

COVID-19

**PREPAREDNESS AND
RESPONSE PLAN
FOR SCHOOLS**

JANUARY 2021

Version 2



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Introduction and Overview

This document is designed by the Southern Nevada Health District to assist in planning for and responding to the reopening and operation of schools in Clark County for the 2020-2021 school year. The Health District recognizes the importance of returning students to school campuses for in-person instruction, as well as the overarching need to protect the health and safety of the students, teachers, staff, and the broader community. The goal of this document is to help schools plan for and implement measures to reduce COVID-19 transmission in the school setting while meeting the educational needs of all students. This document is intended to apply to all K-12 schools and community-based educational organizations, which may include public, charter, private, or homeschool co-ops throughout Clark County.

Education, just like health care and food provision, is an essential service in our community. School closures magnify socioeconomic, racial, and other inequities among students. The students most impacted by school closures are those without access to technologies that facilitate distance learning, those whose parents comprise a disproportionate share of our community's essential workforce and may be less available to provide at-home instruction, and those with special needs.

The decision to reopen educational campuses for in-person instruction and to keep them open will depend on several factors. These include, but are not limited to, continually evolving scientific understanding of COVID-19; the number of current COVID-19 cases in our community; the degree to which schools are being impacted by COVID-19 and contributing to its spread within the community; the capacity of our health system to identify and care for cases; the availability and use of widespread testing to identify new cases; Southern Nevada residents' ability to quickly and effectively isolate or quarantine; and our community's continued cooperation in practicing physical distancing, using cloth face coverings, and taking other preventive measures as recommended.

As schools and educational settings prepare to resume in-person instruction, they should also ensure plans are in place for remote education for students who may need to isolate or quarantine, as well as students who are medically fragile or who have a medically fragile household member. Schools should also be prepared for the possibility of partial or full school closure, either short-term or for a more extended period. Because the data regarding the impact of school reopening on COVID-19 transmission dynamics remains incomplete, we will continue to learn and revise our guidance accordingly.

This document contains a series of public health requirements, recommendations, and considerations for schools reopening and operating their campuses. These should be considered in conjunction with all relevant local, state, and federal laws, as well as school reopening guidance from the state and the federal government.

The Southern Nevada Health District will coordinate the review, revision, and dissemination of this COVID-19 Preparedness and Response Plan. Suggestions for changes may be sent to schoolcovid@snhd.org.

Version 1

PREVIOUS: August 2020 to December 2020

The first version was prepared as a collaborative effort between the Health District and subject matter experts from public, charter, and private schools and released in August 2020. Version one served to answer the many complex questions about operating an educational setting using recommended mitigation strategies and required contact tracing. Key to this initial response was a heightened concern for students that required the entire classroom to quarantine as close-contacts when a positive case occurred. This regulation was above the standard CDC recommended guidelines and was instituted as an enhanced precautionary step. Its use allowed the Health District and schools to monitor COVID-19 transmissions outside and inside schools.

Version 2

CURRENT: January 2021

The second version was prepared following three months of academic attendance from August 2020 to November 2020. The lessons learned during these three months contributed to the second version of this guidance document. Principal updates include removing the required classroom isolation for middle and high school and clinical criteria for COVID evaluation.

3-Month Review

August 2020 through November 2020

In August, schools began the 2020-2021 year, ranging from full distance learning models to hybrid on-campus participation. Public (CCSD) started with all schools within the greater Las Vegas valley employing distance learning models, and smaller rural schools as hybrid on-campus and distance learning. Most charter schools began the school year with distance learning models that allowed a twenty-five percent on-campus capacity, which was increased to forty percent by the end of November. Most private schools returned to full on-campus participation but allowed families to decide between distance learning or on-campus participation.

Thanks to the collaboration of public, private, and charter schools, the Health District has monitored COVID-19 impact and mitigation activities in Clark County schools. Based on these findings, SNHD recommends on-campus participation when adherence to mitigation and contact tracing is followed. Schools provided a safe and healthy environment for students and staff. Additionally, the majority of all COVID-19 transmissions occurred outside of the school setting. The few transmissions that occurred between students were mitigated by performing prompt contact tracing and following disinfection protocols. As schools return to on-campus participation, these points are essential for a safe and successful campus experience:

Guiding Principles

Several principles informed the creation of this document:

1. **Evidence- and Practice-Based:** This document is based on a review of the scientific research and available data on COVID-19. Although information about COVID-19 transmission dynamics, the effectiveness of various public health interventions, and the clinical impact of COVID-19 on children and youth continues to evolve, the Health District has utilized the best available evidence to create this document.
2. **Collaborative:** In developing this document, the Health District is grateful for the collaboration of the Clark County School District, State Public Charter School Authority, and Private Schools; the questions and concerns we have heard from school superintendents, parents, and others; and our partnership with other health officers and school officials throughout the State. The input received has been invaluable in understanding students' educational needs and the practical constraints facing schools and families while also protecting the health and safety of students, staff, and our entire community.
3. **Open-ended:** Given the evolving nature of the COVID-19 pandemic and the scientific information that the Health District anticipates will develop, it is expected that this document will be updated in the future.
4. **Practical and Adaptable:** During this unprecedented pandemic, the Health district realizes that schools face significant operational constraints, parents and teachers have a range of perspectives on the reopening of school campuses, and students have various educational and developmental needs. These varied perspectives are particularly evident considering the spectrum of differences across the elementary, middle, junior high, and high school settings and the possibility of intermittent partial or full school closures (short-term or long-term). This document, therefore, was designed to provide clear direction while allowing schools appropriate flexibility.

I. PREVENTION: MITIGATION STRATEGIES FOR COVID-19

Prevention: Methodology

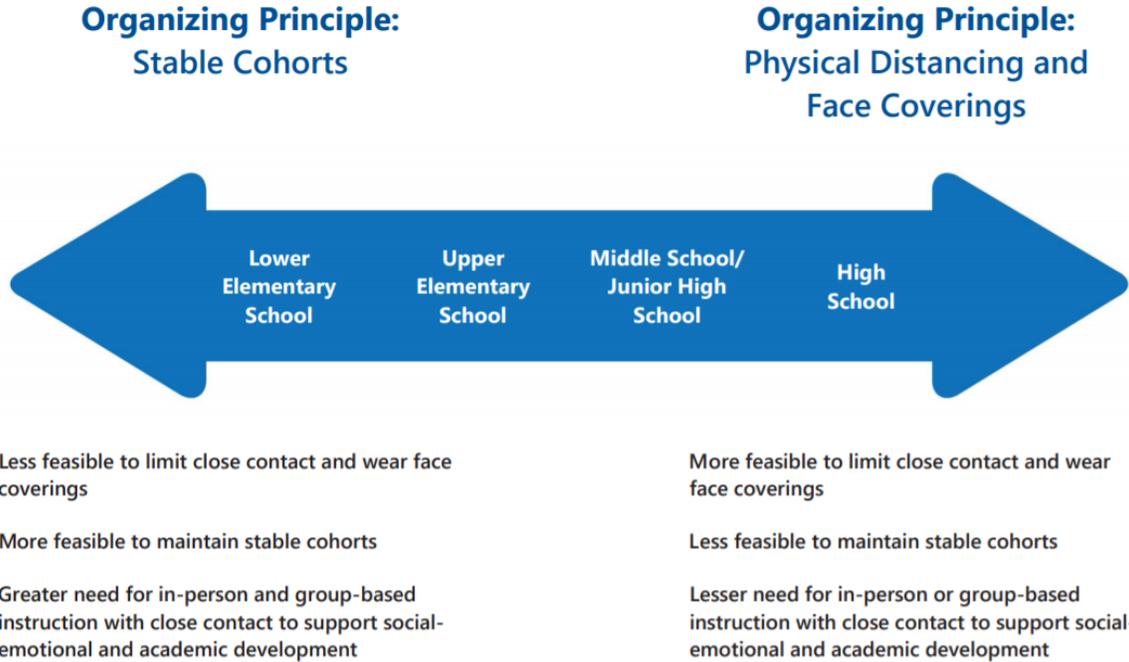
Public health strategies to reduce the risk of COVID-19 transmission in schools include:

1. Minimizing the number of people who come into contact with each other,
2. Maximizing the physical distance between people,
3. Reducing the time that people spend in close proximity to others, and
4. Implementing measures to minimize dispersion of droplets and aerosols (e.g., using face coverings and covering coughs and sneezes).

