

Interim Guidance for COVID-19 Prevention in Virginia PreK-12 Schools

Last Updated: July 21, 2021

EMBARGOED UNTIL RELEASE

Introduction and Guiding Principles

This Guidance helps officials assess the risk of introduction and transmission of COVID-19 in schools, and is intended to help school leaders and public health officials select appropriate, layered prevention strategies and understand how to safely transition learning environments out of pandemic precautions as community transmission of COVID-19 reaches low levels or stops occurring. All schools in Virginia should be offering in-person instruction options at this point in time and temporary school closures should only be necessary in the context of controlling spread associated with increased impact to school such as increased cases or outbreaks. The Virginia Department of Health (VDH) recommends that schools start by reviewing the Centers for Disease Control and Prevention (CDC) Guidance for COVID-19 Prevention in K-12 Schools. The CDC Guidance is best used together with Virginia’s Interim Guidance for COVID-19 Prevention in PreK-12 Schools and [COVID-19 Resources](#) provided by the U.S. Department of Education.

Success in preventing COVID-19 transmission in school settings begins with and is connected to preventing transmission in communities. At any level of community transmission, as long as impact to a school remains favorable, all schools must make in-person instruction available to all students pursuant to [Senate Bill 1303](#), passed during Virginia’s 2021 legislative session. Under this new law, schools are permitted to switch from in-person to partial or fully virtual instruction temporarily if COVID-19 transmission levels within the school are deemed to be at a high level in collaboration with the local health department. School-sponsored sports and extracurricular activities are beneficial to students and can help them learn and achieve, however, schools and communities should continue to use a “classroom-first” approach. To minimize risk of transmission in schools and protect in-person learning, safety-optimized in-person instruction should be prioritized over extracurricular activities including sports and school events, as these events are a common source of school transmission.

Guiding Principles

- **Students benefit from in-person learning.** Safely returning to and maintaining in-person instruction during the 2021-22 school year is a priority.
- **Put education first.** Prioritize educational opportunities over athletics, extracurricular activities or other events in the school and surrounding community. Establish reasonably safe in-person educational environments and then consider including extracurriculars and athletics.
- **Focus on prevention.** Promote vaccination, as it is the leading prevention strategy to end the COVID-19 pandemic and can help schools safely return to and maintain in-person learning. Establish a school culture of adherence to prevention strategies both in and out of school. Establish environments in which vaccination is promoted, and people physically distance, wear masks correctly and consistently, practice hand hygiene and respiratory etiquette, and clean frequently. Coordinate closely with local health

departments. Educate students/staff to monitor health daily and stay at home if they have symptoms, and follow public health recommendations. Consider screening testing programs to identify cases early.

- **Consider community needs.** Consider disease and vaccination trends and also understand the socioeconomic factors, literacy barriers, and other educational needs in your community when developing plans.
- **Be flexible and innovative.** Scientific knowledge evolves rapidly, and local context is incredibly important. Community transmission and the level of impact to a given school can change and the combination of prevention strategies may evolve with time.

Steps to Guide School Operational Decisions

The following recommendations serve as a guide for Virginia schools to help select appropriate, layered prevention strategies to decrease the transmission of COVID-19 in schools. Nuanced local public health conditions and practical limitations will be important factors to help inform decisions. School officials, together with public health officials, need to consider multiple factors when making decisions about layered prevention strategies. In addition to important context about local communities, vulnerable populations, and equity concerns, the primary factors to consider are the level of community transmission, vaccination coverage, trends in school-related outbreaks or increasing cases, data from school screening testing programs, and the ages of the children served in a given school. This guidance aims to guide officials through steps to assess such information to ultimately inform local decision making on the right combination of prevention strategies.

