Outbreak Response Protocols: Pre K-12 Schools

Guidance for COVID-19 Outbreak Response in Pre K-12 Schools

Version 10.1 (Updated October 28, 2022)
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Summary of Changes to the Playbook

Version 10.1 (October 28, 2022)

New

- Bivalent vaccine now available for individuals age 5 and older (slide 32)
- Social media post on RSV, COVID-19, & Flu (slide 34)

Updated

- Outbreak definition updated for schools (slide 21-23)
- Recommendations for exposure within the household (slide 16)
- Clarification around recommendations for returning to sports after infection (slide 18)
Prevention Strategies by COVID-19 Community Level
CDC’s COVID-19 Community Levels in Rhode Island

CDC’s **COVID-19 Community Levels** framework is a tool to help communities and individuals make decisions about what COVID-19 prevention strategies. Each county’s risk level is assessed weekly as either low, medium, or high. These levels take into account local COVID-19 hospitalization rates, healthcare burden, and COVID-19 cases.

- The recommendations outlined for schools according to COVID-19 Community Levels are the same as those outlined for the community.
- Schools that serve students from multiple communities should follow prevention recommendations based on the COVID-19 Community Level of the community in which the school is located.
- Find the current COVID-19 Community Level for each county in Rhode Island on RIDOH’s [COVID-19 Data Portal](#).
Overview: COVID-19 Mitigation in Schools

In line with CDC guidance, Rhode Island recommends schools implement baseline infection control strategies and consider extra steps to protect against COVID-19 during outbreaks and periods of higher risk.

**At All COVID-19 Community Levels**

Schools should take steps to manage all infectious diseases, including COVID-19, by

- Promoting **vaccination**;
- Optimizing **ventilation**;
- Promoting hand and respiratory **hygiene**;
- **Cleaning** and **disinfection**;
- Integrating **staying home when sick**, **isolation**, and **managing exposure** protocols into illness policies;
- Offering **school-supported diagnostic testing**;
- **Masking** at all times in school nurse offices/spaces; and
- Maintaining the **capacity for screening testing**.

**During High COVID-19 Community Levels or Outbreaks**

Schools should consider implementing extra steps for protection during periods of **higher risk**, including

- **Screening testing** for all students and staff regardless of vaccination status for
  - High-risk activities (for example, close contact sports, band, choir, theater);
  - At key times in the year, for example before/after large events (such as prom, tournaments, group travel); and
  - When returning from breaks (such as, holidays, spring break, at the beginning of the school year);
- Recommending universal **indoor masking**; and
- **Additional strategies during outbreaks**.
Everyday Actions to Prevent COVID-19 and All Infectious Diseases

Schools should put in place a core set of infectious disease prevention strategies as part of their normal operations. These COVID-19 mitigation strategies can help prevent the spread of other infectious diseases and support healthy learning environments for all.

Schools should ensure they have policies, protocols, and resources in place to

• Promote staying up to date with COVID-19 vaccines;
• Optimize ventilation in schools and on busses;
• Promoting hand and respiratory hygiene;
• Cleaning and disinfection;
• Integrating staying home when sick, isolation, and managing exposure protocols into illness policies;
• Offering school-supported diagnostic testing for students and staff with symptoms or who have been exposed to COVID-19 at school;
• Masking at all times in school nurse offices/spaces; and
• Maintaining the capacity for screening testing in order to scale up during outbreaks or surges.
Extra Precautions for People at Risk of Getting Very Sick

Schools should consider the needs of people who are at risk for getting very sick with COVID-19, or who have family members at risk for getting very sick with COVID-19, in order to provide the critical protection necessary for in-person learning*.

• Some students and staff may need additional protections to ensure they can remain safely in the classroom. When considering the communities’ specific needs, schools may consider
  • Following isolation and quarantine guidance for high-risk congregate settings, which includes recommendations of a 10-day period for isolation;
  • Mask-wearing by people who are immunocompromised or at risk for getting very sick with COVID-19 at medium and high COVID-19 Community Levels;
  • Mask-wearing by people who spend time indoors with others who are at risk for getting very sick with COVID-19, even when the COVID-19 Community Level is not high; and
  • Screening testing at all COVID-19 Community Levels to reduce transmission and improve health outcomes.

