



School Planning Guidelines

# 2021-22 School Planning Guidelines

**Continuity of Services Plan  
(ESSER III ARP PLAN)**

**Columbus Arts & Technology  
Academy**

**September 2021**



# School Planning Guidelines

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# School Planning Guidelines

## What's New in this Version?

### Version 1.1 (August 2021)

- Published Appendix A: Guidelines for Quarantine After Exposure in K-12 Classroom Setting (Pages 21-24)

### Version 1.0 (August 2021)

- Published initial 2021-22 Health and Safety Guidelines for Accel Schools



# School Planning Guidelines

## Introduction

The COVID-19 pandemic affected entire communities, states, and the world and led us on a journey none of us thought we would experience in our lifetime. Our communities and families have experienced physical, emotional, health, and financial strains. The high levels of stress and trauma experienced during this time have highlighted the resiliency, strength, and power of ourselves and the importance of our schools and the school communities.

Our schools are all working collaboratively with their local county health officials and community partners to plan on how to safely reopen schools. This document intends to be a guide on safely reopening schools. It is not a “one-size-fits-all” document; rather, it is a document that honors the varied local contexts of each of our schools. This guidance document was developed with the most current information known at the time and will be updated as new data becomes relevant. This guide will provide checklists, essential questions for consideration, and examples of best practices and policy. It is also reasonable to expect that the protocols our schools implement will evolve as the local community conditions change.

As information changes, protocol updates and plans will be revised but will always consider the following as key principles:

- School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.
- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.
- Policies should be practical, feasible, and appropriate for child and adolescent's developmental stage.
- Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are medically fragile, have developmental challenges, or have special health care needs or disabilities, with the goal of safe return to school.



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- ❑ No child or adolescents should be excluded from school unless required to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations when needed.
  
- ❑ School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities. These policies should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.

What has been highlighted during this pandemic is the importance of paying attention to the social-emotional well-being of our students, families, and staff. The emotional well-being of all our students, families, and staff are at the forefront of our decision making. We have an unprecedented opportunity to improve how we care for and educate each child and are working diligently to enhance the public good of our schools as we implement new, more student-centered designs.



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## Health and Safety

The health and safety of students and staff is the top priority when deciding to physically reopen or temporarily close school campuses for use by students, staff, and others. School leadership will be working in collaboration with their local health officials in making the decision(s) to open or temporarily close physical school campuses based on local health conditions.

When decisions are made to temporarily close or reopen, our schools will have established clear plans and protocols to ensure the safety of students and staff. Knowing that there is not a “one-size-fits-all” solution for opening schools across all communities, Accel Schools has created a comprehensive checklist of health and safety items that each school will use to guide the important health and safety decisions they will be making. This checklist was developed utilizing guidance provided by the CDC, State Department of Public Health, the State Division of Occupational Safety and Health, School leaders, and officials from other states to provide a comprehensive menu of considerations for schools.

While the checklist focuses on statewide guidance, the final decision to reopen will be made by each school, working in close collaboration with local health officials and community stakeholders, including families, staff, and partners. When a school is reopened, the school will continue to communicate with local and state authorities to monitor current disease levels and the capacities of the local health providers and health care systems.

### Local Conditions

Schools will ensure that the following local conditions are in place:

- Flexibility or Lifting of State Stay-Home Order
  - The state has lifted or relaxed the stay-home order to allow schools to physically reopen.
    - [Arizona](#)
    - [California](#)
    - [Colorado](#)
    - [Ohio](#)
    - [Michigan](#)
  
- Flexibility or Lifting of County Stay-Home Order
  - The county has lifted or relaxed the stay-home or shelter-in-place order to allow schools to physically reopen.
  
