Tri-County Health Department
Serving Adams, Arapahoe and Douglas Counties

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Implementation Tips for

CDPHE's COVID-19 Case and Outbreaks in Child Care and School Guidance

This document was prepared by Tri-County Health Department (TCHD) to supplement the Colorado Department of Public Health and Environment's (CDPHE) Guidance on Managing Cases and Outbreaks of COVID-19 in Child Care and School Settings (version 12-15-2020). This document serves to clarify recommended practices and share tips on how to apply the guidance in your schools and school district.

What is a cohort?

A cohort is a small group of students and staff who remain exclusively together within a single classroom or specified area for a period of time. Cohorting minimizes the spread of COVID-19 because it ensures that fewer people are exposed if someone comes to school while infectious.

The preferred size of a cohort has not been defined by CDPHE. However, TCHD recommends cohorts be set up with no more than 40 students and staff; groups of greater than 40 may no longer represent a cohort. When assessing potential COVID-19 exposures in non-cohort settings, quarantine decisions should be made in close consultation with your local public health agency.

Some schools have adopted hybrid model learning, where each individual is assigned separate in-person learning schedules (e.g., Group A attends Monday and Tuesday and Group B attends Thursday and Friday). We have heard that hybrid schools have sometimes applied the term "cohort" to the individuals in an entire in-person learning group. However, for the purposes of COVID-19 investigations, those groups of in person learning do not reflect a true cohort.

- For example, 1,000 students who attend in-person learning on the same day are not defined as a cohort for COVID-19 investigations. On the other hand, if those 1,000 students were further divided into smaller individual groups of less than 40 students who are together for classes or other activities, then the smaller groups represent cohorts.

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Interpreting "Who is a close contact?" and targeted contact identification *(page 22 of CDPHE guidance)*

Colorado and TCHD have observed transmission of COVID-19 among students and staff within the same classroom or cohort, indicating that exposure in school cohorts remain a significant concern. When a case occurs in a cohort, the CDPHE guidance presents two options for managing potential exposures among members of that cohort: either targeted contact identification or enhanced contact identification. A school/district must assess whether targeted contact identification is an appropriate strategy for determining quarantine requirements for each specific situation where COVID-19 or COVID-like illness occurs in a cohort in the school.

On page 22 of the guidance ("Who is a close contact" appendix), CDPHE outlines specific criteria for schools to apply to see if targeted contact identification should or should not be used to evaluate close contacts among a specific exposed cohort. If those criteria are not met then the school should proceed with enhanced contact identification, which often includes quarantine of the entire cohort. This assessment should be done each time a case occurs in a cohort and for every individual cohort that a case participated in. In other words, a school or district should not make a sweeping decision that targeted contact identification is the only approach to be used across all schools and all cases.

"Targeted contact identification" likely will require increased administrative and health services capacity, time, and expertise at your school to appropriately identify students or staff exposed to COVID-19 and institute quarantine. Additionally, steps need to be in place to monitor for symptoms among members of the cohort who are not placed into quarantine and continue in-person learning at the school. Thoughtful consideration must take place as to whether your particular school has the necessary resources to undertake "targeted contact identification" or whether cohort exposures are best managed using enhanced contact identification quarantines. TCHD is available to assist your school in helping make this determination.

Tips to Interpret Criteria for Targeted Contact Identification

Tracking Illness-Related Absences *("Is there a plan in place to track and respond to illness-related absences in the school?")*

Tracking call-out and absenteeism of students and staff without additional follow up to ascertain illness specifics is not sufficient to fulfill this criterion. A school must be able to quickly identify individuals associated with their school who have reported illness. This follow-up would include verifying specific symptoms, applying CDPHE's "Return to

Learn" guidance for the ill person, and recording these instances in a systematic way (i.e. paper forms, electronic spreadsheet).

TCHD encourages schools/districts to have a defined written plan for tracking and responding to illness-related absences and how to manage students or staff placed into quarantine. Having a plan ensures consistent implementation, a record of school processes, and an easy way to communicate these processes to external stakeholders. Tracking and responding to illness in your school is a critical component in preventing COVID-19 transmission and maintaining in-person learning.

The plan should include the following:

- Which staff members/job positions are responsible for each component of the tracking and follow-up process.
- How illnesses and absences are reported to your school and what type of data are recorded.
- Which students or staff are in quarantine and for what time periods.
- Where information will be tracked/stored and who is responsible for maintaining that information on a daily basis.
- What is the school's follow up process once an individual "calls-out" from school.
- Who is responsible for contacting the health department if a potential outbreak is identified (i.e. more than 1 case of COVID-19, clusters of respiratory illness in your school).

