond](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html) **as best practice recommendations to inform their efforts to slow the spread of COVID-19 and protect the health and safety of their school communities.** CDC has published a guidance document outlining strategies for reducing spread of COVID-19 and maintaining school operations:


CDC guidance was designed to inform the selection of effective layered prevention strategies and to support them in transitioning learning environments to reflect changes in the level of transmission of COVID-19 occurring in their communities. Schools should maintain awareness of COVID-19 transmission levels in their local community and the vaccination status of the population they serve when making determinations about the use of layered COVID-19 prevention strategies in their facilities.

For example, higher rates of COVID-19 transmission coupled with low vaccination rates increases the likelihood that children and staff will attend while infectious and may indicate the need to use additional layers of protection. Similarly, program staff should regularly monitor for outbreaks and changing trends in the school and surrounding community and review their prevention strategies accordingly.
Community transmission and vaccination coverage in the local community can be monitored using CDC’s COVID Data Tracker:

- [CDC COVID Data Tracker: COVID-19 Integrated County View - Vaccinations](https://covid.cdc.gov/covid-data-tracker/#vaccinations-county-view)
- [CDC COVID Data Tracker: COVID-19 Integrated County View - Level of Community Transmission](https://covid.cdc.gov/covid-data-tracker/#county-view)

CDC continues to recommend masking and physical distancing as key prevention strategies, especially for people who are not fully vaccinated. CDC advises that if administrators choose to remove either one of these strategies or any other prevention strategies based on local conditions, the best practice is to remove them one at a time and monitor closely for any resulting increases in COVID-19 cases.

It is strongly recommended that programs develop mitigation plans with input from students, teachers, staff, families, and the community and communicate strategies and any changes through accessible materials and communication channels. This includes translating information for students and families.


### CDC best practice prevention strategies to reduce transmission of COVID-19

The remainder of this document serves as a resource to support implementation of CDC best practices for reducing transmission of COVID-19. It briefly outlines each of the layered prevention strategies and provides reference links to Minnesota-specific supplemental resources and other relevant toolkits. CDC emphasizes the following layered prevention strategies:

- **Promoting vaccination**
- **Consistent and correct mask use**
- **Physical distancing and cohorts**
- **Screening testing**
- **Ventilation**
- **Handwashing and respiratory etiquette**
- **Staying home when sick and getting tested**
- **Contact tracing in combination with isolation and quarantine**
- **Cleaning and disinfection**
Promoting vaccination

For detailed information, visit:
CDC: Guidance for COVID-19 Prevention in K-12 Schools: Promoting Vaccination
(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#vaccination)

People ages 12 and older are now eligible for COVID-19 vaccination. CDC encourages schools to promote COVID-19 vaccination among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

Resources to support promoting vaccination:

- Host a Community COVID-19 Vaccination Event
  (www.health.state.mn.us/diseases/coronavirus/vaccine/hostevent.html)
- Be a Vaccine Advocate: COVID-19 Vaccine Toolkit for Individuals and Organizations
  (www.health.state.mn.us/diseases/coronavirus/vaccine/communitytk.html)
- COVID-19 Vaccine
  (www.health.state.mn.us/diseases/coronavirus/vaccine/index.html)
- CDC: COVID-19 Vaccine Toolkit for Staff in School Settings and Childcare Programs
- CDC: Vaccines for COVID-19

Consistent and correct mask use

For detailed information, visit:
CDC: Guidance for COVID-19 Prevention in K-12 Schools: Consistent and Correct Mask Use
(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#mask-use)

Universal indoor masking is recommended for all people in the school setting (ages 2 and older), including teachers, staff, students, and visitors to schools, regardless of vaccination status.