Because each of these measures' relative contribution in reducing the spread of COVID-19 is not yet clear, public health experts have generally recommended that they are used collectively where possible.

These strategies may be easier or harder to implement in different age groups or settings. For example, a school may ensure that younger elementary school students have fewer contacts by having students stay in one classroom. Still, younger students may be less able to wear face coverings consistently or maintain physical distancing. In contrast, high school students encounter more individuals in a typical school day but are likely to have a greater ability to maintain physical distancing and to use face coverings. (See Figure 1.) For these reasons, the requirements, recommendations, and considerations for minimizing disease transmission on school campuses necessarily vary by age group.

Figure 1. Organizing Principles for Preventing COVID-19 Transmission by Age Group



Physical Distancing

General Recommendations

- Communicate with students, staff, and families regarding physical distancing requirements and recommendations.
- Train staff and students on protocols for physical distancing for both indoor and outdoor spaces.
- Post signage reminding students and staff about physical distancing in prominent locations throughout each school campus.
- Allow only necessary visitors and volunteers on campus and limit the number of students and staff who come into contact with them.
- For outside organizations utilizing school facilities outside of school hours, ensure that they follow all physical distancing requirements.
- Place markings on the ground to facilitate physical distancing of six feet or more at all school entry and exit points and crosswalks near the school.
- If students' crowding occurs during arrival or departure, consider staggering arrival or departure times and designating multiple pick-ups and drop-off locations while minimizing scheduling challenges for students and families.

Arrival and Departure Recommendations

- Minimize close contact between students, staff, and families at arrival and departure through the following methods:
 - Designate routes for entry and exit, using as many entrances and exits as supervised appropriately to decrease crowding.
 - Instruct drivers to remain in their vehicles, to the extent possible, when dropping off or picking up students. When in-person drop-off or pick-up is needed, only a single parent or caregiver should enter the facility.
 - Require adults entering the campus for in-person pick-up or drop-off to wear a face covering.
 - Disperse students gathering during school arrival and departure.

Classroom Settings Recommendations

- Elementary schools
 - Ensure students and staff remain in stable classroom cohorts by keeping the same students, teachers, or staff together for the entire school day. Students should not mix with other stable classroom cohorts.
 - Prioritize the stability of classroom cohorts while maintaining the expectation of physical distancing and cloth face covering use.
 - Given this age group's social and educational needs, physical distancing and cloth face coverings may be challenging to enforce. Therefore, strict maintenance of a stable classroom cohort, which minimizes the total number of contacts, is a primary risk reduction mechanism.
 - Although Nevada's State allows a variance of three, the Health District recommends keeping a six-foot distance between student desks, which is consistent with the CDC guidelines.
- Middle schools/junior high schools and high schools
 - Maximizing the space between student desks. The CDC and SNHD recommend six feet, if possible.

- All schools
 - Distance teacher and staff desks at least six feet away from students.
 - Assign stable seating arrangements for students (this ensures that close contacts within classrooms are minimized and easily identifiable).
 - Keep class sizes small as practicable.
 - Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, electronic devices, etc.), or limit the use of supplies and equipment to one group of students at a time while cleaning and disinfecting between uses.
 - Keep students' belongings separate from other students' belongings.
 - Reduce the amount of furniture and equipment (this facilitates distancing and reduces high touch surfaces).
 - Increase ventilation by increasing outdoor air circulation (e.g., by opening windows) or using high efficiency air filters and increasing ventilation rates.
 - Use non-classroom space (including regular use of outdoor space, gyms, or cafeterias)- if doing so will allow for greater distancing between students.
 - Place markings on floors to facilitate physical distancing.
- Physical Education
 - Conduct physical education classes outdoors or within large, well ventilated gymnasiums or auditoriums. Maintain the appropriate physical distancing of six feet, and consider increasing physical distancing to eight or ten feet when there is increased physical exertion and respirations. Cloth face-coverings should be worn during physical activities when possible. Common equipment may be used as long as it is appropriately disinfected.

Non-Classroom Settings Recommendations

- Restrooms: Stagger restroom use by groups of students to the extent practicable or assign certain groups of students to use specific restrooms.
- Libraries: Stagger group use of libraries.
- Cafeterias: Serve meals in classrooms or outdoors, instead of cafeterias or group dining rooms, to the extent practicable. When Cafeterias are used, consider creating six foot spacing, increasing mealtimes, staggering students, etc.
- Playgrounds and Recess: Consider holding recess activities in separate areas designated by class or staggered throughout the day. Schedule the use of playground equipment to be used separately by classes and disinfect in-between uses.
- Lockers: Minimize the use of lockers to avoid unnecessary mixing and congregation of students.
- Hallways: Minimize congregate movement through hallways and corridors as much as practicable. For example, establish more ways to enter and exit a campus, stagger passing times when necessary or when students cannot stay in one room, and establish designated one-way walking/passage areas.
- Staff Break Rooms: Consider limiting the number of staff who can be in the break room at a given time. Encourage or require staff to eat meals outdoors or in well ventilated spaces, and always maintain six foot distancing.

- Facilities: Increase circulation of outdoor air as much as possible by opening windows and doors, unless doing so would pose a health or safety risk to individuals. If able, maximize central air filtration for HVAC systems (ideally with a targeted filter rating of at least MERV 13). Considerations that may prevent the opening of windows and doors are:
 - Closed campus requirements;
 - Active shooter protocols;
 - Shelter in place protocols;
 - Classroom doors are internal;
 - Unfavorable weather conditions (e.g., heat, cold, rain);
 - Pollution (e.g., pollen exacerbating asthma symptoms).
- School Offices: Space support staff at least six feet apart. Regularly reinforce all mitigation practices and conduct periodic observations to identify areas of improvement. Consider incorporating periodic virtual staff meetings to provide an ongoing improvement process to adhere to the best mitigation practices.

Bus Transportation to and from School Recommendations

Bus Drivers

- Bus Drivers should wear a face shield and mask during the loading and unloading of students. The face shield needs to be removed during driving, but the cloth face covering must still be worn. Aides (if applicable) should wear both the face shield and cloth face covering.