- Local Public Health Clearance



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- Testing Availability. The local public health officials have ensured adequate tests and tracking/tracing resources are available.
  - Local public health officials have reported a sufficient duration of decline or stability of confirmed cases, hospitalizations, and deaths.
  - Local public health officials have reported sufficient surge capacity exists in local hospitals.
- ☐ Equipment Availability
- Schools will have sufficient protective equipment to comply with the Department of Public Health guidance for students and staff appropriate for each classification or duty, as well as relevant Division of Occupational Safety and Health Administration (OSHA) requirements.
  - Schools will have plans for an ongoing supply of protective equipment (masks, etc.).
  - Schools have purchased no-touch thermal scan thermometers for symptom screenings.
- ☐ Cleaning Supply Availability
- Schools will have enough school-appropriate cleaning supplies to continuously disinfect the school site following DPH guidance.
  - Schools will ensure there are sufficient supplies of hand sanitizers, soap, tissues, no-touch trash cans, gloves, and paper towels.

## **Plan to Address Positive COVID-19 Cases or Community Surges**

- ☐ Plans are in place to close schools again for physical attendance of students, if necessary, based on public health guidance and in coordination with Accel Schools SVP Operations and local public health officials.
- ☐ Following DPH guidance, when a student, teacher, or staff member or a member of their household tests positive for COVID-19 and has exposed others at the school implement the following steps:
- In consultation with the Accel Schools and local public health officials, the appropriate school official will determine whether school closure is warranted, and length of time-based on the risk level within the specific community as determined by the local public health officer.
  - Following standard guidance for isolation at home after close contact, the classroom or office where the COVID-19-positive individual was based will typically need to close temporarily as students or staff isolate.



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- Additional close contacts at school outside of a classroom should also isolate at home.
- Additional areas of the school visited by the COVID-19-positive individual may also need to be closed temporarily for cleaning and disinfection.
- Alternative plans for continuity of education, medical and social services and meal programs will be in place during temporary closures to school classrooms or facilities.

## Campus Access

Guidelines to minimize access to school campuses, and limit nonessential visitors, facility use, and volunteers include:

- Schools are to exclude entry for any student, parent, caregiver, visitor, or staff showing symptoms of COVID-19 (reference CDC guidelines for COVID-19 symptoms). If students are showing symptoms, staff will discuss with the parent or caregiver and refer to the student's health history form or emergency card to identify whether the student has a history of allergies, which would not be a reason to exclude.
- Students will be monitored throughout the day for signs of illness.
- Students entering school campuses will require symptom screening which includes:
  - Passive Screening - parents are recommended to [screen students](#) before leaving for school (check temperature to ensure temperatures below 100.4 degrees Fahrenheit, observe for symptoms outlined below) and to keep students at home if they have symptoms consistent with COVID-19 or if they have had close contact with a person diagnosed with COVID-19.
    - Symptoms consistent with COVID-19 include:
      - Fever above 100.4 degrees Fahrenheit or 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





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- All students are recommended to wash or sanitize hands as they enter campuses.
  - Schools will provide supervised, sufficient points of access to avoid larger gatherings.
  - If a student is symptomatic while entering campus or during the school day:
    - Students who develop symptoms of illness while at school will be separated from others right away and isolated in an area through which others do not enter or pass. If more than one student is in an isolation area physical distancing measures will be in place.
    - All students and staff will be required to wear a face covering during the school day and at all school functions.
    - Students will be under staff supervision and care until picked up by an authorized adult.
    - Schools will follow established guidelines for triaging students, recognizing not all symptoms are COVID-19 related.
    - Parents will be advised of sick students and that students are not to return until they have met the criteria to discontinue [home isolation](#).
- Return to School after illness and exposure including after students recover from COVID-19 or complete recommended home isolation after exposure to a person with COVID-19.
- **Students with a current vaccination status are exempt from return to school protocols.**
  - All students who are not vaccinated should follow the following guidelines for discontinuing home isolation and returning to school:
    - Exposure with no symptoms (Asymptomatic):
      - All Students:
        - During School Day – student in close contact during the school day with someone diagnosed with COVID-19, had worn a mask, and followed COVID-19 mitigation protocols do not need to quarantine and may return to school.
        - Outside School Day - Attest that at least ten (10) days have passed since last contact with a person diagnosed with COVID-19; and Attest that at least twenty-four (24) hours have passed without use of medication.
        - Attest that at least twenty-four (24) hours have passed without use of medication.
    - Exposure with symptoms or diagnosis of COVID-19 (Symptomatic):



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- All symptomatic or positive diagnosed students must follow the following guidelines for discontinuing quarantine and returning to school;
- Attest that at least ten (10) days have passed since symptoms first appeared or since positive test diagnosis;
- Attest that at least twenty-four (24) hours have passed without fever and use of medication;
- Attest that all symptoms have improved and are resolved.