In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, CDC recommends that people ages 2 and older who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.
Resources to support consistent and correct mask use:

- Recommendations for Wearing Masks (www.health.state.mn.us/diseases/coronavirus/facecover.html)

Physical distancing and cohorts

For detailed information, visit: CDC: Guidance for COVID-19 Prevention in K-12 Schools: Physical Distancing (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#physical-distancing)

Schools should implement physical distancing to the extent possible indoors; however, because of the essential services schools provide, children should not be excluded from in-person learning or care to maintain a minimum distance requirement. When it is not possible to maintain physical distance in these settings, it is especially important to layer multiple prevention strategies, such as indoor masking, screening testing, forming cohorts, and staying home when sick with symptoms of infectious illness to help reduce transmission risk.

To reduce transmission risk in the school setting, CDC recommends maintaining at least 3 feet of physical distance between students within classrooms whenever feasible and indoor mask wearing by people who are not fully vaccinated. CDC continues to recommend maintaining a distance of at least 6 feet between students and staff as well as 6 feet of distance between staff who are not fully vaccinated.

CDC recommends maximizing physical distance as much as possible when moving through food service lines and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating, such as the gymnasium or outdoor seating, can help facilitate distancing.

Additional resources on physical distancing and cohorts:

- Stay 6 feet from others (www.health.state.mn.us/diseases/coronavirus/materials/6feet.pdf)
- Social Distancing at Work (www.health.state.mn.us/diseases/coronavirus/materials/socdistwork.pdf)
Screening testing

For detailed information, visit:
CDC: Guidance for COVID-19 Prevention in K-12 Schools: Screening Testing
(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#screening-testing)

Screening testing identifies infected persons, both those with and without symptoms, who may be contagious, so that measures can be taken to prevent further exposures and transmission. In the setting of K-12 schools, screening testing can help identify and isolate cases as well as inform quarantine of those who may have been exposed to COVID-19 and are not fully vaccinated, all of which support the prompt identification of clusters and help limit spread. Screening testing is particularly valuable in areas experiencing substantial or high community transmission levels; in areas with low vaccination coverage; and in schools where other prevention strategies are not implemented.

Additional Minnesota-specific information on screening testing programs in K-12 schools is forthcoming and will be updated as guidance becomes available.

Ventilation

For detailed information, visit:
CDC: Guidance for COVID-19 Prevention in K-12 Schools: Ventilation
(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#ventilation)

Ventilation is an important factor in minimizing COVID-19 transmission indoors. Facility operators are strongly recommended to evaluate the operational capacity of ventilation systems and increase and maintain ventilation throughout the building. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems.

Resources to support ventilation improvements:

- Ventilation Guidance for Schools: COVID-19
  (www.health.state.mn.us/diseases/coronavirus/schools/vent.html)
- Coronavirus (COVID-19) Response Resources from ASHRAE and Others
  (www.ashrae.org/technical-resources/resources)
Handwashing and respiratory etiquette

For detailed information, visit:

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses, including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.

Schools should build routines of hand hygiene into the daily schedule for all students and staff, including handwashing and sanitation breaks during or between classroom activities. This includes teaching and reinforcing handwashing with soap and water for at least 20 seconds and the safe use of hand sanitizer that contains at least 60% alcohol by staff and older children.

Resources to support handwashing and respiratory etiquette:
- Hand Hygiene (www.health.state.mn.us/people/handhygiene/index.html)
- Hand Hygiene Print Materials (www.health.state.mn.us/people/handhygiene/materials.html)
- Cover Your Cough (www.health.state.mn.us/people/cyc/index.html)
- CDC Handwashing: Health Promotion Materials (www.cdc.gov/handwashing/materials.html)

Staying home when sick and getting tested

For detailed information, visit:

Staying home when sick with symptoms of COVID-19 is essential to keep infectious diseases, such as influenza and COVID-19, out of the school setting. Schools should educate staff, children, and families about the signs and symptoms of infectious disease like influenza and COVID-19, when their children should stay home, and when they can return to the program.

- Recommended COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs (www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf)

The Hennepin County Infectious Disease Manual is a guide that many schools across the state use for infectious disease identification and prevention. It now includes resources for COVID-19. This resource
can provide more information related to exclusion of children and staff who have a lab-confirmed positive test for COVID-19 or have been exposed to COVID-19.