Bus Capacity Plan

- Buses should have no more than one student per seat.
- Spacing should be done to create the most space between students.
- The students and bus driver should maintain a minimum of 6 feet when seated, as indicated by the arcs in the diagram below.
- Seats can be assigned, or the bus may be loaded and unloaded to promote maximum distance between students.
- One method for loading students on the inbound trip to the school is as follows: (see Figure 2, pg. 10)
 - **Step One:** Starting on one side, students fill the window seats in alternating rows from the bus's last row to the front.
 - **Step Two:** On the opposite side, students fill the window seats in alternating rows from the bus's next-to-last row to the front.
 - **Step Three:** On the same side as step one, students fill the aisle seats in alternating rows from the bus's next-to-last row to the front.
 - **Step Four:** On the same side as step two, students fill the aisle seats in alternating rows from the bus's last row to the front.
- Seats could be marked with tape or other material that indicates where students can sit.
- Students should sit in the same seats for the outbound trip as those they took on the inbound trip.
- Students from the same family and/or the same classroom should be instructed to sit together whenever possible.

Air Flow on the Bus

- External airflow should be increased to the greatest extent possible. Windows should be kept open to maximize the amount of fresh air.
- Rooftop vents should be opened to the greatest extent possible if allowed by safety protocols.

Bus Cleaning

- Between routes: Driver and Aide (if applicable) should utilize disinfectant spray or wipes on high-touch surfaces, including handrails, door frames, and tops of seats. The disinfectant should be on the EPA List N, and the label directions should be followed to include ensuring the product remains on the surface for the appropriate amount of time.
- Nightly: A thorough cleaning and disinfection of all interior surfaces should occur. The disinfectant used should be on the EPA List N and applied, and the label directions should be followed to include ensuring the product remains on the surface for the appropriate amount of time.

Student Expectations

- Students should wear a cloth face covering.
- The bus driver should keep a supply of cloth face coverings and provide one to any students without one.
- Hand sanitizers should be placed at the bus's entrance, and students are encouraged to apply it.

Bus Loading Figure

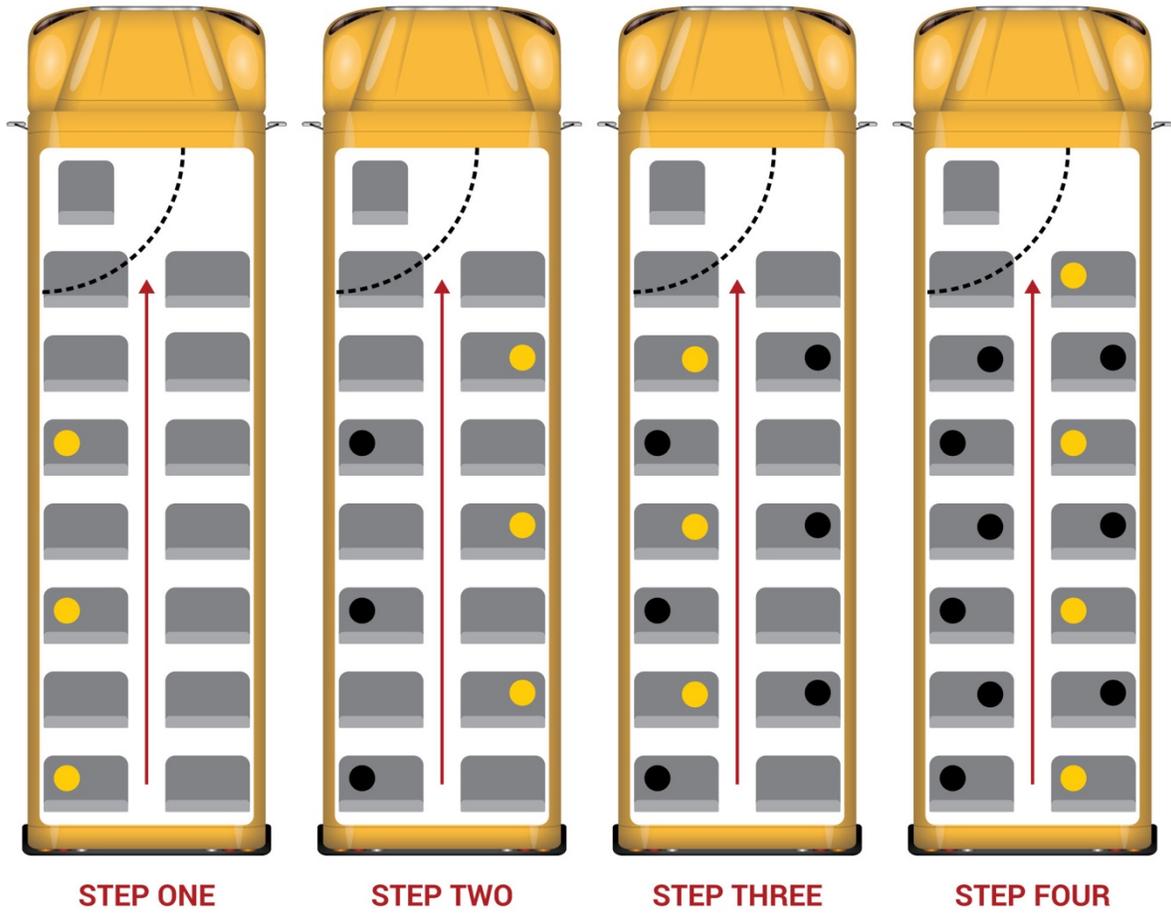


Figure 2.

Cloth Face Coverings

Recommendations

- Staff
 - All staff must wear a cloth face covering at all times. The cloth face covering may be removed based on personal (e.g., eating, drinking) or educational needs (e.g., speech therapy). Any removal must be defined and justified as appropriate according to school protocols. Additionally, removing a cloth face-covering should be limited in scope and offset by compensating with other public health measures (e.g., physical distancing, web conferencing, plexiglass barriers, increased ventilation, etc.)
 -
- Students
 - All students (transitional kindergarten through 12th grade) must wear a cloth face covering at all times. The cloth face covering may be removed based on personal (e.g., eating, drinking) or educational needs (e.g., speech therapy). Any removal must be defined and justified as appropriate according to school protocols. Additionally, removing a cloth face-covering should be limited in scope and offset by compensating with other public health measures (e.g., physical distancing, web conferencing, plexiglass barriers, increased ventilation, etc.)
 - This recommendation includes private schools and all children (regardless of age) who attend on-campus education. As the local health authority for Clark County, the Health District includes this in addition to the Governor's Executive Orders. This guidance is in accordance with CDC recommendations and is an inclusive approach to provide a consistent response specific to our community's needs.
- Medical exemption to cloth face coverings:
 - A licensed medical provider in Nevada, preferably a Primary Care Physician or Pediatrician, with no family relation to the student or staff, may provide an exemption for using a cloth face covering. These exemptions should be for specific situations (e.g., physical exertion with a pre-existing medical condition), be limited in scope, and be for clearly defined medical conditions. Broad, undefined exemptions are not acceptable. When an exemption does apply, the use of other public mitigation measures needs to be implemented. All exemptions should be documented and approved by the school administration.
 - School administrators may establish a one- or a two-week trial period to identify the student's or staff's capacity to wear a cloth face-covering.
 - Exemptions for behavioral needs (e.g., autism, ODD, ADHD, etc.) that in most cases are documented with an Individualized Education Plan (IEP) should be met with reasonable accommodations. It is recommended to allow the IEP team/specialists/advocates to determine and provide direction for the student's ability to wear a cloth face-covering. This might include a complete or situational exemption. It is important as a community to remove barriers for students who are differently challenged. It can be understood that the school's student population is following mitigation protocols to protect those that cannot so that they may be on campus. It is also recommended to consider the negative impact of mitigation efforts (isolation, exclusion) on those who experience behavioral challenges.