* Students with immunocompromising conditions or other conditions or disabilities that increase risk for getting very sick with COVID-19 should not be placed into separate classrooms or otherwise segregated from other students.
COVID-19 Symptoms, Infectious Period, Isolation, and Managing Exposure
Symptoms of COVID-19

- Fever or chills;
- Cough (new);
- Shortness of breath or difficulty breathing;
- Fatigue;
- Muscle or body aches;
- Headache;
- Sore throat;
- New loss of taste or smell;
- Congestion or runny nose (new);
- Nausea or vomiting; or
- Diarrhea.

[cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html]
Responding to Students and Staff with Symptoms

COVID-19 symptom protocols should be included in existing school illness policies. Schools maintain the ability to choose the best COVID-19 symptom policy for their community.

Students and staff who come to school with symptoms or develop symptoms while at school should

- Be asked to wear a well-fitting mask while in the building; and
- Either sent home and encouraged to get tested or test for COVID-19 at school.
  - If the test result is positive, isolate* and send students and staff home; or
  - If the test result is negative, use clinical judgment to decide how to respond to the symptoms in line with illness policies (e.g., students and staff who have fevers or are vomiting should be sent home).
- Masks should be worn at all times in school nurse offices/spaces.

* Schools should establish a flexible space which can be used for isolation when needed.
Definitions: Infectious Period and Isolation

Isolation

- **Isolation** is for the ill or infected:
  - Isolation separates individuals who are infected with COVID-19 from other people.
  - People in isolation must stay home and separate from household members as much as possible.

Infectious Period

- For **symptomatic cases**, the infectious period is 2 calendar days prior to symptom onset until 10 days after symptom onset.
- For **asymptomatic cases**, the 2 calendar days prior to testing (the date the swabbing was conducted) until 10 days after the date of testing.

* Use the [CDC’s Isolation and Quarantine Calculator](https://www.cdc.gov/coronavirus/2019-ncov/if-you-were-exposed/isolation-and-quarantine.html) to help determine duration of isolation.
Isolation Guidance

Everyone who tests positive for COVID-19 should isolate and follow recommendations for return to school.

People should isolate at home for at least 5 full days after the date of their first positive test (asymptomatic) or when symptoms first appeared (symptomatic).

- They may leave isolation after 5 full days* if they
  - Are fever-free for at least 24 hours without use of fever-reducing medicine and COVID-19 symptoms have improved or are improving;
  - Wear a high-quality mask around others for 10 days; and
  - Avoid being around people who are immunocompromised or at high risk for severe disease.

People who are immunocompromised or experiencing moderate or severe illness should isolate at home for at least 10 full days have passed since the date of their first positive test or when symptoms first appeared.

- They may leave isolation after 10 full days if at least 24 hours have passed since last fever without fever-reducing medications and COVID-19 symptoms have improved.
  - They should consider consulting a healthcare provider about the safest time to end isolation.

* If a mask is unable to be worn, the individual should isolate at home for a full 10 days.

- People who have COVID-19 symptoms recur or worsen, should isolate again and consult a healthcare provider with any questions about the symptoms or when to end isolation.

Use the CDC’s Isolation and Quarantine Calculator to help determine duration of isolation.
Removing Masks After Isolation

After isolation, people who have access to antigen tests and return to school before 10 full days may consider using a test-based strategy to potentially remove their mask earlier.

- People may remove their mask before day 11* if they get two negative antigen tests in a row 48 hours apart (first test on day 6 at the earliest).
  - If the antigen test results are negative, they may remove their masks around others (day 8 at the earliest).
  - If the antigen test results are positive, they may still be infectious and should continue wearing a mask and wait at least 48 hours before taking another test.
    - People could choose to continue taking antigen tests at least 48 hours apart until they have two negative test results in a row.
    - This may mean they should continue wearing a mask and testing beyond day 10.

* This strategy may be considered by people who are unable to mask in order to return to school before 10 full days.
Managing Exposure to COVID-19

Regardless of vaccination status or previous infection, all students and staff who were exposed to COVID-19 should follow recommendations to limit transmission.

- All students and staff, regardless of vaccination status or previous infection, who were exposed to COVID-19 should
  
  - Monitor COVID-19 symptoms for 10 days;
  - Wear a well-fitting mask for 10 days; and
  - Get tested after 5 full days (on day 6).
  
  - Schools may consider using serial antigen testing (at least 2 rapid antigen tests 48 hours apart during a 7-day period) or a Test to Stay approach to help keep students learning in person safely. Find more information on the CDC’s web page for school testing.
  - Find more information about understanding exposure risks on the CDC’s web page.

- Accommodations may be necessary for exposed people who cannot wear a mask or have difficulty wearing a well-fitting mask.

