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

3/10/2022

Recent updates address the Centers for Disease Control and Prevention’s (CDC) new guidance on when to wear masks based on new COVID-19 community level data.

Additionally, effective Feb. 25, 2022, CDC is exercising its enforcement discretion to not require that people wear masks on buses or vans operated by public or private school systems, including early care and education/child care programs. As a result, language regarding the federal transportation mask mandate has been removed from this guidance document. For more information, visit CDC: Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs (www.cdc.gov/coronavirus/2019-ncov/travelers/face-masks-public-transportation.html).

No changes are made to the following existing requirement:

Minnesota Rules, part 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**
  (www.revisor.mn.gov/rules/4605.7070/)

- **Reportable Infectious Diseases: Reportable Diseases A-Z**
  (www.health.state.mn.us/diseases/reportable/disease.html)

- **To report a positive case:** COVID-19 Case Report Form for K-12 Schools, Childcares, and Youth Programming (Camps, Sports, Extracurricular Activities)
  (redcap.health.state.mn.us/redcap/surveys/?s=AD9CT3P3NNFY4A4E)

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.

The Minnesota Department of Health (MDH) strongly recommends that all Minnesotans stay up-to-date on COVID-19 vaccinations. In addition, schools should continue consistent use of layered mitigation strategies to help limit the spread of COVID-19. These strategies help support in-person learning and 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 plan, prepare, and respond using CDC guidance at [Schools, Child Care, and Colleges](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 the spread of COVID-19 and maintaining school operations:


**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
- Masking
- Physical distancing and cohorts
- Screening testing
- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- Contact tracing in combination with isolation, quarantine, and Test to Stay (TTS)
- Cleaning and disinfection

**Promoting vaccination**

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

- **CDC: Stay Up to Date with Your Vaccines** ([www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html](http://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html))
- Host a Community COVID-19 Vaccination Event ([www.health.state.mn.us/diseases/coronavirus/vaccine/hostevent.html](http://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](http://www.health.state.mn.us/diseases/coronavirus/vaccine/communitytk.html))

**Masking**

For detailed information, visit:

- **Recommendations for Wearing Masks** ([www.health.state.mn.us/diseases/coronavirus/facecover.html](http://www.health.state.mn.us/diseases/coronavirus/facecover.html))

CDC recommends people and communities, including schools, use COVID-19 community levels to support decisions about masking based on their local context and unique needs. To measure the level of community risk, the COVID-19 community levels rely on multiple data sources, including new COVID-19 hospital admissions per 100,000 population in the past seven days, the percent of staffed inpatient beds occupied by COVID-19 patients, and total new COVID-19 cases per 100,000 population in the past seven days. Using that data, the community level is classified as low, medium, or high and updated on a weekly basis. For more information on COVID-19 community levels, visit **CDC: COVID-19 Community Levels** ([www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html](http://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html)).

Universal indoor masking, regardless of vaccination status, is recommended in all counties where the COVID-19 community level is high. In communities where the community level is medium, all who are immunocompromised, more likely to develop severe disease, or who have contact with a person who is immunocompromised or more likely to develop severe disease should wear a mask indoors. Schools may choose to implement added prevention as needed in the event of a facility outbreak even if COVID-19
community levels in the surrounding community are low. COVID-19 community levels can be monitored at [CDC: COVID-19 by County](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html).

At all COVID-19 community levels, people can also choose to wear a mask based on personal preference or personal level of risk. Finally, people with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask when recommended by isolation and quarantine guidance, regardless of current COVID-19 community levels.

**Physical distancing and cohorts**

For detailed information, visit: [CDC: Guidance for COVID-19 Prevention in K-12 Schools: Physical Distancing](https://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 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. 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.

**Screening testing**

For detailed information, visit: [CDC: Guidance for COVID-19 Prevention in K-12 Schools: Screening Testing](https://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 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 up to date on COVID-19 vaccinations.

Minnesota-specific information on screening testing programs in K-12 schools is available at [COVID-19 Testing During the 2021-22 School Year](https://www.health.state.mn.us/diseases/coronavirus/schools/testing.html).

Screening testing and Test to Stay (TTS) are distinct mitigation strategies that are intended to complement, not replace one another. Screening testing is intended to identify persons who are infected but without symptoms in the general school community, regardless of whether they have known exposure to COVID-19. TTS is a practice that uses contact tracing and serial testing to allow close contacts...
who are not up to date with COVID-19 vaccinations and were exposed to COVID-19 at school to continue in-person learning during their quarantine period. More information on TTS is included in the contact tracing in combination with isolation, quarantine, and Test to Stay (TTS) section below.