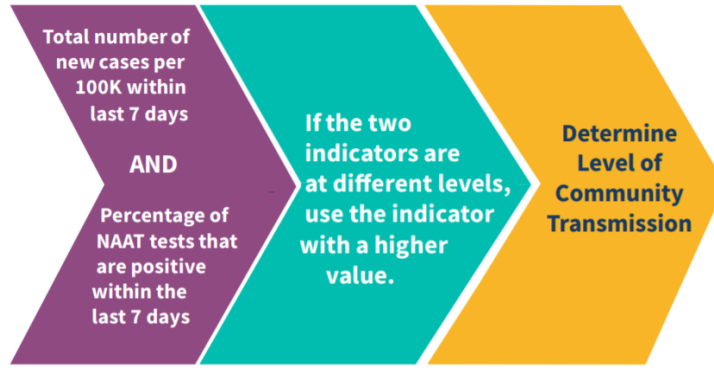
Divisions should continue to make decisions on implementing such guidance, and assuming additional risk if deviating from it, in consultation with local health departments and school board attorneys. Although children can be infected with COVID-19, can get sick from COVID-19, and can spread the virus to others, evidence indicates that children are less susceptible than adults, and may be less infectious. Furthermore, models of consistent implementation of prevention measures in schools have shown success in limiting outbreaks and infections in schools. [CDC's Science Brief on Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs-Updated](#) summarizes evidence on COVID-19 among children and adolescents and what is known about COVID-19 transmission in schools.

When prevention strategies – especially vaccination, mask use and physical distancing – are consistently and correctly used, the risk of transmission in the school environment is decreased. Particularly during times of substantial or high levels of transmission in the community, VDH continues to recommend that local school officials prioritize in-person educational opportunities over athletic and extracurricular activities or other events. Prevention strategies in schools help keep students and adults safe, but what happens outside of the classroom is equally important.

Steps to guide decision-making about prevention strategies and school operations:

1. Evaluate the level of community disease transmission
2. Understand community level vaccination coverage
3. Consider the level of impact to a school
4. Understand community and school capacity and needs
5. Determine and implement a layered approach with multiple prevention strategies

Step 1: Evaluate the Level of Community Disease Transmission



To determine the level of community transmission, CDC and VDH recommend the use of two measures: total number of new cases per 100,000 persons in the past 7 days; and the percentage of nucleic acid amplification tests (NAATs) including RT-PCR tests that are positive during the last 7 days. The School Metrics section of the VDH Pandemic Metrics Dashboard includes a “[School Metrics](#)” tab that includes the CDC Indicators and Thresholds for Community Transmission of COVID-19. If the two indicators have different levels, actions corresponding to the higher threshold should be chosen. These indicators should be reviewed weekly to continuously inform planning. The VDH dashboard provides indicator data by city or county by date. CDC recommends the use of these two measures for the community (e.g., county) as a whole, and not for the schools or school divisions themselves. Assessing the impact to a specific school is described below.

Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	0-9	10-49	50-99	>= 100
Percentage of NAATs* that are positive in the past 7 days	<5.0%	5.0%-7.9%	8.0%-9.9%	>-10.0%

*NAAT: The former indicators called for use of RT-PCR (reverse transcriptase polymerase chain reaction) diagnostic tests, while the new thresholds for community transmission recommend using nucleic acid amplification tests (NAATs). (Note: This is an update in terminology. RT-PCR is a type of diagnostic test that tests for nucleic acid amplification).

Working with the local health department can help school officials understand the level of community disease transmission, where cases are occurring in a community, and what populations or neighborhoods may be most affected or may be experiencing different levels of transmission.

Regardless of what the indicators determine, the more unvaccinated students or staff who interact, the closer the interaction is, and the longer the interactions last, the higher the risk of COVID-19 spread. While risk of introduction and transmission in a school may be lower when community transmission is lower, this risk is dependent upon the implementation of school and community prevention strategies. Adherence to prevention strategies in schools and the broader community will reduce the risk of introduction and subsequent spread of COVID-19 in schools. Notably, even when a school carefully plans and prepares, cases of COVID-19 may still occur. Having detailed plans in place for the occurrence of cases in schools can help quickly mitigate the impact and may allow the school to remain open for in-person learning, if deemed appropriate in collaboration with the local health department.

Step 2: Understand Community Level Vaccination Coverage

To understand community or locality level vaccination coverage, review locality level vaccination coverage data on the [VDH Vaccine Data Dashboards](#). Age-group vaccination coverage at the locality level can be viewed on the “Demographics” tab of the Vaccine Data Dashboards.