- Schools should decide how to manage exposures based on the approach that works best for their communities.
Recommendations for Exposure Within the Household

Individuals exposed within the household should take the same precautions while attending school as those exposed at home and other settings. However, they should consider taking extra steps to protect against infection while in the household if they can’t separate from the infected individual.

### Recommendations for household members that CAN separate from the positive individual

- Monitor COVID-19 symptoms for 10 days;
  - If symptoms develop, stay home and get tested.
- Wear a high-quality mask for 10 days; and
- Get tested after 5 full days (day 6).

### Recommendations for household members that CANNOT separate from the positive individual

- Monitor for symptoms and wear a high-quality mask for the duration of the household member’s isolation (at least 5 days) then an additional 10 days (at least 15 days total from positive case’s isolation start date).
  - If symptoms develop, stay home and get tested.
- Get tested on day 6 and again on day 11 OR implement serial antigen testing throughout the 15-day period.

**NEW!**

Additional Measures for Household Exposure- CDC
Sports Come With an Inherent Risk of Exposure to COVID-19

RIDOH recommends schools consider using a testing program for higher-risk sports.

- Parents, students, and coaches should understand the risk associated with playing sports:
  - High-contact sports, like wrestling, hockey, soccer, and football have a higher risk of transmission.
  - Indoor sports have a higher risk of transmission than outdoor sports.
- Athletes should not attend practices, games, or tryouts if they have symptoms of COVID-19, even if the symptoms are mild and they feel well enough to play.
  - Athletes should not be penalized for missing tryouts, practices, or games due to COVID-19 symptoms, isolation, or quarantine.
  - Tryouts should be extended for symptomatic athletes or athletes in isolation in accordance with athletic department rules.
Recommendations for Returning to Sports & Other School Activities

- The CDC and RIDOH strongly recommend that all students and staff wear a well-fitting mask during days 6-10 if they return to school/activities after a shortened isolation period (5 days).
  - Masking on days 6-10 helps to protect the entire team from exposure.
  - If masks can’t be worn at school or while participating in sports, it is recommended that the individual avoid higher-risk activities (such as participation in high contact sports) for 10 full days.
  - Indoor sports have a higher risk of exposure than outdoor sports (CDC Understanding Exposure Risk).
- Additionally, it may be beneficial to utilize the antigen test-based strategy (see slide 14) on days 6 and 8 in order to lessen the risk that the student/athlete is still contagious before returning to participation in sports.
  - With two negative antigen tests on day 6 and 8, the individual may remove their mask on day 8.
Rhode Island School Quarantine and Isolation Portal

The Pre K-12 School Quarantine and Isolation portal enables districts and schools to have real-time access to student/staff lab results and isolation dates. Staff can enter results from tests performed at school and find results that are reported to RIDOH through other channels.

- Schools should enter all positive test results from testing administered at school.
  - Public schools will find student records preloaded in the portal, so they can quickly enter test results.
  - Private and parochial schools can provide student records to RIDOH to preload.
- Districts/schools can add or change portal users or get support for technology issues by emailing ridoh.rcsadmin@health.ri.gov.
  - For general questions about the portal, email ridoh.covidk12questions@health.ri.gov.
- Individuals who must isolate and need assistance or support can call 401-222-8022 to request services.
Outbreak Management
Updated Outbreak Definition

• RIDOH has updated their COVID-19 K-12 outbreak definition to align with revised guidance put forth by the Council and State Territorial Epidemiologists (CSTE):

  • An outbreak can be defined as multiple cases comprising of at least 20% of a core group (e.g., classroom, sports team, musical/theater group), OR at least five (5) cases within a core group, identified with symptom onset within seven (7) days of each other.

• Schools should continue to report outbreaks to RIDOH that meet this criteria.
Additional Considerations When Notifying RIDOH

Schools may reach out to RIDOH when:

• Identifying a potential COVID-19 outbreak within a school or within a core group based on reported COVID-19 infection cases that meet the outbreak definition for K12 population

• School identifies clusters of ill students and/or staff that are in the same classroom, grade, or have attended a common event, or are members of an extracurricular activity;

• School has high levels of identified transmission in the school, core group, or associated with school sanctioned extracurricular activities

• Schools have COVID-19 infections which are impacting staffing, spreading rapidly, or causing severe disease

• Identifying COVID-19 cases among a medically vulnerable population and seeking guidance

Please continue to reach out to ridoh.covidk12questions@health.ri.gov with any questions or concerns, even if it is not relating to an outbreak
Outbreak Detection and Reporting

Schools should ensure symptom screening, maintain testing, implement isolation protocols, and notify RIDOH when there are outbreaks.