If all the above criteria have been met but the student has medical documentation stating they are not cleared to return to school, that student may not return until cleared by medical provider.

☐ Staff entering school campuses will require symptom screening which includes:

- Screening – staff will be required to self-screen before leaving for work (check temperature to ensure temperatures below-required threshold, observe for symptoms outlined by public health officials in state/jurisdiction) and to stay home if they have symptoms consistent with COVID-19 or if they have had close contact with a person diagnosed with COVID-19.
- All staff must wash or sanitize hands as they enter worksites.
- Employees who are exhibiting symptoms are asked to use discretion in reporting to work. Twenty-four (24) hour fever-free without use of medication is required.
  - Staff members who develop symptoms of illness will be sent to medical care. School leaders will administer the use of emergency substitute plans.
  - Sick staff members will be advised not to return until they have met the criteria to discontinue [home isolation](#).

☐ Return to work after illness and exposure including after staff recover from COVID-19 or complete recommended home isolation after exposure to a person with COVID-19.

- **Vaccinated staff are exempt from return-to-work protocols.**
- All staff who are not vaccinated should follow the following guidelines for discontinuing home isolation and returning to work:
  - Exposure with no symptoms (Asymptomatic):  
All Staff:
    - During School Day
      - Not required provided employee had worn mask and followed other COVID-19 mitigation protocols.



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- In all cases, employees should self-monitor for symptoms through day 14. Employee may return to work after the 7-day quarantine if the test result is negative.
- Outside School Day
  - Minimum of 7 days. Employee should make an appointment to get tested on the 5th day of quarantine.
  - Employee may return to work after the 7-day quarantine if the test result is negative.
  - Employee should not return to work when
    - Negative test result has been submitted or;
    - Attest that at least ten (10) days have passed since last contact with a person diagnosed with COVID-19 and;
    - Attest that at least twenty-four (24) hours have passed without use of medication.
- Exposure with strong symptoms or diagnosis of COVID-19 (Symptomatic):
  - All symptomatic or positive diagnosed staff must follow the following guidelines for discontinuing quarantine and returning to work;
  - Attest that at least ten (10) days have passed since symptoms first appeared or since positive test diagnosis;
  - Attest that at least twenty-four (24) hours have passed without fever and use of medication;
  - Attest that all symptoms have improved and are resolved.

If all the above criteria have been met but the employee has medical documentation stating they are not cleared to return to work, that employee may not return until cleared by medical provider.

## Outside Visitors and Groups

- Access to campus for parents will be limited and based on the school's evaluation as to whether and to what extent external visitors can safely utilize the facilities and campus resources. All individuals that use the facilities will be required to follow the school's health and safety plans and DPH guidance.
- Protocols will be enforced for accepting deliveries safely.



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## Hygiene

Hygiene practices will be enforced to ensure personal health and safety in school facilities.

- Handwashing protocols will include:
  - Providing regularly scheduled opportunities for students and staff to meet handwashing frequency guidance.
  - Ensuring sufficient access to handwashing and sanitizer stations. Portable handwashing stations will be located throughout the facilities and near classrooms to minimize movement and congregations in bathrooms to the extent possible.
  - Ensuring a fragrance-free hand sanitizer (with a minimum of 60 percent alcohol) is available and supervised at or near all workstations. Children under age nine will use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222. Note: frequent handwashing is more effective than the use of hand sanitizers.
  
- Staff and students will be trained on proper handwashing techniques and PPE/EPG use, including the following:
  - Scrubbing hands with soap for at least 20 seconds or use hand sanitizer if soap and water are not accessible. Staff and students should use paper towels (or single-use cloth towels) to dry hands thoroughly.
  - Wash hands when: arriving and leaving home; arriving at and leaving school; after playing outside; after having close contact with others; after using shared surfaces or tools; before and after using scheduled restroom times; after blowing the nose, coughing, and sneezing; and before and after eating and preparing foods.
  - Refer to [CDC guidance](#) on proper PPE use.