- Facilities:
 - Post signage in high visibility areas to remind students and staff that cloth face coverings are required.
 - Post signage in high visibility areas to instruct appropriate use of cloth face coverings.
 - Educate students and staff on the rationale and proper use of cloth face coverings.
 - Communicate with all staff and families regarding expectations for the use of cloth face-coverings and include instructions for how to care for them properly.
 - Provide face coverings for students and staff who lose or forget theirs.
- Types of Face Coverings:
 - Cloth face coverings with one-way valves or vents are not allowed unless covered with a cloth face covering (one-way valves allow air to be exhaled through the valve).
 - Cloth face coverings are recommended to be made from multiple layers (current recommendations are two layers of tightly woven cloth [cotton preferred] and one layer of synthetic material) that can be repeatedly washed. While studies are ongoing, standard face/neck gators (minimal filtration) and bandanas (which does not correctly cover the nose and mouth/acts more as a shield) are considered the least effective and should be avoided.
 - Face shields are not recommended as a replacement for face coverings, given concerns over their ability to minimize droplet spread to others. Teachers may consider using face shields with an appropriate seal (cloth covering extending from the bottom edge of the shield and tucked into the shirt collar) in certain limited situations, including: during phonological instruction and in settings where a cloth face covering poses a barrier to communicating with a hearing impaired or disabled student.

Hygiene Measures

Handwashing and Other Hygiene Measures Recommendations

- Teach and reinforce proper handwashing techniques.
- Teach and reinforce to avoid contact with one's eyes, nose, and mouth.
- Teach how to cover coughs and sneezes correctly.
- Post signage in high visibility areas to remind students and staff of proper handwashing techniques for covering coughs and sneezes and implementing other prevention measures.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, and hand sanitizers (with at least 60 percent ethyl alcohol).
- Minimize the sharing of supplies and equipment among staff and students to the extent feasible. When items must be shared, clean, and disinfect items between uses.
- Minimize contact with high touch surfaces (e.g., propping open building or room doors, particularly at arrival and departure times).
- Model, practice, and monitor handwashing, particularly for lower grade levels.
- Develop routines to ensure students wash their hands or use hand sanitizer upon arrival to campus: after using the restroom, after playing outside and returning to the classroom, before and after eating, and after coughing or sneezing. Avoid over-washing to prevent dry and damaged skin.
- Stagger intervals to minimize the congregation around handwashing and hand sanitizer stations.
- Provide hand sanitizer in each classroom, in any other indoor space used by students or staff, at building entrances/exits, and at locations designated for students or staff to eat.
 - Students under the age of nine should use hand sanitizer only under adult supervision.
- Suspend or modify the use of site resources that necessitate sharing or touching items. For example, consider suspending drinking fountains and installing hydration stations, and instead, encourage reusable water bottles.
- Consider installing additional temporary handwashing stations at all school entrances and near classrooms to minimize congregation in bathrooms.

Cleaning and Maintenance Recommendations

At least daily, and more frequently if feasible, clean and disinfect frequently touched hard surfaces (e.g., tables, desks, chairs, door handles, light switches, phones, copy/fax machines, bathroom surfaces [toilets, countertops, faucets], drinking fountains, and playground equipment) and shared objects (toys, games, art supplies, books) according to CDC guidance.

Consider the following points:

- When choosing cleaning products, use those registered for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list "N" and follow product instructions. Choose asthma-safer ingredients (hydrogen peroxide, citric acid, or lactic acid) whenever possible and avoid products that mix these ingredients with peroxyacetic (peracetic) acid, sodium hypochlorite (bleach), or quaternary ammonium compounds, which can exacerbate asthma.
- Ensure cleaning staff understands the manufacturer's instructions for proper use of these products, including NV OSHA requirements for safe use, as applicable.
- Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible, for example, by opening windows where practicable. After cleaning, air out the space before students arrive; or, plan to do a thorough cleaning when students are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.

- Ensure that all water systems are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other waterborne diseases.
- Limit access to areas that were just used by the sick person (e.g., a student's desk or a staff member's office) until cleaned and disinfected.
- Limit the use of items that are difficult to clean and disinfect.
- Establish a cleaning and disinfecting schedule to avoid both under- and over-use of cleaning products.

Food Services Recommendations

- Follow all requirements issued by the Health District's Department of Environmental Health to manage food services within a school setting.
- Serve individually plated or bagged meals. Avoid sharing of foods and utensils and buffet or family-style meals.

Performing Arts, Athletics, School Events and Clubs

Recommendations

- All performing arts, Athletics, extracurricular activities, and other events may be allowed as mandated by state authorities (please refer to the most recent NV State guidance). However, consideration should be given to postponing or canceling events.
- Choir:
 - Refer to Resource for Choral Professionals During the Pandemic developed by the American Choral Directors Association:
 - <https://acda.org/resources-for-choral-professionals-during-a-pandemic/>
- Music Resource and Band:
 - Refer to guidelines developed by the National Association of Music Education for Fall 2020 Guidance for Music Education:
 - https://nafme.org/wp-content/files/2020/06/NAfME_NFHS-Guidance-for-Fall-2020.pdf
- Athletics:
 - National Federation of State High School Associations and the Sports Medicine Advisory Committee:
 - https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15_2020-final.pdf
- Other School Events:
 - If permissible, all school events should be postponed when there is a high-risk of transmission based on community data and recommended perimeters. When there is a moderate to low risk of transmission, it is recommended that limited gatherings may be considered that employ appropriate mitigation strategies.
- School Clubs:
 - School clubs should meet virtually whenever practical. When clubs do meet, all appropriate mitigation strategies should be followed. Any activities performed by clubs should be reviewed and approved by school administrators to ensure student safety.

Homeschool, Community Resource, Extracurricular Organizations, Club & League Sports

Homeschool Co-op Recommendations

- Adapt and implement all relevant recommendations for schools.
- Limit attendance at co-op events to co-op members.
- Consider conducting extracurricular outdoors or virtually.
- Limit the number of students in the co-op to the number allowed for community settings.

Community Resource Organizations Recommendations

- Any organization or association that provides educational or extracurricular activities typically outside of schools (music, tutoring, student professional associations, dance, gymnastics, theater groups, etc.) should consider the following:
 - Adapt and implement all relevant recommendations for schools.
 - Consider conducting activities outdoors or virtually.
 - When considering group size, follow to the extent allowed for gatherings occurring in the community.
 - Avoid attending or hosting events, recitals, or performances until community data indicates a moderate to low community transmission risk.

Club & League Sports Recommendations

- Any sports club or league outside of school needs to follow all relevant health authorities' relevant recommendations (federal, state, and local).
- Schools may consider requiring an either-or option when a student participates in both school-sanctioned athletics and club or league sports.
- When a student participates in club or league sports, the school may consider requiring them to follow a distance learning model and be excluded from on-campus participation. If school authorities are aware of club or league sports that are not following relevant public health recommendations, schools should consider requiring any participating student to follow a distance learning model with no on-campus participation.
- When a student participates in a club or league competition or tournament, schools should consider requiring them to follow a distance learning model of ten to fourteen days.
- Students should not participate in club or league tournaments that require travel and lodging.