Since some prevention strategies may vary based on COVID-19 vaccination status, school officials may want to also understand the vaccination coverage at the school level but should only do so in consultation with local school board attorneys.

Step 3: Consider the Level of Impact to a School

Criteria to Consider	Level of Impact to a School*		
	Low	Medium	High
Transmission within school	Zero or sporadic cases with no evidence of transmission in school	Single outbreak or sporadic outbreaks in school. Sizes of outbreaks remain small.	Several outbreaks in school within a short time period; sizes of outbreaks are large or scope of outbreak is significant (e.g., multiple classrooms or grade levels are impacted).
Student absenteeism	At baseline/Low	Slightly above baseline	High
Staff Capacity**	Normal	Strained	Critical

*Level of impact to school can only be assessed for those schools that have opened to in-person instruction. Schools should collaborate with local health departments on contact investigations. Depending on the level of COVID-19 transmission in the school and outbreak status, public health may recommend adjustment to prevention strategies. If a school is conducting a COVID-19 testing program, screening testing data can also be helpful.

**This subjective assessment should factor in a school’s ability to maintain adequate staff for facility operations, transportation, teaching, and administrative functions. It should include input from teachers/staff regarding their availability to provide in-person instruction.

To help guide decisions, information about cases and outbreaks in schools should be combined with information about the levels of community transmission (STEP ONE) and information about vaccination coverage (STEP TWO). That is, schools should also evaluate the level of impact that COVID-19 transmission is having within a school. Schools should continually monitor the effectiveness of their prevention strategies and if the level of impact to a school is worsening, schools should intensify prevention strategies and consult with their local health department for advice. For example, if the level of impact to a school is worsening to medium or high, regardless of the level of community transmission, a school may need to institute universal masking (if not already implemented), remind adults to adhere to strict 6 ft distancing from others, and temporarily restrict sports and extracurricular activities where distancing is not possible. If medium or high levels of transmission within a school continue, school officials may need to consider alternative forms of providing instruction temporarily, but decisions to move to virtual instruction should be reserved for circumstances where other disease prevention measures have not resulted in more favorable trends within a school. To inform these decisions, school officials should consider:

- the number of outbreaks experienced and their proximity in time to each other;
- the size of any outbreak(s) (number of cases and close contacts identified);
- the level of spread within the school (e.g., whether cases are confined to a particular classroom or grade level);
- the level of student and/or staff absenteeism due to illness or necessary isolation/quarantine and the staff capacity

Step 4: Understand the Capacity and Needs of your Community and School

Students benefit from in-person learning, and safely returning to and maintaining in-person instruction in the 2021-22 school year is a priority. This guidance aims to balance the goal of disease prevention and the goal of providing in-person educational instruction. The absence of in-person educational options may disadvantage all children, but has particular impact on certain types of learners. Additionally, COVID-19-related health disparities are evident even among children, so this needs to be considered as well. For these reasons, health equity considerations related to in-person instruction should be an integral part of planning. State law requires in-person options be made available to all students in Virginia during the 2021-2022 school year, however school officials should be cognizant of equity considerations throughout the year.

Schools should prioritize providing safety-optimized in-person learning environments. Schools will need to assess the feasibility of certain prevention strategies to help decide what combination of strategies is best. For example, if a school can not fully reopen while maintaining distances of 3 feet between students in classrooms, it would be especially important to focus on and layer other prevention strategies such as indoor masking, screening testing, adequate or increased ventilation, ensuring appropriate hand hygiene opportunities, staying home when sick, and regular cleaning and disinfecting.

School officials will also need to continue to understand special populations within their school community such as English learners, students who need special education or mental health services, or students who may not have reliable internet access at home if a school needs to temporarily convert to virtual learning or if individual students need to temporarily convert to virtual learning during necessary quarantine periods. Similarly, staff and families may have hesitancy in returning to the classroom. Offering staff, students, and families the opportunity to ask questions and share concerns can provide meaningful input to help shape school decisions on the right combination of prevention strategies.