## Protective Equipment

Plans to address protective equipment needs to ensure personal health and safety in school facilities include:

- Student Protective Equipment
  - Vaccinated students will be required to wear face coverings.



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- Students who are unvaccinated are required to continue using face coverings, especially in circumstances when physical distancing cannot be maintained. Students will be advised and have the option to bring in their cloth face coverings, so long as they meet CDC safety guidelines. In the scenario a student does not have access to or forgets their face covering, the school will provide face coverings to be used. At a minimum, face coverings will be worn:
  - While waiting to enter the school campus.
  - While on school grounds including classrooms (except when eating or drinking).
  - While leaving school.
  - While on a school bus.
- If students are not able to wear masks the School will work directly with families to develop accommodations and interventions which ensure compliance of all student and school health and safety initiatives.

## □ Staff Protective Equipment

- All vaccinated staff will be required to wear face coverings.
- As recommended by the CDC, all unvaccinated staff are required to continue wearing face coverings.
- Schools will provide masks if the employee does not have a clean face covering.
- Schools will provide other protective equipment, as appropriate for work assignments.
  - For employees engaging in symptom screening, the school will provide face masks, face shields, and disposable gloves.
  - For front office and food service employees, the school will provide face coverings and disposable gloves.
  - For custodial staff, the school will provide equipment and PPE for cleaning and disinfecting, including:
    - For regular surface cleaning, the school will provide gloves appropriate for all cleaning and disinfecting.
    - Classified staff engaged in deep cleaning and disinfecting will be equipped with proper PPE for COVID-19 disinfection (disposable gown, gloves, eye protection, and mask) in addition to PPE as



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required by the product instructions. All products must be kept out of children's reach and stored in a space with restricted access.

- Continue to follow CDC guidance:
  - [Training and information](#) will be provided to staff and students on proper use, removal, and washing of cloth face coverings.
  - Face coverings are not recommended for anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the covering without assistance. Schools will make reasonable accommodations such as a face shield with a cloth drape for those who are unable to wear face coverings for medical reasons. Face shields should include a cloth drape attached across the bottom and tucked into a shirt.
  - Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected (many people carry COVID-19 but do not have symptoms). Cloth face coverings are not surgical masks, respirators, or personal protective equipment.

## Physical Distancing

Physical distancing protocols will be in place throughout school facilities. The school facility plans will define how staff can honor physical distancing recommendations, yet meet student medical, personal, or support needs. Determining adequate space and facilities to be utilized which maintain the health and safety of students and staff will vary by school.

- Schools will limit the number of people in all campus spaces to the number that can be reasonably accommodated while maintaining a recommended three (3) feet of distance between individuals. Three (3) feet is the current preferred recommendation but it is important to pay attention to future modifications in public health recommendations.
- To the extent possible, and as recommended by the CDC, schools will attempt to create smaller student/ educator cohorts to minimize the mixing of student groups throughout the day. Minimize the movement of students, educators, and staff as much as possible.



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- ❑ In circumstances where sufficient physical distancing is not possible, the school may recommend to all individuals, including staff and students, that facial coverings be worn consistent with [public health guidance](#).
  
- ❑ Student Physical Distancing plans include:
  - School plans will include limitations on the number of students physically reporting to school to maintain physical distancing.
    - Schools will determine student and staff capacity of each school meeting 3 foot physical distancing objectives.
    - To accommodate capacity limitations, various educational modalities and alternative schedules will be utilized.
  - Schools will be recommending virtual activities instead of field trips and intergroup events.
  - Schools will be posting signage and installing barriers to direct traffic around campus.
  
  - Playgrounds/Outside Spaces/Athletics
    - Physical education (PE) and intramural/interscholastic athletics will return to normal activities until advised otherwise by state/local public health officials.
  