- Schools should email RIDOH (send secure) when there is an outbreak of COVID-19 cases at RIDOH.COVIDK12Questions@health.ri.gov and include the setting of the outbreak (i.e., grade, classroom, team, etc.) and the following specific case information for each case in a secure email:
  - Full name of case;
  - Date of birth;
  - Symptom status and date of symptom onset;
  - Type of test (self-test at home, antigen, or PCR);
  - Date of specimen collection; and
  - Last day of school attended.

- An outbreak is at least 20% of a core group (e.g., classroom, sports team, musical/theater group), OR at least five (5) cases within a core group.
Extra Steps to Take During Outbreaks

Schools may consider additional strategies to reduce transmission during an outbreak.

- Strategies that can help reduce transmission during an outbreak include
  - Wearing well-fitting masks or respirators;
  - Improving ventilation by increasing outdoor air intake and improving air filtration;
    - For example, safely opening windows and doors, including on school buses and ECE transportation vehicles, and using portable air cleaners with HEPA filters, are strategies to improve ventilation.
    - Schools may also consider holding some activities outside if feasible.
  - Screening testing; and
  - Case investigation and contact tracing.
- Schools may also consider suspending high-risk activities during outbreaks.
Testing for COVID-19
School Testing Programs: Types of Tests

RIDOH recommends school policies and programs prioritize use of antigen tests, including self-test kits, because they are highly accessible. Pooled PCR testing remains a good option for large-scale screening testing.

- **Antigen tests** are rapid tests which produce accurate results in 15-30 minutes.
  - To best detect infection, a negative antigen test should be repeated at least once 48 hours apart.

- **Self-tests** are usually antigen tests that can be administered anywhere and aren’t administered by a healthcare professional.
  - Multiple negative test results increase the confidence that there’s no COVID-19 infection.

- **Laboratory-processed tests**, such as PCR tests, are not recommended for regular infection control due to access challenges and longer processing times.
  - Nucleic acid amplification tests (NAATs), such as PCR tests, shouldn’t be used if the someone tested positive within the last 90 days.

- For questions and information about school testing and resources for schools, contact RIDOH.COVIDK12Testing@health.ri.gov.
Reporting Test Results

- Everyone is encouraged to report **positive self-test results** to RIDOH through
  
  - RIDOH’s portal at [portal.ri.gov/s/self-test](http://portal.ri.gov/s/self-test); and
  
  - The [401Health app](https://401health.com) which provides an easy one-stop place to track symptoms; report self-test results; find vaccine records; and learn about COVID-19 testing, treatment, and vaccination.

- Self-test results reported to RIDOH will be available in the Pre K-12 School Quarantine and Isolation portal.
  
  - Students and staff can select their affiliated school when entering their results in the self-test portal and the 401Health app (under development) to expedite the matching.

- Schools should enter all **positive results for Point of Care (PoC) tests and Over the Counter (OTC) tests administered at school** in the [portal.ri.gov/reportcovidresult](http://portal.ri.gov/reportcovidresult).

  - Do not enter self-tests results into the school portal.
  
  - Note: When the school nurse teacher/designated school officials administer self-tests at school, they are considered Point of Care tests (CLIA-approved).
How Can I Access Test Results?

- If you were recently tested for COVID-19 in the State of Rhode Island, you can access a record of your test result at portal.ri.gov/results and the 401Health app.

- What you must have to access your test results:
  - Name (as provided to the appointment line or portal)
  - Date of birth; and
  - Date of testing appointment.

- Note: You need to include a valid cell phone number or email address when you schedule the appointment in order to access results in the portal.

- The COVID-19 Test Result Portal User Guide is available if you need assistance.

- If you were tested at a medical office, retail pharmacy, your workplace, or in school, contact the location where you were tested for a copy of your result if you cannot access your results through the portal.
School Testing Programs: Resources

All districts and schools will have access to federal resources for test supply, services, and personnel.

Schools have access to significant support facilitated by RIDOH, in addition to ESSER funds facilitated by RIDE:

• CDC’s Epidemiology and Laboratory Capacity (ELC) Grant for K-12 School Reopening was extended to July 2023.
  • All schools have a new opportunity to apply using a revised allocation formula which determines an amount for a grant period that covers two school years together (2021-23). To apply, email RIDOH.covidK12testing@health.ri.gov.