Seating Charts Available and Applicable *("Does every class attended by the affected student/staff member have a seating chart?")*

The ability to use "targeted contact tracing" for a specified cohort hinges on having an effective seating chart. Train teachers and staff on how to implement and verify that a seating chart is being adhered to. Seating charts should be readily available, dated, and maintained with accurate and up-to-date information. If more than a few students are out of their seats at any one time (besides the beginning and end of the class period), this indicates an issue with maintaining assigned seating and impedes with contact tracing.

Plan to Work with LPHA to Perform Contract Tracing *("Is there a plan in place to perform contact tracing in conjunction with local public health in the school?")*

Contact tracing in schools is essential to containing the spread of COVID-19. Similar to having a plan for tracking and responding to illness-related absences, a written plan should be in place that outlines how the school will perform contact tracing and should include:

- Which staff members/job positions are responsible for performing each component of the contact tracing activities.
- Outline a list of standard information to be collected each time contact tracing occurs, including
    - For the case, - illness specifics (symptoms, date of illness onset), and locations, dates, and times the case was onsite in the school or participating on extracurricular activities while infectious. Such data will require compiling class schedules and rosters.
    - Who meets criteria as a close contact (whether in an individual basis or for a cohort).
- Who is responsible for sharing this information with your local public health agency.

Home Symptom Screening Encouraged *("Is screening completed for each student and staff member each day?")*

CDC has guidance for if your school is looking to implement an onsite screening process. However, CDC does not currently recommend that universal symptom screenings (screening all students grades K-12) be conducted by schools. Rather ensure that staff, parents, and caregivers have been clearly instructed on how to screen themselves/their children for illness every day prior to arriving at school. The goal is to prevent staff and students who are sick from attending school in-person.

No High Risk Activities *("Did the affected student/staff member refrain from activities such as singing, playing wind/brass instruments, or vigorous exertion known to increase the risk of disease transmission above normal masked speech?")*

"Targeted contact identification" should not be used for a cohort when the case participated in the following activities while infectious:

- singing/choir,
- playing a wind/brass instrument,
- physical education,
- or other sporting activities with vigorous exertion

A case is considered infectious 2 days prior to symptom onset, or test collection date when asymptomatic, through when they meet criteria for discontinuation of isolation. If the case participated in any of these activities, the entire cohort would be considered exposed and be placed in quarantine.

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Extra Precautions for Meals

There are a variety of items a school/district can implement during meal times to address the fact that people will be unmasked while eating and drinking. Some examples of extra precautions a school can implement during meals include:

- Social distancing that is greater than 6 feet between individuals while eating
- Assigned seating in the lunch room area
- Opportunities to eat in well ventilated spaces or outdoors when appropriate
- Use of environmental controls during meal times such as plexiglass or other barriers between individuals
- Utilizing small cohorts during meal times
- Staggered meal times to prevent grouping of people
- Provide signage and other visual aids prompting flow of traffic in the lunch room
- Facilitate hand hygiene prior to entry and exit of the lunch room

It may be necessary to provide the written seating chart or lunch schedule during certain case investigations that involve exposures during meal times.

Sick Individual Masked, Expect During Meals

If the sick individual (either under investigation or lab positive for COVID-19) is unmasked in the school environment during their infectious period, target contact identification may not be appropriate.

Enhanced Contact Identification

If an exposure situation does not meet all "targeted contact identification" criteria, then using "enhanced contact identification" to define a list of close contacts will be necessary. This procedure states that if someone meets ANY of the following criteria, they will need to quarantine.

- Was in a room with the sick individual for 40 minutes OR
- Was within 6 feet of the sick individual for 15 minutes, when both parties are masked OR
- Were within 12 feet of the sick individual for 15 minutes, when either parties is unmasked and indoors (e.g. mealtimes)

If a staff member is in a classroom with an infectious student, the staff may not need to quarantine if they are wearing the appropriate personal protective equipment (PPE) and have maintained a safe distance from the infectious student, according to CDPHE's "Who is a close contact" algorithm. Under "enhanced contact identification" procedures,

"Teachers wearing a KN95 or better and eye protection do not need to quarantine *unless* they were within 6 ft for 15 minutes of the sick person (or 12 ft for 15 minutes if the sick person was not wearing a mask."