  - Classrooms
    - Schools will determine the maximum capacity for students of each classroom in consideration of physical distancing objectives.
    - Desks are to be arranged in a way that minimizes face-to-face contact (i.e. forward-facing) and meets the considerations of physical distancing objectives.
    - If necessary, other campus spaces will be utilized for instructional activities (i.e., lecture halls, gyms, auditoriums, cafeterias, outdoors).
    - Classroom arrangements of developmentally appropriate activities for smaller group activities and rearrangement of furniture and play spaces to maintain separation will be accommodated where possible.
    - Physical distancing objectives will be communicated and addressed as students move between classrooms.
  
  - Food Service
    - Food services will return to normal activities until advised otherwise by state/local public health officials.
  
  - Staff



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- Vaccinated staff are exempt from the physical distance recommendations.
- All unvaccinated staff members are recommended to maintain safe physical distancing between students and staff.

## Cleaning and Disinfecting

Plans to meet cleanliness and disinfecting standards in school facilities and property include:

- Overall Cleanliness Standards. Schools must meet high cleanliness standards before reopening.
- Following CDC guidance, schools shall avoid the sharing of electronic devices, toys, books, and other games or learning aids.
- Schools will limit items that are difficult to clean and sanitize.
- Following CDC and local public health official guidance, schools will institute the following ongoing cleanliness and disinfecting standards:
  - Conduct [safe and correct application](#) of disinfectants using personal protective equipment and ventilation recommended for cleaning.
  - Disinfect the following surfaces between unique cohort uses, such as:
    - Desks and tables
    - Chairs
    - Keyboards, phones, headsets, copy machines
  - Disinfect high touch surfaces frequently, at least daily, which include:
    - Door handles
    - Handrails
    - Sink handles
    - Restroom surfaces
    - Shared instructional materials
  - When cleaning, air out space before children arrive. Plan to do a thorough cleaning when children are not present whenever possible.
  - Close off areas used by any sick person and do not use space before cleaning and disinfection are completed. To reduce the risk of exposure, wait 24 hours before cleaning and disinfecting. If it is not possible to wait 24 hours, wait as long as possible.
  - Provide adequate outdoor air circulation:
    - Following CDC guidance, ensure that ventilation systems and fans operate properly and increase the circulation of outdoor air as much as





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possible by opening windows and doors and other methods. Do not open windows and doors if doing so poses a safety or health risk to children using the facility (for example, allowing pollen in or exacerbating asthma symptoms). Maximize central air filtration for heating, ventilation, and air conditioning (HVAC) systems.

- Keep each child's belongings separated and in an individually labeled storage container, cubby, or area.

## Employees

Engage employees on COVID-19 plans and provide necessary training and accommodations.

### Staffing Ratios

- Ensure staffing levels are sufficient to meet unique facility cleanliness, physical distancing, student learning, and health and safety need to address COVID-19.
- Develop staffing plans which consider physical distancing objectives, staffing ratios, and duty-free meal breaks.

### Develop and provide staff training or utilize state-provided training on:

- Disinfecting frequency, tools, and chemicals used in accordance with the CDC, local public health officials, and OSHA regulations. For staff who use hazardous chemicals for cleaning, specialized training will be required (Public School Works).
- The physical distancing of staff and students.
- Symptom screening, including temperature checks.
- Updates to illness prevention strategies and best practices.
- State and local health standards and recommendations, including, but not limited to, the following:
  - Proper use of protective equipment, including information on limitations of some face coverings that do not protect the wearer and are not PPE but can help protect people near the wearer. Face coverings do not replace the need for physical distancing and frequent handwashing. Cloth face coverings are most essential when physical distancing is not possible. Proper use of removal and washing of cloth face coverings.
  - Cough and sneeze etiquette.
  - Keeping one's hands away from one's face.
  - Frequent handwashing and proper technique.



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- Training for school health staff on clinical manifestations of COVID-19, pediatric presentations, and [CDC transmission-based precautions](#).
  - Training on trauma-informed practices.
  - Training on confidentiality around health recording and reporting.
- The Principal and assigned liaisons will be responsible for responding to COVID-19 concerns. Employees should know who they are and how to contact them.
- Reasonable Accommodations
- Protection and support for staff who are at higher risk for severe illness ([medical conditions that the CDC says may have increased risks](#))
  - If reasonable accommodations are not practicable, Human Resources will work with the School and the employee to develop a leave plan.