Step 5: Determine and Implement a Layered Approach with Multiple Prevention Strategies

VDH recommends that all schools/school divisions work with their local public health departments to assist in determining the layered prevention strategies needed. The selection of strategies should be informed by the levels of community transmission, local vaccine coverage, and the level of impact to a school, including the use of screening testing data to detect cases in schools if available.

CDC's Guidance emphasizes 9 key prevention strategies:

- Promoting vaccination
- Consistent and correct use of masks
- Physical distancing
- Screening testing
- Ventilation
- Handwashing and respiratory etiquette
- Cleaning and maintaining healthy facilities
- Staying home when sick and getting tested
- Contact tracing in combination with isolation and quarantine.

Prevention is most effective when all the strategies are layered together, and is especially important in areas of moderate to high community transmission levels. However, the need for layering specific strategies may vary. If

school officials decide there is a need to remove certain prevention strategies, only one prevention strategy should be removed at a time, in consultation with local health departments. When removing a strategy, data should be monitored closely (with adequate testing through the school or community) for any increases in COVID-19 cases or outbreaks.

VDH recommends that all school officials consider implementing these key prevention strategies, after considering local and school level data and information. Vaccination, masks, and physical distancing should be prioritized.

1. Promote Vaccination. Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Vaccinating teachers, school staff, and students when eligible for vaccination is a critical layer of prevention and protection for all. Achieving high levels of vaccination among eligible students, teachers and staff is one of the most critical strategies to help schools safely operate.

- Promote vaccinations among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination in Virginia
- Consider partnering with your local health department to serve as a COVID-19 vaccination site or to hold vaccine clinics in schools
- Encourage vaccine trust and confidence, and establish policies and practices that make getting vaccinated as easy and convenient as possible.
- Those interested in getting vaccinated can check with their healthcare provider or find a location to get their free COVID-19 vaccine at <https://vaccinate.virginia.gov/>.
- Review the [CDC Guidance for COVID-19 Prevention in K12 Schools](#) for more ideas on how to promote vaccination.

2. Consistent and correct use of masks. This is especially important indoors and in crowded settings, when distancing cannot be maintained. In addition to recommended masking in the classroom and other indoor school settings, VDH strongly advises athletes who are not fully vaccinated to wear masks at all times such as during group training, competition, in locker rooms, and on the sidelines. This is particularly important for activities indoors and for high contact activities.

Masks in elementary schools

VDH and the Virginia Department of Education (VDOE) strongly recommend that elementary schools (including PreK classrooms) implement a requirement that students, teachers, and staff wear masks indoors, *regardless of vaccination status*, until vaccination is available for children under 12 years old and there has been sufficient time to allow for children younger than 12 years old to be fully vaccinated.

Masks in middle/high schools

VDH and VDOE strongly recommend that middle and high schools implement, at a minimum, a requirement that students, teachers and staff who are not fully vaccinated wear masks indoors.

Based on the needs of the community, school officials may opt to make mask use universally required (i.e., required regardless of vaccination status) at any grade level in the school. Reasons for this can include:

- Having a student population that is not yet eligible for vaccination.

- Increasing or substantial or high COVID-19 transmission within the school or surrounding community.
- Increasing community transmission of a variant that is spread more easily among children and adolescents or is resulting in more severe illness from COVID-19 among children and adolescents.
- Lacking a system to monitor the vaccine status of students and/or teachers and staff.
- Difficulty monitoring or enforcing mask policies that are not universal.
- Awareness of low vaccination uptake within the student, family, or teacher/staff population or within the community.
- Responding to community input that many teachers, staff, parents, or students would not participate in in-person learning if mask use was not universal.

In addition, please visit the Contact Tracing and Case Investigation section for more information on how indoor mask wearing may pertain to the definition of close contacts for purposes of case investigations in a school classroom setting.

During times of substantial or high levels of community transmission or increasing trends in outbreaks, particularly if vaccination coverage is low, schools/school divisions should strongly encourage or consider temporarily requiring universal indoor masking until data indicates transmission has declined.

School officials must adhere to the requirements listed in the Department of Labor and Industry's (DOLI) [Final Permanent Standard](#) (FPS) pertaining to employees, or any subsequent applicable standard. The standard applies to every employer, employee, and place of employment in the Commonwealth within the jurisdiction of the VOSH program, including state and local government employers and employees. Additional information about the application of the applicable standards can be found on the [FAQ page](#).