II. DETECTION: MONITORING & CLINICAL MANAGEMENT

Monitoring for COVID-19 in a School

Health Screening Recommendations

Universal health screenings of students and staff (i.e., assessing symptoms prior to entry into a school) is not recommended. Instead, parents and caregivers should be strongly encouraged to monitor their children for symptoms of COVID-19 and should keep their children home from school when symptomatic. Staff should self-assess for symptoms and stay home when symptoms are present.

Additionally, the following recommendations should be instituted by schools:

- Post signs at all entrances instructing students, staff, and visitors not to enter campus if they have any COVID-19 symptoms. COVID-19 symptoms include fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, the recent loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea.
- Immediately send students or staff home who come down with any COVID-19 symptoms or who are identified as a contact of a case of COVID-19.
- Designate a room to isolate students while they are waiting to be picked up.
- If temperatures are taken on students or staff, contact thermometers should only be used when a fever is suspected, and if appropriate Personal Protective Equipment (PPE) can be used (cloth face covering, eye protection, and disposable gloves). Contact thermometers must be adequately cleaned and disinfected after each use.
- Communicate screening requirements to all students, staff, and parents/guardians. Provide periodic reminders.

Parent/Guardian and Student Recommended Responsibilities

A collaborative process between schools and parents/guardians/students is essential for successfully managing COVID-19. All parties should be equally responsible for managing the needed steps.

Recommendations:

- Schools should develop a form(s) that parents/guardians acknowledge to follow COVID-19 protocols. The school may determine what requirements they wish parents/guardians to comply. Some recommendations are:
 - Monitor symptoms daily, before and after school attendance.
 - Inform the school of any exposure to COVID-19.
 - Immediately report any symptoms and keep the student at home.
 - Provide COVID-19 testing results (electronically provided preferred over verbal).
 - Agree to follow isolation and quarantine guidelines when required.
- When parents/guardians/students are unwilling to follow recommendations, the school should make reasonable accommodations to provide alternative access to education, such as transitioning the student to a distance learning model.

Managing Symptoms Among Students and Staff

In general, COVID-19 is less likely to be the cause of mild symptoms when there are no known exposures. Therefore, to help differentiate those likely to have COVID-19 from other etiologies, clinical criteria can be used to help assess whether a student or staff without any known exposure to COVID-19 might need further. The response to those with any COVID-19 symptoms who have a known exposure is addressed later in this document.

Clinical Criteria for COVID-19 Evaluation

<u>1 or more of the following symptoms</u>		<u>2 or more of the following symptoms</u>
<p><u>Fever of 100.4 or higher</u></p> <p><u>New or worsening cough</u></p> <p><u>New or worsening shortness of breath or breathing difficulty</u></p> <p><u>Difficulty or trouble breathing</u></p> <p><u>New loss of taste or smell</u></p>	<p>OR</p>	<p><u>Fever</u></p> <p><u>New or worsening headache</u></p> <p><u>Sore throat</u></p> <p><u>Vomiting</u></p> <p><u>Diarrhea</u></p> <p><u>Chills</u></p> <p><u>Muscle pain</u></p> <p><u>Excessive fatigue</u></p> <p><u>New nasal congestion or runny nose</u></p>

Response Guidelines:

- If the clinical criteria for COVID-19 are met, the student or staff should stay or be sent home and encouraged to seek medical care and/or testing.
 - Students or staff should be excluded for a minimum of 10 days after illness onset. A student/staff may return when:
 - At least 10-days have passed since symptoms first appeared **and**
 - At least 24-hours have passed since last fever without the use of fever-reducing medications **and**
 - Symptoms have improved.
- The following exemptions to this 10-day stay-at-home policy are as follows:
 - If the student or staff tests negative for COVID-19, they may return to school once their symptoms have improved.
 - If a healthcare provider evaluates the student or staff and determines that symptoms are associated with another illness/infection, routine school practices for the management of ill students at school should be followed. However, schools can still require the 10-days exclusion and improvement of symptoms if they so choose.
- As long as COVID-19 is circulating in Clark County, the presence of other viruses in the community that may cause similar illness should not change the suspicion for COVID-19 in an individual with compatible symptoms.
- If a healthcare provider evaluates the student/staff and determines that symptoms are associated with another illness/infection and has no known COVID-19 exposures, routine school practices for the management of ill students at school should be followed. If they choose, schools can be cautious and require the 10-days exclusion and improvement of symptoms when a healthcare provider doesn't require a COVID-19 test or if the individual does not want COVID-19 testing.

COVID-19 Screening Tool for Student and Staff

The following questions may be asked to screen for COVID-19. A student, staff, or parent of a student who answers "Yes" to any of these questions must not come to the school facility.

Daily Home Screening for Students

1. Within the last 10 days, have you been diagnosed with COVID-19 or had a test confirming you have the virus?
Yes – STAY HOME and seek medical care if needed.
2. Within the last 14 days, have you lived in the same household with, or had close contact with, someone who tested positive for COVID-19? (Close contact is less than 6 feet for 15 minutes or more).
Yes – STAY HOME and seek medical care and testing if needed.
3. Have you had one or more of the following symptoms today or within the past 24 hours? Are these symptoms new or not explained by another reason? (If yes, evaluate the likelihood of covid-19 using Clinical Criteria) <ul style="list-style-type: none">• Fever• Excessive fatigue• New or worsening cough• New or worsening shortness of breath/trouble breathing• Chills• Sore throat• Muscle/body aches• New loss of taste or smell• New or worsening headache• Vomiting• Diarrhea• New nasal congestion or runny nose
Yes – STAY HOME, contact the school, and seek medical care if needed.

III. RESPONSE: STRATEGIES FOR RESPONDING TO COVID-19

COVID-19 Response: Preparation and Case Management

STEP 1 - Preparation: Training and Protocols

When a COVID-19 case is reported to the school, a designated response must be in place. Without a plan, the school will face challenges that may confuse and hamper a prompt response. The following recommendations will help to alleviate unnecessary complications and delays.

Training and Preparation Recommendations:

- Designate staff to function as a risk management team. For an individual school, the team may consist of but is not limited to a school nurse, administrator(s), and office staff. The team should have the capacity to increase or decrease the number of individuals participating. The school may consider using volunteers as a resource. For a school system with multiple schools, a risk-management team may be created for each organizational level.
- Provide training to all office staff on how to answer COVID-19 questions and direct all related needs.
- Provide staff training on how to talk to students and parents/guardians about COVID-19 and how they can recognize symptoms. Staff will also need training on how to manage information disclosed from a student or parent about COVID-19.
- When actions are completed in response to a COVID-19 case, the team should conduct an after-action review (hot wash) to evaluate the school's performance so as improvement can be made to any future response.
- Ensure contact information for decision-makers is up-to-date and readily available.
- Ensure rosters and contact information for students are up-to-date.
- Develop or use a system to record and track all information related to COVID-19.