- **Hennepin County: Infectious Diseases in Childcare Settings and Schools Manual**  
  (www.hennepin.us/daycaremanual)
- **Hennepin County: COVID-19 (SARS-CoV-2) School Health/Child Care Provider Fact Sheet**  

**Sending sick people home**

If a student or staff member becomes ill with COVID-19-like symptoms while in attendance, they should immediately be sent home, regardless of COVID-19 vaccination status or prior history of disease. Symptomatic students or staff who are waiting to be picked up should put on a mask if not already wearing one and should be isolated in a designated space. Students should remain under the visual supervision of a staff member while in isolation on school property. Symptomatic persons should be isolated separately whenever possible; however, if it is not feasible to maintain separate spaces, physical distancing should be implemented to the extent possible in the shared space.

**Additional resources on testing and managing illness in a program:**

- **COVID-19 Testing Recommendations**  
  (www.health.state.mn.us/diseases/coronavirus/materials/testrecs.pdf)
- **Materials and Resources for COVID-19 Response: For schools**  
  (www.health.state.mn.us/diseases/coronavirus/materials/index.html#school)
- **National Association of School Nurses: COVID-19 Reference**  
  (https://schoolnursenet.nasn.org/covid19ref/home)

**Contact tracing in combination with isolation and quarantine**

For detailed information, visit:  
**CDC: Guidance for COVID-19 Prevention in K-12 Schools: Contact Tracing in Combination with Isolation and Quarantine**  
(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#contact-tracing)

**People who test positive for COVID-19**

People who test positive for COVID-19 should stay at home (isolation) until all three of these things are true:
• They feel better. Their cough, shortness of breath, or other symptoms are better; and,
• It has been at least 10 days since they first felt sick or tested positive: and,
• They have had no fever for at least 24 hours, without using medicine that lowers fever.

Close contacts of COVID-19 cases

To identify close contacts, schools should gather and review the participant’s or staff member’s activity at the facility during the time they were infectious. This review should look back two days prior to the date symptoms started, or two days prior to the date of the positive test if there are no symptoms.

Close contacts include someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period.

• **Exception**: In the K-12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.
• This exception **does not apply** to teachers, staff, or other adults in the indoor classroom setting.

Unvaccinated participants and staff who recently had close contact with a person with COVID-19 should stay home (quarantine) from the program and from all other activities until they meet criteria to return. Quarantine criteria are discussed in the next section.

Recommendations for quarantine of close contacts

• A 14-day quarantine is the safest recommendation for people who have been exposed to COVID-19. Programs are encouraged to determine when it is appropriate to use a shortened quarantine period of seven or 10 days, and to consider vaccination and previous COVID-19 infection in developing quarantine policies.
• Fully vaccinated people and those who have had COVID-19 within the past 90 days are **not** recommended to quarantine, in most situations. For more information, see the resource below.

For more information on handling confirmed cases of COVID-19 and identification and quarantine of close contacts in school, visit [Best Practices for Handling a Confirmed Case of COVID-19](www.health.state.mn.us/diseases/coronavirus/schools/casehandle.pdf).

Cleaning and disinfection

For detailed information, visit:
[CDC: Guidance for COVID-19 Prevention in K-12 Schools: Cleaning and Disinfection](www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#cleaning-disinfection)
The virus that causes COVID-19 is mainly spread by respiratory droplets. The virus can also be spread if you touch a surface contaminated with virus and then touch your eyes, nose, or mouth, although this is not the primary way the virus spreads.

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

A daily schedule should be established for routine environmental cleaning and disinfection of high-touch surfaces in classrooms and common spaces. Routine environmental cleaning should be scheduled when students and teachers are not occupying the space.

**Resources to support cleaning and disinfection:**

- [CDC: Cleaning and Disinfecting Your Facility](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)