Divisions must also adhere to any other federal laws or regulations related to masks, including but not limited to [the federal executive order](#) related to the wearing of masks on public transportation, which applies to school buses.

3. Physical distancing

Physical distancing should be maximized to the greatest extent possible but schools should not reduce in-person learning to keep a minimum distance requirement.

Between students in classrooms:

- In elementary schools, students should be at least 3 feet apart combined with indoor mask wearing by all students and teachers/staff, regardless of vaccination status. If maintaining 3 feet distance is not possible in classrooms, such as when a school is at full capacity, it is especially important to layer other strategies such as masks, screening testing, ventilation, cleaning, staying home when sick etc.
- In middle and high schools, students should be at least 3 feet apart combined with indoor mask wearing by those persons who are not fully vaccinated in areas of low, moderate, or substantial community transmission. During high transmission, consider a minimum of 6 feet distance standard for middle and high school students when cohorting is not possible.

VDH also recommends enhanced physical distancing in certain settings:

- Maintain at least 6 feet between adults who are not fully vaccinated, and between adults and students, at all times in the school building to the maximum extent possible.
- Maximize physical distance as much as possible:
 - When masks cannot be worn, such as when eating. For communal dining, maximize distance as much as possible when moving through food service lines; use additional space outside the cafeteria if possible to help facilitate distancing. Fully vaccinated students, teachers, and staff do not need to distance while eating.
 - During activities when increased exhalation occurs (e.g., singing, shouting, playing certain instruments, or playing sports). Distancing is not a replacement for mask wearing for those who are not fully vaccinated.
 - In common areas such as lobbies and auditoriums.

As part of physical distancing, divisions can consider cohorting as a potential prevention strategy. Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of students, teachers and staff that come in contact with each other particularly when physical distancing is challenging, such as with young children. Cohorting can limit the spread of COVID-19 but should not replace other prevention strategies within each group. Cohorting people separately by vaccination status is not recommended and schools need to ensure that any cohorting is done equitably as per US Department of Education Guidance.

During times of substantial or high transmission, or when the level of impact to school is high, schools may want to consider additional measures to optimize distancing such as:

- Close or stagger the use of communal spaces.
- Limit assemblies and other school gatherings.
- Limit non-essential interactions among teachers and staff during meetings, lunches, or other situations that can lead to adult-to-adult transmission.
- Prioritize educational settings over extracurriculars. This may mean temporarily placing limits on athletics and other extracurricular activities until transmission levels have declined.
- Transportation: Create distance on school buses when possible. Masks are required on public school buses pursuant to a [CDC order](#). Open windows to improve ventilation when it is not a safety hazard.

4. Screening Testing

Screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters. This can help reduce the risk to students, teachers and staff, and controlling outbreaks before they expand can help limit any disruption to in-person education.

Screening testing can also be used to help evaluate and adjust prevention strategies and provide added protection for schools that are not able to provide optimal physical distance between students. Screening testing should be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels (Table 1); at any level of community transmission, screening testing should be offered to all teachers and staff who have not been fully vaccinated.

If screening testing is not feasible, schools can adopt a referral-based diagnostic testing approach. VDH has a [testing site locator](#) which may be helpful for schools to use for testing referrals.

Table 1. Screening Testing Recommendations for K-12 Schools by Level of Community Transmission

	Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports ² and extracurricular activities ³ at least once per week for participants who are not fully vaccinated.	Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.	
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. ²	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

1. Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)

2. The NCAA has developed a risk stratification for sports. See

https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_ResocializationDevelopingStandardsSecondEdition.pdf

Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football and wrestling.

3. High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

5. Ventilation

Ventilation systems clean and disperse air, decreasing the likelihood that students will inhale particles suspended in the air that are contaminated with the virus that causes COVID-19.