Protocol Recommendations:

- Prepare agreement forms to be signed by parents/guardians that may help the school respond effectively. Refer to Monitoring COVID-19 in a School under Parent/Guardian and Student Recommend Responsibilities.
- Prepare a set script for staff to ask health-related questions for reported illnesses and symptoms. It is within the guidelines of the Health Information Portability and Accountability Act (HIPAA) for symptom information to be requested by the school staff.
- Establish or review school protocols on how to manage Personal Health Information (PHI) securely.
- Require that parents/guardians or staff notify the school immediately if there is a positive test in a student or staff or if one of their household members or non-household close contacts tests positive for COVID-19.
- Determine how to respond to non-responsive absences or parents. If parents do not respond to inquiries, the school may consider requiring further documentation before the student is allowed to return to in-school participation.
- Prepare a form letter for parents to provide to healthcare providers. This form would require the provider to provide the following information:
 - Diagnosis
 - Medical directives: quarantine, return to school dates, etc.
 - Indication if the patient required a COVID-19 test
- Draft fillable notification letters for staff, parents, and students. Be advised that schools must take appropriate actions to protect people's privacy, so it is recommended legal counsel review all letters to prevent any improper disclosure. The letters could contain information that defines the event's nature, any isolation and quarantine requirements, return to school guidelines, and/or any needed information specific to the situation. The letters may be directed to (but not limited to) the following individuals:
 - COVID-19 case.
 - Close contacts to a case.
 - School-wide: Parents/Guardians, staff, students.

- The following is the recommended language that may be used in letters:
 - In an abundance of precaution and transparency, <school> is notifying all families, students, and staff...
 - ...a COVID-19 positive individual was recently identified within our school...
 - ...protecting the private health information of any individual is paramount for...
 - We are following all our disinfection protocols to...
 - We have reported and collaborated with the Southern Nevada Health District to...
 - We have and are performing all the necessary initial contact tracing to identify any close contacts...
 - You should be contacted by a Health District representative who will further discuss your required actions to...
 - A close contact is someone within 6-feet for a collective 15 minutes. If the school or the Health District has not directly contacted you, you have not been identified as a close contact. All others that were present may be considered as a low-risk exposure.
 - Any family may seek testing at the available sites throughout our community.
 - We will closely monitor all individuals identified for the next 14-days to...
 - Please be mindful of continuing to pre-screen any symptoms and preventing community exposure.

STEP 2 - Detection: Isolation and Exclusion for Suspected COVID-19

When a suspected COVID-19 case is identified, it is essential to exclude them from on-campus participation.

Recommendations:

- For off-campus individuals, exclude them from further on-campus attendance and proceed according to recommendations provided in this document.
- For on-campus symptomatic individuals, ensure the individual adheres to appropriate precautions to reduce the potential of transmission of COVID-19 and move them to an isolated location for evaluation or to wait until they can leave the campus. Ensure that the signs/symptoms are recorded and that all pertinent information is obtained, but do not delay sending an ill person home or to their healthcare provider. Proceed according to the recommendations provided in this document.
- For on-campus asymptomatic individuals reported as being in close contact to a case, ensure the individual adheres to appropriate precautions to reduce the potential spread of COVID-19 and move them to an isolated location to wait until they can leave the campus. Proceed according to the recommendations provided in this document.

STEP 3 - Responding to COVID-19 Results: Initial Response

Recommendations for **Negative Test Results** when first reported:

- Symptomatic students/staff evaluated based on clinical criteria for COVID-19, who were excluded from on-campus participation, and test negative for COVID-19 may return according to the school's illness guidelines.
- An asymptomatic student/staff who gets tested and tests negative requires no action.

Recommendations for presumed negative test results and asymptomatic individuals:

- Students/staff identified as close-contacts must be excluded and quarantined from their last known exposure. The exclusion time is based on CDC recommendations of 14-days. Alternatives to the 14-day quarantine may be considered for asymptomatic close contacts. The alternative time is either 7-days or 10-days (7-days with a negative test result or 10-days without testing). The individual must remain asymptomatic throughout the alternative quarantine options. All quarantine time-periods must be completed **even if they receive a negative test result during the quarantine period.**
 - 7-Day Alternative Quarantine: When choosing the alternative of 7-days for asymptomatic close contacts, they must be tested on the 5th day or after the exposure occurred. If community testing results are delayed, or reliable rapid testing is unavailable, **and the individual remains asymptomatic**, they may return to school on the 8th day, pending the test results.
 - In the case an individual cannot access testing by the 7th day of the quarantine, they must remain quarantined until either the test specimen is collected, or a 10-days alternative is reached, or a 14-day quarantine completed (with or without testing).
 - 10-day Alternative Quarantine: When choosing the alternative of 10-days for asymptomatic close contacts, no testing is performed. The close contact must remain asymptomatic for the 10-days after the exposure occurred and may return on the 11th day.

Recommendations for **Positive Test Results** when first reported:

- For on-campus students/staff, ensure they adhere to appropriate precautions to reduce the potential for transmission of COVID-19 and move them to an isolated location or to wait until they can leave the campus.
- Ensure all pertinent information is obtained, but do not delay sending an ill person home or to their healthcare provider.
- Collect the following information:
 - For those with symptoms, record: symptoms, date of onset, and date the sample was collected for the test. Request that a copy of the test results is provided.
 - For those without symptoms, record: date the sample was collected for the test. Request that a copy of the test results is provided.
- Once the initial information is recorded, begin managing the situation and proceed according to the instructions in this document.

Recommendations for Disinfection when first reported:

- When an on-campus positive COVID-19 is identified, begin procedures for enhanced disinfection and ventilation in addition to the school's regular disinfection protocols.

Recommendations for Notification when first reported:

- When an on-campus positive COVID-19 case is identified, begin procedures to notify parents/guardians, students, and staff in a general school-wide notification.
- Social media and texting contribute to an increased flow of information between staff, parents/guardians, and students. A school cannot PHI, but the COVID-19 positive student/staff may personally disclose the information. When a school does not provide notifications, but the positive result is widely known, many staff and parents/guardians perceive this as deceptive. It benefits the school to offer a prompt, broad notification of a COVID-19 case. The notification process may reinforce the mitigation strategies, screening, and collaboration.

STEP 4 - Contact Tracing: School Guidance

The purpose of contact tracing is to identify who may have been exposed to COVID-19 so as measures can be implemented to slow the transmission of the virus. To provide prompt and efficient responses while being mindful of applicable state and federal labor and privacy laws, designated school staff can identify these contacts using the following information/instructions:

Definition of a close contact:

- A close contact is an individual who was within 6 feet of a COVID-19 case for a cumulative 15-minutes or more over a 24-hour period and during the case's infectious period.
 - Use of mitigation strategies by the case (e.g., cloth face-coverings, plexiglass, face-shields, etc.) **do not** negate the 6-foot 15-minute criteria.
 - Definition of the infectious period: The period of time when a case has the potential to transmit COVID-19 to others. This period starts 48-hours before the onset of symptoms (or 48 hours before the date of collection of the positive test result, if no symptoms) **through** 10 days after onset of symptoms (or 10 days after the date of collection of the positive test result, if no symptoms).

Criteria to identify close contacts for **Grades 6 to Grade 12** (middle school and high school):

- All students and staff who meet the above definition are considered close contacts.
- Additionally, all students and staff who were in the same classroom(s) but who do not meet the definition of a close contact must be closely monitored for 14-days:
 - If (1) or more students or staff develop symptoms or test positive, but they have another exposure outside of the classroom (e.g., a member of their household), treat as if it's a separate event, monitor the classroom(s) for another 14-days and respond accordingly.
 - If (1) or more students or staff develop symptoms or test positive, but they do not have another exposure outside of the classroom, treat as if there is a potential outbreak within the classroom and promptly notify the Health District. In consultation with the Health District, take one of the following measures:
 - Approach as a case by case basis with increased mitigation and disinfection; or,
 - Designate all students and staff within the classroom(s) as close contacts until the quarantine period has ended; or,
 - In partnership with the Health District, investigate the nature and extent of transmissions, and consider a temporary closure of the school.