## **Communication with Students, Parents, Employees, Public Health Officials, and Community**

- School leaders will engage families, staff, health officials, and the school community, to formulate and implement the plans in this checklist.
- Communication will be ongoing to staff, students, and parents about new, COVID-19-related protocols, including:
- Proper use of PPE/EPG.
  - Cleanliness and disinfection.
  - Transmission prevention.
  - Guidelines for families about when to keep students' home from school.
  - Systems for self-reporting symptoms.
  - Criteria and plan to close schools again for the physical attendance of students.
- Communications will be in place if a school has a positive COVID-19 case.
- The school will address its role in documenting, reporting, tracking, and tracing infections in coordination with public health officials.
  - Notifications to staff and families of any possible cases of COVID-19.
  - Schools will advise sick staff members and children not to return until they have met the health and safety criteria to discontinue home isolation.
  - Schools will inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms and to follow health and safety guidelines if symptoms develop. If a person does



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not have symptoms follow appropriate health and safety guidance for home solation.



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## Communication

### Communication

To prevent and minimize the spread of COVID-19 throughout our schools and communities, procedures to facilitate the documentation, reporting, tracking, and tracing of positive infections will be followed for the entirety of the current school year.

- Parents or guardians of students and school staff who have been diagnosed with COVID-19, whether by laboratory test or through clinical examination are required to notify their school no later than twenty-four (24) hours after receiving a confirmed diagnosis.
  
- To facilitate timely contact tracing and prevent further transmission of COVID-19, parents, guardians of students and staff must report positive tests and/or cases of COVID-19 to [covidreporting@accelschools.com](mailto:covidreporting@accelschools.com), a centralized and actively maintained reporting system for confirmed cases. If schools receive reports on positive tests and/or cases of COVID-19 by parents or staff using existing phone lines, emails, or attendance tracking systems, the reported case must be entered into the [covidreporting@accelschools.com](mailto:covidreporting@accelschools.com).
  
- Reported case notifications must include the following information:**
  - School Name
  - Submitter Name
  - Submitter Email
  - Submitter Phone Number
  - Notification of positive diagnosis of COVID-19
  - Role: Student or Staff
  - Current Modality: Virtual, Hybrid, or Traditional
  
- All schools will appoint a COVID-19 coordinator to facilitate health and safety requirements of the school, including coordination and reporting needs of local health departments. The appointed coordinator name and contact information shall be provided to the local health department.
  
- Once a confirmed case has been reported (within twenty-four (24) hours), the school will notify parents, guardians, and staff of the existence of the case in writing and share as much information as possible without disclosing protected health information which includes:
  - Written notification of a positive test or case shall be sent to the parents or guardians of all students and staff who share a classroom space or have



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- participated in a school activity during the COVID-19 infectious period of a student, teacher, staff member, or coach.
- Written notification shall also be provided to all parents or guardians of students at the school building notifying them of a positive test result. Notifications will be made using school communication tools and website platforms. Schools are required to provide this notification with each case, although schools may consolidate notifications if necessary.
  - Schools must use approved Accel Schools notification templates.
  - Each school shall report the case(s) to their local health department.



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## Appendix

### **A. Guidelines for Quarantine After Exposure in K-12 Classroom Setting**

#### **Guidelines for Quarantine After Exposure in K-12 Classroom Settings**

While great strides have been made in controlling the spread of COVID-19, the virus remains a threat, and the ongoing health and safety of K-12 students, staff, and volunteers remains paramount. Ohio's goal is to keep K-12 students in school, in person five days a week. Students benefit cognitively, emotionally, and developmentally from in-person learning.

This guidance can help guide quarantine decisions after a student or adult contact is exposed to someone with COVID-19 in the classroom setting.

As Ohio prepares to enter the 2021-22 academic year, the Ohio Department of Health (ODH) recommends in its COVID-19 Health and Prevention Guidance for Ohio K-12 Schools following layered prevention strategies that were remarkably effective at controlling COVID-19 during the 2020-21 school year. These include strongly recommending vaccination for those who are eligible; strongly recommending use of face masks in K-12 settings, particularly for those who are not fully vaccinated; maximizing distance between people; prompt identification and providing appropriate care for people exhibiting symptoms of COVID-19; practicing good hygiene; and routine environmental cleaning and disinfection.