### Ventilation

For detailed information, visit:

Ventilation is an important factor in minimizing COVID-19 transmission indoors. Schools should strongly consider evaluating the operational capacity of ventilation systems and increasing and maintaining 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:

### 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 by staff and older children of hand sanitizer that contains at least 60% alcohol.

Resources to support handwashing and respiratory etiquette:
- [Hand Hygiene](https://www.health.state.mn.us/people/handhygiene/index.html)
- [Hand Hygiene Print Materials](https://www.health.state.mn.us/people/handhygiene/materials.html)
Staying home when sick and getting tested

For detailed information, visit: CDC: Guidance for COVID-19 Prevention in K-12 Schools: Staying Home When Sick and Getting Tested (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#staying-home)

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 diseases like influenza and COVID-19, when their children should stay home, and when they may return to the program.

Resources:
The Hennepin County Infectious Disease Manual is a guide that many schools across the state use for infectious disease identification and prevention that includes resources for COVID-19.

- Hennepin County: Infectious Diseases in Childcare Settings and Schools Manual (www.hennepin.us/daycaremanual)

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 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.

Resources on testing and managing illness in a program:

- National Association of School Nurses: COVID-19 Reference (schoolnursesnet.nasn.org/covid19ref/home)
Contact tracing in combination with isolation, quarantine, and Test to Stay (TTS)

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)

**Isolation** involves staying home and away from others when you test positive or have COVID-19 symptoms. Isolation is different from quarantine.

**Quarantine** involves staying home and away from others when you may have been exposed to the virus. If people have symptoms or test positive for COVID-19 while in quarantine, they should immediately begin the process of isolation.

Schools should be prepared to respond quickly when someone with COVID-19 has been in the school or at a school event to ensure isolation and quarantine protocols are followed appropriately. In these instances, contact tracing serves as an important strategy through which exposed individuals (close contacts) are notified of their potential exposure to a confirmed case and can take appropriate actions (such as quarantine, testing, and wearing a mask) to help prevent any further spread of the virus.

For information on handling confirmed cases of COVID-19, including isolation, contact tracing, and quarantine of close contacts, review:
- **Best Practices for Handling a Confirmed Case of COVID-19** (www.health.state.mn.us/diseases/coronavirus/schools/casehandle.pdf)
- **If You Are Sick or Test Positive: COVID-19** (www.health.state.mn.us/diseases/coronavirus/sick.html)
- **Close Contacts and Quarantine: COVID-19** (www.health.state.mn.us/diseases/coronavirus/close.html)

**Test to Stay (TTS)**

For detailed information visit: **CDC Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs** (www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html#anchor_1639603965438)
Test to Stay (TTS) is a practice comprised of robust contact tracing and serial testing to allow close contacts exposed to COVID-19 at school (household exposures are not eligible) who are not up to date with COVID-19 vaccinations to continue in-person learning during their quarantine period. Because close contacts who are up to date with COVID-19 vaccinations are not required to quarantine following exposure, they do not need to be included in TTS. Schools may consider TTS as an option for keeping asymptomatic close contacts who are not up to date with COVID-19 vaccinations and do not test positive for COVID-19 in the classroom as an alternative to traditional quarantine at home. Students who participate in TTS should, at a minimum:

- Consistently and correctly wear masks at all times in school (except when eating or drinking).
- Participate in serial testing (testing that is repeated at least twice during a seven-day period following their exposure at school).
- Stay home and isolate if they develop symptoms or test positive for COVID-19.

CDC has published two studies describing local approaches to TTS. Schools should review the MMWR reports list below, to see how other school districts implemented TTS, including eligibility criteria for TTS and duration of in-school monitoring, testing type, how often to test, and other relevant considerations.

- **MMWR: Evaluation of Test to stay Strategy on Secondary and Tertiary Transmission of SARS-CoV-2 in K-12 Schools - Lake County, Illinois, August 9-October 29, 2021**
  (www.cdc.gov/mmwr/volumes/70/wr/mm705152e2.htm)
- **MMWR: Evaluation of a Test to Stay Strategy in Transitional Kindergarten Through Grade 12 Schools - Los Angeles County, California, August 16 - October 31, 2021**
  (www.cdc.gov/mmwr/volumes/70/wr/mm705152e1.htm)

Additional resources with information on Test to Stay:

- **CDC: What to Know About COVID-19 Testing in Schools**
  (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/what-you-should-know.html)
- **CDC: Guidance for COVID-19 Prevention in K-12 Schools**
  (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html)

### 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 by touching a surface contaminated with virus and then touching 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)