Criteria to identify close contact for **Grades Pre-K to Grade 5** (Elementary):

- A heightened approach is suggested for identifying close contacts among those in Pre-K to Grade. This approach utilizes data from the community to determine the current risk of community-transmission of COVID-19. When performing contact tracing, schools will need to contact the Health District to inquire about the current risk of transmission. Based on the risk, two approaches will be applied:
 - Lowest Risk to Moderate Risk of Community Transmission
 - Higher Risk to Highest Risk of Community Transmission

Criteria for Grades Pre-k to 5 for Lowest Risk to Moderate Risk of Community Transmission:

- All students and staff who meet the above definition are considered close contacts.
- Additionally, all students and staff who were in the same classroom(s) but who do not meet the definition of a close contact must be closely monitored for 14-days:
 - If (1) or more students or staff develop symptoms or test positive, but they have another exposure outside of the classroom (e.g., a member of their household), treat as if it's a separate event, monitor the classroom(s) for another 14-days and respond accordingly.
 - If (1) or more students or staff develop symptoms or test positive, but they do not have another exposure outside of the classroom, treat as if there is a potential outbreak within the classroom and promptly notify the Health District. In consultation with the Health District, take one of the following measures:
 - Approach as a case by case basis with increased mitigation and disinfection; or,
 - Designate all students and staff within the classroom(s) as close contacts until the quarantine period has ended; or,
 - In partnership with the Health District, investigate the nature and extent of transmissions, and consider a temporary closure of the school.

Criteria for Grades Pre-K to 5 for Higher Risk to Highest Risk of Community Transmission:

- All students who were in the same classroom(s) are considered close contacts.
- All staff who meet the definition of a close contact (6-feet/15-minutes) are considered close contact.

COVID-19 – School Indicators to Inform Contact Tracing

Indicators	Lowest risk of transmission in schools	Lower risk of transmission in schools	Moderate risk of transmission in schools	Higher risk of transmission in schools	Highest risk of transmission in schools
Number of new cases per 100,000 persons within the last 14 days	<5	5 to <20	20 to <50	50 to ≤ 200	>200
Percentage of RT-PCR tests that are positive during the last 14 days	<3%	3% to <5%	5% to <8%	8% to ≤ 10%	>10%
Percentage change in new cases per 100,000 population	<-10%	-10% to <-5%	-5% to <0%	0% to ≤ 10%	>10%

STEP 5 - Quarantine Guidelines

Isolation

Any student or staff with symptoms of COVID-19 who tests positive is required to isolate at home, safely separated from others, until the following criteria are met:

- At least 10-days have passed since symptoms first appeared **and**
 - At least 24-hours have passed since last fever without the use of fever-reducing medications **and**
 - Symptoms have improved
- A negative test is not required to return, nor does a negative test during the isolation period reduce the number of days needed in isolation.

A student or staff with a positive COVID-19 test but without symptoms is required to isolate at home, safely separated from others, for 10-days after the date the sample used for the test was collected.

Quarantine

Any student or staff identified as a close contact is required to go into quarantine for 14 days since the date of last exposure. However, the following alternatives to this 14-day quarantine may be considered, provided the individual remains asymptomatic and meets any applicable conditions: (a defined explanation is provided previously in this document)

- 7-day alternative: The close contact can be released from quarantine after day 7 (i.e., after 7-days since the date of last contact with the case), provided they get a test on day (5) or later, and that test is negative.
- 10-day alternative: The close contact can be released from quarantine after day 10 (i.e., after 10-days since the date of last contact with the case). In this alternative, no testing is required.

Additional Quarantine Recommendations:

- Distance learning should be offered.
- The school should emphasize that anyone under isolation or quarantine is obligated by law to remain in isolation or quarantine for the designated period and have no contact with others outside of their household.
- After their last exposure to a positive case, close contact individuals are recommended to test for COVID-19 infection between the fourth and eighth days. Testing the day of or within the first two days of exposure is not recommended.
- A student or staff member who previously had a positive test for COVID-19 and has recovered does not need to be quarantined for 3-months since the date of their most recent test. If any COVID-19 like illness develops during this time, please consult with the Health District. Rapid COVID-19 antigen tests alone should not be used to identify those eligible for this exemption (i.e., there must be documentation of a PCR test), nor is a positive antibody test in the absence of a PCR test.

STEP 6 - Reporting COVID-19 to the Southern Nevada Health District

When a COVID-19 case is identified or reported, the school is required by Nevada Revised Statutes (NRS) to report the case to the Health District. All schools, with the exception of CCSD, may report a case to the Health District at:

(Clark County School District will follow an internal policy to notify the Health District through Nursing administration)

(702) 759-0925 or emailing schoolcovid@snhd.org.

The Health District will assess and collect the initial information and initiate an investigation. As a result of this investigation, the Health District may ask that a pre-formatted excel sheet that identifies all close contacts will be completed and upload to a secure server.

During periods of increased transmission of COVID-19, the Health District may be delayed in their response. It is essential that schools report all COVID-19 positive cases (even when a student is distance learning and has not been on-campus) so that local and state health authorities may compile data and reference all school-age students. If a school calls to report a case but cannot speak with a Health District representative, please leave a message and/or continue to follow-up. Equally important to a school reporting a positive case is its immediate response to control and prevent transmissions. Reporting the case to the Health District is part of this process but not the only step; it should not be a barrier to effectively managing and mitigating the transmission of COVID-19 within a school setting.

On occasions, the school and the contact tracer may not give the same directions. This may confuse students and staff who will be unable to determine how best to proceed. It is recommended that the school contact the Health District for clarification and direction. Once received, the school and the Health District should work with parents/guardians/staff to rectify any misunderstandings.

When the Health District contacts schools, they are required to provide the personal identifying information requested by the contact tracer. If needed, the school may request the Nevada statute that defines this authority.

COVID-19 Testing Sites & Vaccine

Testing continues to be available at some community collection sites but is more widely available at pharmacies and health care provider offices. Information about access to such testing is available at www.snhd.info/covid-19-testing-sites.

Testing Types & Insurance

- Current standard for COVID-19 testing is a PCR test (nasal, throat, or oral specimen)
- A positive rapid COVID-19 antigen test is recommended to be confirmed with a follow-up PCR test for initial diagnosis.
- A positive rapid COVID-19 PCR-molecular test is considered diagnostic.
- There is no cost associated with testing provided through the Health District locations, but pharmacies, laboratories, healthcare provider offices likely charge a fee, though insurance may cover.

Previous COVID-19 Positivity, Antibody Tests, and Vaccines

- When verified scientific research determines key characteristics to the body's immunological response to COVID-19, appropriate guidelines may be developed.

COVID-19 Vaccine

- Up-to-date information about COVID-19 vaccine can be found at <http://www.snhd.org>.