Proper PPE includes both a suitable mask and eye protection. The mask must be a KN95 mask or better. As compliance with a KN95 may be difficult, an ASTM 3 surgical mask would be viewed as an acceptable face mask in this situation. The mask must be worn over the mouth and nose for the full duration of the potential exposure. Eye protection must also be worn during the full duration of the potential exposure. Acceptable eye protection includes a plastic face shield or goggles. Glasses or a glass partition do NOT constitute eye protection PPE and would not prevent a staff from having to quarantine. Even if the staff member is using a KN95 mask and eye protection appropriately, they will still be required to quarantine if they are within 6 feet of the sick individual for 15 minutes (or within 12 feet of the sick individual for 15 minutes if the sick individual was unmasked). All time-based exposures are cumulative over a 24-hour period.

In the event that a staff member is identified as the sick person (or case), and they were wearing a KN95 and eye protection during their infectious period, some circumstances will still require use of "enhanced contact identification" for determining this individual's close contacts. As each situation is different, you can consult your local public health agency for guidance in these circumstances.

Situations Not Suited for Targeted Contact Identification

Targeted contact identification is likely to be most impactful in middle and high school settings where it has been difficult to implement cohorting. TCHD does not recommend using targeted contact identification in schools using cohorts of 40 individuals or less of students and staff where the same group of students and staff stay together for more than one class period.

Additionally, targeted contact identification should not be used in these situations:

- The case/case's parent refuses to be interviewed or specific information is unavailable regarding the case's activities/whereabouts while onsite at school.
- The school is unable to identify which students or staff participated in the affected cohort or where they were physically located within that cohort (i.e., classroom). For example, if you cannot confirm seating chart adherence, entry/exit times of individuals, or actual in-person attendance, do not use "targeted contact identification".

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Your local public health agency may inform you of other circumstances not explicitly mentioned above where "targeted contact identification" is not appropriate. In addition, it is possible that your school may meet all CDPHE listed criteria for engaging a "targeted contact identification" method, but due to unique circumstances, CDPHE or TCHD recommends against this strategy. Due to capacity restrictions, schools/districts have the opportunity to utilize enhanced contact identification even when they qualify for targeted contact identification.

General Points of Clarification

Point of Care (POC) COVID-19 rapid antigen testing

Currently, CDPHE school guidance and the "Return to Learn" algorithms (R1, R2, and R3) specify use of recommended tests: PCRor molecular tests like Abbott ID NOW. Recommended tests do not require confirmatory testing. PCR is considered the Gold Standard and is preferred when available. Antigen Point of Care (POC) or rapid tests like BinaxNOW, almost always require confirmatory PCR for negative tests **All positive results are considered cases and do not require confirmatory tests.

Neither a negative COVID-19 POC antigen test nor a serology test result can be used in lieu of a PCR testing or other molecular tests for an individual attempting to meet "Return to School" criteria. Additionally, it is important to note that an individual with a positive antigen test is considered a probable case of COVID-19 based on national surveillance criteria. Probable cases need to self-isolate and close contacts be placed into quarantine. At this time a negative rapid antigen test does not rule out COVID-19 in an ill individual for public health purposes.

In the event that a staff or student has two tests done within the same time period and only one of the tests is positive, that individual must isolate and their cohort must quarantine. This is true regardless of test type. For example, if two PCR tests are done and at least one is positive, the individual must isolate. If one rapid and one PCR test are done, if EITHER of the tests is positive, regardless of test type, the individual is considered a case and must isolate. As it states in the Return to Learn guidance, all positive results are considered cases and do not require confirmatory testing.

Choosing Between "Return to Learn" Algorithms (*page 20 of CDPHE guidance, algorithms R1, R2, and R3*)

There are three separate "Return to Learn" algorithms in the guidance based on Colorado's COVID-19 dial framework and the dial level assigned to a county by CDPHE (dial levels are not determined by a school or school district). Dial levels are based on specific COVID-19 surveillance metrics. If you are unsure of which level dial applies, please consult TCHD or CDPHE.

The three "Return to Learn" algorithms are as follows:

- R1- Green Level
- R2- Blue, Yellow, Orange and Red
- R3- Purple

There may be instances where an ill student or staff member lives in a different county than where the school is located. We recommend applying the dial level based on the county in which the school is located. This same technique can be used when a school district spans multiple counties – use the school's physical address and county location.