• Operation Expanded Testing (OpET) was extended to December 31, 2022.
  • Schools may access free pooled PCR testing.

• Stockpile of ~160,000 antigen test kits are still available to all schools in RI.
  • Every school in Rhode Island has been allocated between 1-3 test kits per student based on health equity.

• Before winter, RIDOH will establish a Master Price Agreement (MPA) for test supply and swabbing.

For more information and all testing questions, contact ridoh.covidk12testing@health.ri.gov.
How to Access COVID-19 Testing Outside School

There are many ways to get a COVID-19 test. Find the most convenient way for you at covid.ri.gov/testing.

- A school nurse, healthcare provider, primary care provider, or pediatrician;

- Respiratory Clinics or Urgent Care Centers;

- Retail Pharmacies (e.g., CVS, Walgreens);

- **Self-test kits** are available at local pharmacies, online retailers, from the federal government, and schools:
  - ~160,000 antigen tests are still available to all pre K-12 schools in Rhode Island based on student enrollment and health equity which may be sent home to families as determined by schools;
  - Private health insurers are required to cover the cost of up to eight tests per month.

- There are places in Rhode Island that offer **free testing for people who don’t have insurance**. Federal programs, like the Increased Community Access to Testing (ICATT) Program or the Test to Treat Program offer free testing for everyone.
COVID-19 Vaccination
COVID-19 Vaccine

Everyone should stay up to date with their COVID-19 vaccines. This means getting all recommended COVID-19 vaccines, including a booster dose when eligible.

- Find COVID-19 vaccine recommendations in this chart and clinical guidance in the CDC’s Interim Immunization Schedule.

- Updated, bivalent boosters are recommended for everyone age 5 or older. “Bivalent” means that these boosters protect people against two strains of COVID-19, the original strain and the Omicron variant.
  
  - This recommendation applies no matter how many booster doses a person has already received. For example, if you got your primary series and two booster doses, you should still get an updated booster at least two months after your last dose.

  - People who recently got COVID-19 may wait three months before getting their booster. This is because they have some protection from infection.
Where to get vaccinated

• You can find bivalent boosters in most places that offer COVID-19 vaccine. You can find vaccines near you at Vaccines.Gov. For more information on COVID-19 and COVID-19 vaccines, please visit C19VaccineRI.org.
  • Right now, there are two bivalent boosters, one from Pfizer and one from Moderna. The booster from Pfizer can be used by people age 5 or older. The booster from Moderna can be used by people age 6 or older.
• Schools that want to hold vaccination clinics can email RIDOH's Office of Immunization at RIDOH.C19VaxClinics@health.ri.gov.
  • RIDOH will provide a list of immunizers that can best meet your community's needs. This is similar to how the Office of Immunization supports flu clinics.
• For more information on staying up to date with COVID-19 vaccines, please visit CDC’s webpage on COVID-19 vaccines.
Getting a Flu Shot? Get the COVID-19 Booster Too!

Kids who are eligible for COVID-19 vaccination can get a COVID-19 vaccine and a flu vaccine at the same visit.

- Although the flu season was light last year, experts expect a comeback this year with pre K-12 students back in school, more people traveling, and fewer COVID-19 restrictions in place.

- Kids can get *both* the COVID-19 booster and the flu shot at the same time if they are eligible and the timing works. Experience with other vaccines has shown that immune response (the way our bodies develop protection) and possible side effects are generally the same whether you get one vaccine at a time or two.
  - *Providers may offer the vaccines in different arms if someone is getting both vaccines at once.*

- Even though both vaccines can be given at the same visit, it is important to **follow the recommended schedule for each vaccine.**
  - List of vaccination clinics and general information about the flu: [health.ri.gov/flu](http://health.ri.gov/flu)
  - Information on COVID-19 and COVID-19 vaccines: [C19VaccineRI.org](http://C19VaccineRI.org)
Text to accompany images:

--RSV, COVID-19, flu, and cold symptoms can all be very similar. Kids can experience fever, cough, fatigue, congestion, and a runny nose with all of them. But there are some clues that set each of these common viruses apart. Learn more: http://ow.ly/9hnj50LlYzz

--You can get your flu shot and your COVID-19 booster at the same time.

--Find flu clinics in Rhode Island at: https://health.ri.gov/flu/

--You can also find flu and COVID-19 vaccines near you at: Vaccines.Gov