COVID-19 Scenarios

SCENARIO 1
Scenario 1 (at school): A student or staff member exhibits COVID-19 symptoms <u>while at school</u> .
Immediate Action & Follow-up
<ul style="list-style-type: none">• Staff: Send home and evaluate based on Clinical Criteria for COVID-19• Student: Isolate, use correct PPE, and evaluate based on Clinical Criteria for COVID-19.• Student/Staff sent home for COVID-19 symptoms:<ul style="list-style-type: none">○ Record day and time of onset, and exclude for 10-days if COVID-19 test result is positive○ Student/staff instructed to get tested or seek medical attention○ Follow-up for test results or resolution of symptoms• Cohort to remain until test results reported• <u>Negative test</u>: Student/staff may return after 24-hours of no symptoms provided they are not a contact of a case.• <u>Positive test</u>:<ul style="list-style-type: none">○ <u>Begin contact tracing based on appropriate grade level criteria:</u><ul style="list-style-type: none">▪ <u>Identify close contacts and quarantine from the day of last exposure.</u>▪ <u>Report case(s) to the Health District with needed information.</u>▪ <u>Notify the school and all individuals involved.</u>▪ <u>Record dates for return to school for positive and close contacts</u>○ Follow disinfection protocols.

SCENARIO 2

Scenario 2: A student or staff member reports testing positive for COVID-19 .

Immediate Action & Follow-up

- Ask the needed questions outlined in STEPS to perform contact tracing to enable contact tracing for school settings.
- **IF 48-hours or MORE** from symptom onset AND since the last contact at school:
 - Exclude positive student/staff from on-campus attendance for 10-days, based on day of positive test if asymptomatic or from the day of onset of symptoms.
 - Prepare and provide needed notifications
 - Since it is 48-hour or greater since the positive student/staff was on-campus, no additional individuals need be quarantined.
 - Report case to SNHD
- **IF 48-hours or LESS** from symptom onset or day of testing for asymptomatic AND since the last contact at school:
 - Exclude positive student/staff from on-campus attendance for 10-days, based on day of positive test if asymptomatic or from the day of onset of symptoms.
 - Prepare and provide needed notifications to school, close contacts
 - Begin contact tracing based on appropriate grade level criteria:
 - Identify close contacts and quarantine for 14-days from the day of last exposure.
 - Report case(s) to the Health District with needed information.
 - Notify school and all individuals involved.
 - Record dates for return to school for positive and close contacts
 - Follow disinfection protocols.
 - Report case and all close contacts to SNHD.

SCENARIO 3

Scenario 3: A family member or someone in close contact with a student or staff member (outside the school community) tests positive for COVID-19

Immediate Action & Follow-up

- School administration notified
- Student/staff sent home or excluded from attending
- Verify all shared household occupants are excluded
- Unless instructed by the local health authority or medical provider, testing is not required.
- Student/staff instructed to quarantine based on school policy after the date of last exposure.
- The release from isolation does not require a provider's note and does not require repeat testing or a negative test.
- If student/staff develops COVID like symptoms during the 14-day quarantine, see Scenario 1 above.

MISCELLANEOUS SCENARIOS

- A student or staff member who has previously tested positive through a confirmed PCR test for COVID-19, has recovered or meet all local health and school requirements, does not need to be excluded or quarantined for the next 3-months of school due to close contact exposure(s). If any illnesses develop, consult with the Health District or an Infectious Disease Specialist.
- A student or staff who reports a previous COVID-19 illness, but cannot provide documentation, may be quarantined to any exposure.
- Testing positive for antibodies currently does not provide an exemption from isolation/quarantine.
- Siblings to a close contact may be at the same school or another school. A school should not exclude siblings of close contacts from in-school participation.

Closure of Rooms and Schools During COVID-19 Outbreaks

The presence of COVID-19 in a school does not warrant the school's complete closure. Brief closure of a classroom(s) and a school is sometimes necessary to control an outbreak of COVID-19 through disinfection and increased ventilation. Classrooms might be closed based on the need to disinfect the classroom, if the classroom layout doesn't allow for adherence to physical distancing requirements, or if there is a need to interrupt transmission of COVID-19 within the classroom. Similarly, a school might be closed based on the need to disinfect the school or if there is a need to interrupt transmission within the school (e.g., students or staff within multiple classrooms are affected). In most COVID cases, closure is brief and dependent upon indications of the cleaning agents used to disinfect. Mandated closures can occur by directive of the school's governing body, the Health District, or the Governor.

Voluntary School Closures: Enhanced Mitigation Strategy

Schools may voluntarily close or transition to complete distance learning for a predetermined number of days. If such a decision is made, it is recommended that the closures occur on days in conjunction with weekends and/or holidays to decrease the loss of on-campus educational days. And when such closures do occur, the school should encourage students and their families to practice prevention strategies – use face masks, practice social distancing, avoid gatherings with those from outside of their household, and seek testing.

Benefits of a voluntary school closure:

- Ensures the school is well ventilated and disinfected;
- Provides opportunities for school-wide testing;
- Increases time for natural disease progression among those who are asymptomatic ;
- Allows for symptoms to develop among those who are infected;

Examples of campus closures:

- 3-days: Monday or Friday plus Saturday/Sunday
- 4-days: Monday/Tuesday or Thursday/Friday plus Saturday/Sunday; or, Holiday, Monday or Friday plus Saturday/Sunday
- 9-days: 2 weekends (Saturday/Sunday) plus 5-days Monday to Friday (possibly combined with a holiday)

APPENDIX A

Southern Nevada Health District Contact

Health District Hotline

When a COVID-19 case or outbreak is suspected or identified, the school must notify the Southern Nevada Health District.

(702) 759-0925
schoolcovid@snhd.org

Charter and Private schools need to designate a single point of contact to inform the Health District. Clark County School District schools will follow an internal policy to notify the Health District.



For the latest COVID-19 information, visit www.snhd.info/covid

APPENDIX B

School Cleaning Guidance

General Cleaning and Disinfecting

Schools should develop a written procedure that

1. Identify the chemical disinfectants to be used on the various surfaces
2. General directions on how the surfaces will be cleaned and disinfected.
3. Instructions on how to disinfect areas where students and staff have been identified as having possible COVID-19 or reported being positive for COVID-19

Surfaces throughout the facility should be cleaned and disinfected nightly. High touch surfaces such as door handles, faucets, push plates, drinking fountains should be routinely disinfected throughout the day. The disinfectant should be registered with the US Environmental Protection Agency as effective against the virus that causes COVID-19. These products will be on the EPA List N.

The enhanced cleaning and disinfecting procedures will continue until the outbreak is declared over.

Small toys and Manipulatives

After each use, small toys and manipulatives should be disinfected with a product registered with the EPA following the label directions that is effective at removing the virus.

Items with visible dirt or grime must be washed with soapy water before being disinfected.

Alternatively, these items can be taken out of use until cleaning and disinfection can be performed.

Athletic Equipment

All school and athletic lockers will be disinfected using a product registered with the EPA that is effective against the virus. The directions on the label of the product must be strictly followed.

After each use, all athletic equipment will be cleaned then disinfected with a product registered with the EPA that is effective against the targeted virus. The directions on the label of the product must be strictly followed.

Alternatively, these items can be removed temporarily as needed.

Cloth Surfaces

Cloth items that cannot be disinfected should be either removed for the duration of the outbreak or be cleaned and disinfected with a product that is appropriate. The directions on the label of the product must be strictly followed.

Alternatively, these items can be removed temporarily as needed.