Alternate Clinical Diagnosis (*page 20 of CDPHE guidance, "Return to Learn" algorithms R1 and R3*)

There are instances when a stated alternate diagnosis or a health care provider's note is insufficient for an individual to meet "Return to Learn" criteria on the RI and R3 versions of CDPHE's Return to Learn algorithms. Some examples of insufficient provider's note include:

- "Individual does not have COVID"
- "Individual has viral respiratory illness" without another viral confirmatory laboratory testing or other specifics
- "Individual's cough is not due to COVID"
- "Individual is cleared for participation in school" without further mention of an alternate diagnosis

Instead, health care providers should provide details as to what the specific alternative diagnosis is and state that the diagnosis explains all of the symptoms the person is experiencing. COVID-19 PCR testing is strongly encouraged to assist with evaluating symptoms that overlap with COVID-19.

How to Implement the New Quarantine Timeline

The quarantine guidance has been updated and can be found here: https://covid19.colorado.gov/how-to-quarantine. Schools/districts have the ability to determine which currently available quarantine options are acceptable for use by students and staff members in their facility. Schools may choose stricter quarantine standards in the interest in protecting the health of their students and staff. There are now three options for how a person can quarantine:

- a 14-day quarantine (must remain asymptomatic, no testing required)
- a 10-day quarantine (must remain asymptomatic, no testing required)
- a 7-day quarantine (must remain asymptomatic, testing is required)

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The 14-day quarantine remains the most cautious approach, and is recommended for people who are in close contact with high risk individuals (including people who live or work in residential or congregate living facilities). Per the CHSAA Season B guidance, a 14-day quarantine is appropriate for all students/coaches/managers who are exhibiting any symptoms of COVID-19 or have been in contact with someone with COVID-19. For the general population, a 10 or 7-day quarantine is appropriate. All three quarantine options still require an individual **to monitor for symptoms for 14 days after their last known exposure**. This is because there is still a possibility that someone can develop COVID-19 between days 11-14 of their quarantine. If individuals have returned to school or work following a 10 or 7-day quarantine and develop symptoms before day 14, they should leave school, self-isolate immediately, and get tested.

In order to follow a 10-day quarantine, you need to be asymptomatic for the full 10 days, and then you can return to school/work on day 11 following the exposure. You do not need to get tested to follow a 10-day quarantine. You must continue to monitor your symptoms for a full 14 days.

In order to follow a 7-day quarantine, you need to be asymptomatic for the full 7 days AND have received a negative test result on Day 5 or later of your quarantine. This test can be a PCR or a rapid antigen test. If those conditions are met, you can return to school on Day 8 following the exposure. You must continue to monitor your symptoms for a full 14 days.

Please note that **all** quarantine recommendations (14, 10 or 7 days) only apply to individuals not experiencing symptoms. If someone in quarantine experiences any symptoms of COVID-19, no matter how minor or for how long, this individual should self-isolate, get tested, and should not return to school.

Quarantining Previously Positive or Vaccinated Individuals

Currently, a person exposed to a case of COVID-19 who was previously PCR positive within the last 90 days does not need to quarantine. However, they should be re-evaluated if they develop COVID-19 symptoms within 14 days of the contact. Additionally, serology testing (i.e. antibody testing) is not sufficient to preclude an individual from needing to quarantine due to an exposure to COVID-19.

Colorado began distribution of COVID-19 vaccine at the end of 2020. Per CDPHE, quarantine is not necessary once an individual receives two doses of the Pfizer-BioNTech or Moderna COVID-19 vaccine and two weeks have passed after the second dose. If an individual has been exposed to COVID-19 before the 2nd dose and/or before 2 weeks have past since the 2nd dose, they must quarantine. If a vaccinated individual

tests positive for COVID-19, they are still required to isolate. At this time, you must be 16 or older to receive the Pfizer vaccine and 18 or older to receive the Moderna vaccine.

Use of Guidance in Child Care Centers

CDPHE school guidance currently applies to:

- licensed child care settings,
- home-based family child care settings,
- license-exempt child care programs,
- "pods",
- and other home learning/homeschooling groups.

TCHD is reviewing how best to implement this guidance for child care settings specifically. Child care settings have certain functional differences as related to K-12 schools.

For more information visit our TCHD School Support website, email COVIDschools@tchd.org or call 303-220-9200.