#### **Modified quarantine procedures for K-12 schools**

The K-12 school environment is a setting in which layered public health strategies have been shown to be effective at reducing spread of COVID-19. During the 2020-21 school year, Ohio modified standard quarantine procedures for K-12 students based upon studies and pilot evaluations, including the Ohio Schools COVID-19 Evaluation, which is further supported by the Centers for Disease Control and Prevention's (CDC's) new Close Contact K-12 Exception. Modified



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quarantine procedures will continue as Ohio schools begin the 2021-22 school year. With layered prevention strategies in place, more students will be able to remain in the classroom and continue participating in sports and extra-curricular activities.

COVID-19 vaccines are highly effective at preventing severe illness; while some infections are expected to occur in fully vaccinated people, these breakthrough infections are typically mild. To help prevent the potential spread of COVID-19 and keep students in school, everyone should follow recommended prevention measures after possible exposure to COVID-19.

The below guidance can be used to address COVID-19 exposures in K-12 in-person learning environments and on required school transportation (e.g., school buses). Consult with your local health department if you have questions or concerns about quarantine procedures.

Please note that this guidance applies for contacts who have been exposed to someone with COVID-19. The person who tested positive for COVID-19 should follow standard isolation procedures.

- Quarantine is not necessary for students and adults possibly exposed to COVID-19 in K-12 school settings, regardless of vaccination status, if ALL the following prevention measures have been in place:
  - Masking for students and staff (regardless of vaccination status).
  - Physical distancing is maximized (at least 3 feet between desks).
  - Documented COVID-19 prevention policies (e.g., identification of individuals experiencing symptoms, strategies to increase ventilation, protocols for cleaning, etc.).

For more information, visit: [coronavirus.ohio.gov](https://coronavirus.ohio.gov)

- If not all prevention measures listed above were in place, quarantine is not necessary for fully vaccinated\* students and adults provided they adhere to the following precautions: Wear a mask indoors, as much as possible, either for 14 days or until a viral (PCR or antigen) test performed three to five days after exposure has come back as negative. In addition:



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- Self-monitor for symptoms for 14 days following exposure; unless symptoms develop, individuals can continue attending in-person class and participating in sports and extra-curricular activities.
- Anyone with symptoms of COVID-19 should isolate away from others and be evaluated for COVID-19. Testing for SARS-CoV-2 (the virus that causes COVID-19) may be recommended in coordination with the local health department, school, healthcare provider, or parents/guardians.
- If they test positive, they should isolate for at least 10 days from the date symptoms started (or the date of the positive test if they have no symptoms).
- \*Note: A person is considered fully vaccinated two weeks after receiving the second dose of a two-dose vaccine (Moderna or Pfizer vaccine) or two weeks after receiving a single-dose vaccine (Johnson & Johnson vaccine).
- If not all prevention measures listed above were in place, quarantine is not necessary for students and adults who are not fully vaccinated if the person who was exposed was wearing a face mask consistently and correctly and physical distancing was maintained. However, they should take the following precautions:
  - Wear a mask indoors, as much as possible, either for 14 days or until a viral (PCR or antigen) test performed at least five days after exposure has come back as negative. While this negative result would allow them to discontinue masking in school after day seven, we encourage them to continue masking.
  - Self-monitor for symptoms for 14 days following exposure; unless symptoms develop, individuals can continue attending in-person class and participating in sports and extra-curricular activities.
  - Anyone with symptoms of COVID-19 should isolate away from others and be evaluated for COVID-19. Testing for SARS-CoV-2 (the virus that causes COVID-19) may be recommended in coordination with the local health department, school, healthcare provider, or parents/guardians.
  - If they test positive, they should isolate for at least 10 days from the date symptoms started (or the date of the positive test if they have no symptoms).





## School Planning Guidelines

Quarantine should be required if the student or teacher is not fully vaccinated, and layers of prevention were not in place as described above.