- In consultation with an HVAC expert, ensure the school building’s HVAC system is operating properly. The damper should be adjusted to increase the amount of exterior air that is brought in, and filters should be improved to better remove respiratory particles from the air. Exhaust fans should be run to further improve air exchange. Consider additional ways to improve ventilation, such as opening doors and windows, using window fans to direct air out of windows, or using portable room air cleaners using a

HEPA filter. If doors and windows are opened, eliminate any safety hazards (e.g., do not open windows if a child could fall out).

- Refer to CDC's information on [Ventilation in Schools and Child Care Programs](#).

6. Implement Hand Hygiene and Respiratory Etiquette

- Teach [correct handwashing](#) to students and staff (wash with soap and water for at least twenty seconds).
- Ensure frequent access to handwashing facilities, or hand sanitizer that contains at least 60% alcohol.

7. Clean and maintain healthy facilities

- Perform regular cleaning of frequently-touched surfaces.
- SARS-CoV-2, the virus that causes COVID-19, can be reduced and killed from surfaces, objects, and hands if the right products are used correctly.
- The Environmental Protection Agency (EPA) has compiled a [list of disinfectant products](#) that can be used against the virus that causes COVID-19, including ready-to-use sprays, concentrates, and wipes.
- If there has been a sick person or someone who tested positive for COVID-19 in the school within the last 24 hours, you should clean AND disinfect the space.

8. Staying home when sick and getting tested

- Instruct any students, teachers, and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19 to stay home from school and see a healthcare provider for testing and care.
- Allow flexible, non-punitive, and supportive paid sick leave policies that encourage sick workers to stay home.
- Provide excused absences for students who are sick.
- If a student becomes sick at school see [What to do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School](#). If a school does not perform routine screening testing, rapid testing on site could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation.
- If a school does not have a universal mask policy, schools should require masking by students, teachers, and staff if they experience any upper respiratory infection symptoms at school while waiting to be picked up or leave the school.
- At all levels of community transmission, schools should continue to offer referrals to diagnostic testing to any student, teacher, or staff member who exhibits symptoms of COVID-19 at school or who meets [VDH's close contact definition for exposure to COVID-19](#).

9. Contact tracing in combination with isolation and quarantine Schools play an important role in assisting public health officials in identifying teachers, staff, or students who have COVID-19 symptoms or who had recent close contact with someone with COVID-19 (including planning and implementation of prevention strategies; risk communications; disease prevention; contact tracing; determining when classrooms can be reoccupied after exposure; isolation and quarantine; etc).

The [definition of close contact](#) includes an exception for K-12 settings for the purposes of case investigation and contact tracing. In general, VDH uses proximity of within 6 feet for a total of 15 minutes or more within 24 hours to determine the need for quarantining persons who have had close contact exposure to someone with suspected or confirmed COVID-19. In indoor K-12 settings, a student who is within 3 to 6 feet of an infected

student is not considered a close contact as long as both students are wearing masks and the school has other [prevention strategies](#) in place. This exception does not apply to teachers, staff, or other adults in indoor K-12 settings. Having direct exposure to respiratory secretions of someone with COVID-19 (e.g., being coughed or sneezed on) is also considered close contact in any setting.

Consider the following to assess and continually improve a school's level of preparedness:

- Establish and maintain a working relationship with your local health department
- Familiarize yourself with VDH's [guide to contact tracing](#) and the [exception to the close contact definition](#) for K-12 students
- Review the VDH [When it is Safe to be Around Others: Ending Isolation in Non Healthcare Settings Infographic](#)

Schools should also consider these additional actions:

- Ask parents or caregivers to monitor children's health daily. Students and staff should stay home when sick and follow all recommendations from public health officials.
- Provide remote learning exceptions and teleworking options for students and staff who are at [high risk of severe illness](#) (as defined by the CDC).
- Implement the relevant sections of the [Department of Labor and Industry \(DOLI\) Final Standard for Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19, 16VAC25-220](#) and Standard [FAQ](#), or any subsequent applicable Standards, which provide guidance for employers regarding COVID-19. More information can be found in the [Coronavirus \(COVID-19\) FAQs webpage](#). This includes COVID-19 reporting requirements to the VDH/DOLI [using the online portal](#).
- Use the [VDH Guideline: When Should a Child Stay Home from School and/or Child Care](#), the [VDH Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposures](#), and the [VDH Algorithm for Evaluating Non-Critical Infrastructure Workers with COVID-19 Symptoms or Exposures](#) as resources.
- Develop communication plans in concert with and be prepared to work with local health departments on contact tracing. Review your risk communication plans with your local health department. Be prepared to explain to families and staff what prevention measures are in place and what the plan is if there is a case or outbreak in the school. The VDH has issued specific [guidance for schools on contact tracing](#). Additionally, there is a [Contract Tracing in Schools Infographic](#).
- Prevention strategies should be intensified if levels of community transmission and/or impact to school indicators worsen. If outbreaks occur, collaborate with the local health department to investigate cases and conduct contact tracing. It is also important to assess the situations where close contact occurred and implement focused interventions to address possible contributors to the outbreak. For example, determine whether inconsistent or incorrect mask use contributed, and/ or assess the implementation of physical distancing and implement interventions to address issues as appropriate.

References:

American Academy of Pediatrics: COVID-19 Guidance for Safe Schools. July 18, 2021.

<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/>

CDC Guidance for COVID-19 Prevention in K-12 Schools

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

Transmission of SARS CoV-2 in Schools: CDC Science Brief: [https://](https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/transmission_k_12_schools.html)

www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/transmission_k_12_schools.html

ED COVID-19 Handbook Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools

<https://www2.ed.gov/documents/coronavirus/reopening.pdf>

Falk A, Benda A, Falk P, Steffen S, Wallace Z, Høeg TB. COVID-19 Cases and Transmission in 17 K–12 Schools — Wood County, Wisconsin, August 31–November 29, 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:136–140. https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e3.htm?s_cid=mm7004e3_w

CDC Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission:

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

CDC Operating Schools during COVID-19: CDC's Considerations

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

CDC Indicators for Dynamic School Decision-Making: [https://www.cdc.](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html)

[gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html)

CDC Considerations for Monitoring and Evaluation of Mitigation Strategies Implemented in K-12 Schools:

<https://www.cdc.gov/coronavirus/2019-ncov/php/monitoring-evaluation-k-12.html>

Donohue JM, Miller E. COVID-19 and School Closures. *JAMA*. 2020;324(9):845-847.

doi:10.1001/jama.2020.13092

Russell FM, Ryan K, Snow K, Danchin M, Mulholland K, Goldfeld S. COVID-19 in Victorian Schools: An analysis of child-care and school outbreak data and evidence-based recommendations for opening schools and keeping them open. Report from Murdoch Children's Research Institute and the University of Melbourne. 2020; Published 2020 September 25.

CDC COVID-19 Response Team. Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(14):422-426. Published 2020 April 10.

doi:10.15585/mmwr.mm6914e4

Dawson P, Worrell MC, Malone S, et al. Pilot Investigation of SARSCoV-2 Secondary Transmission in Kindergarten Through Grade 12 Schools Implementing Mitigation Strategies — St. Louis County and City of Springfield, Missouri, December 2020. *MMWR Morb Mortal Wkly Rep.* ePub: 19 March 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7012e4>

Davies NG, Klepac P, Liu Y, et al. Age-dependent effects in the transmission and control of COVID-19 epidemics. *Nat Med.* 2020;26(8):1205-1211. doi:10.1038/s41591-020-0962-9

Dong Y, Mo X, Hu Y, et al. Epidemiology of COVID-19 Among Children in China. *Pediatrics.* 2020;145(6):e20200702. doi:10.1542/peds.2020-0702

Laws RL, Chancey RJ, Rabold EM, et al. Symptoms and Transmission of SARS-CoV-2 Among Children — Utah and Wisconsin, March–May 2020. *Pediatrics.* 2021;147(1):e2020027268. doi:10.1542/peds.2020-027268

Lee B, Raszka WV. COVID-19 in Children: Looking Forward, Not Back. *Pediatrics.* 2021;147(1):e2020029736. doi:10.1542/peds.2020-029736

Lu X, Zhang L, Du H, et al. SARS-CoV-2 Infection in Children. *N Engl J Med.* 2020;382(17):1663-1665. doi:10.1056/NEJMc2005073