- If quarantine is necessary because layers of prevention were not in place as described above, it should last for at least seven days since the last exposure, and the contact should have a negative viral (PCR or antigen) test collected on or after day five. Individuals should watch for any signs or symptoms of COVID-19 for 14 days.
  - During quarantine, contacts should be advised to stay home and away from others as much as possible.
  - If they become symptomatic at any point, they should receive clinical evaluation or testing for COVID-19.
- The above guidelines for students and adults only apply to exposures occurring in classroom settings. Individuals who are not fully vaccinated and exposed to COVID-19 outside of the school setting should refrain from attending in-person school and participating in organized sports or extracurriculars throughout their quarantine period.

Updated Aug. 9, 2021.

For additional information, visit [coronavirus.ohio.gov](https://coronavirus.ohio.gov).

For answers to your COVID-19 questions, call 1-833-4-ASK-ODH (1-833-427-5634).

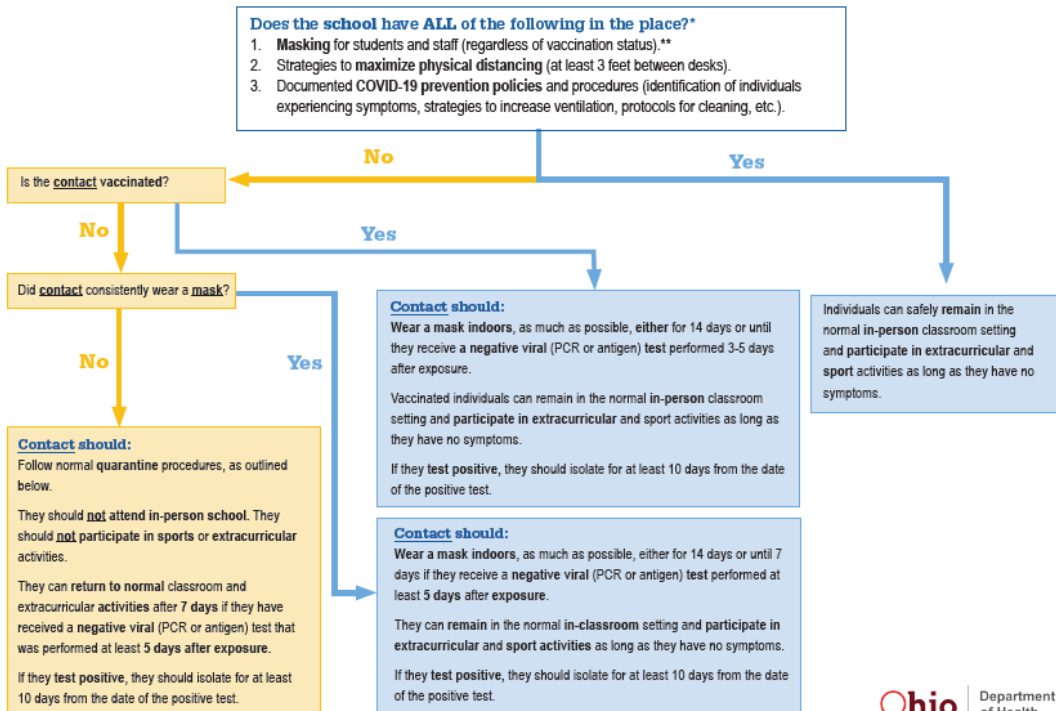
Your mental health is just as important as your physical health. If you or a loved one are experiencing anxiety related to the coronavirus pandemic, help is available 24 hours a day, seven days a week. Call the COVID-19 CareLine at 1-800-720-9616.



# School Planning Guidelines

## Guidelines for Quarantine After Exposure in K-12 Classroom Settings

This chart can help guide quarantine decisions after a student or adult contact is exposed to someone with COVID-19 in the classroom setting.



\*This flowchart applies only to COVID-19 exposures that occurred within a K-12 classroom setting. It is not applicable to exposure in the community, extracurricular, or sports environment.  
\*\*The person who tested positive for COVID-19 should follow standard isolation procedures.