Zimmermann P, Curtis N. Why is COVID-19 less severe in children? A review of the proposed mechanisms underlying the age-related difference in severity of SARS-CoV-2 infections. *Arch Dis Child.* 2020;archdischild-2020-320338. Published online ahead of print 2020 December 1. doi:10.1136/archdischild-2020-320338

Götzinger F, Santiago-García B, Noguera-Julián A, et al. COVID-19 in children and adolescents in Europe: a multinational, multicentre cohort study. *Lancet Child Adolesc Health.* 2020;4(9):653-661. doi:10.1016/S2352-4642(20)30177-2

Interim Guidance: Operational Strategy and Phased Prevention for Virginia PreK-12 Schools May 17, 2021 19

Leeb RT, Price S, Sliwa S, et al. COVID-19 Trends Among SchoolAged Children — United States, March 1–September 19, 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69(39):1410-1415. Published 2020 Oct 2. doi:10.15585/mmwr.mm6939e2

Leidman E, Duca LM, Omura JD, Proia K, Stephens JW, Sauber-Schatz EK. COVID-19 Trends Among Persons Aged 0–24 Years — United States, March 1–December 12, 2020. *MMWR Morb Mortal Wkly Rep.* 2021;70(3):88-94. Published 2021 January 22. doi:10.15585/mmwr.mm7003e1

Gudbjartsson DF, Helgason A, Jonsson H, et al. Spread of SARSCoV-2 in the Icelandic Population. *N Engl J Med.* 2020;382(24):2302-2315. doi:10.1056/NEJMoa2006100

Honein MA, Barrios LC, Brooks JT. Data and Policy to Guide Opening Schools Safely to Limit the Spread of SARS-CoV-2 Infection. JAMA. 2021;10.1001/jama.2021.0374. Published online ahead of print 2021 January 26. doi:10.1001/jama.2021.0374

Honein MA, Christie A, Rose DA, et al. Summary of Guidance for Public Health Strategies to Address High Levels of Community Transmission of SARS-CoV-2 and Related Deaths, December 2020. MMWR Morb Mortal Wkly Rep. 2020;69(49):1860-1867. Published 2020 Dec 11. doi:10.15585/mmwr.mm6949e2

Gold JA, Gettings JR, Kimball A, et al. Clusters of SARS-CoV-2 Infection Among Elementary School Educators and Students in One School District — Georgia, December 2020–January 2021. MMWR Morb Mortal Wkly Rep. ePub: 22 February 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7008e4>

Resolve to Save Lives Fact Sheet (Draft): When and How to Close due to COVID-19 Spread: https://preventepidemics.org/wp-content/uploads/2020/04/COV020_WhenHowTightenFaucet_v3.pdf
Prevent Epidemics COVID-19 Playbook <https://preventepidemics.org/covid19/resources/playbook/#Response-4-2>

Children’s Hospital of Philadelphia PolicyLab: Evidence and Guidance for In-Person Schooling during the COVID-19 Pandemic. <https://policylab.chop.edu/sites/default/files/pdf/publications/>

PolicyLab-Executive-Summary-Evidence-Guidance-In-Person-Schooling-COVID-19-Nov-2020.pdf (October 21, 2020, updated November 5, 2020)

COVID-Local Metrics for Phased Reopening (RAND): <https://covid-local.org/metrics/> The Urgency and Challenge of Opening K-12 Schools in the Fall of 2020, J.M. Sharfstein and C.C.Morphew, JAMA 2020: <https://jamanetwork.com/journals/jama/fullarticle/2766822>

American Academy of Pediatrics COVID-19 Planning Considerations: Guidance for School Reentry <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planningconsiderations-return-to-in-person-education-in-schools/>

National Academy of Sciences, Engineering, and Medicine 2020. Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities. Washington, D.C.: The National Academies Press. <https://doi.org/10.17226/25858>

Executive Summary: Evidence and Guidance for In-Person Schooling during the COVID-19 Pandemic. <https://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab-Executive-Summary-Evidence-Guidance-In-Person-Schooling-COVID-19-Nov-2020.pdf>