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National School Re-opening Strategy - Planning for the Fall

*Making
connections
to solve
problems.*

*Bridging
gaps by
providing
solutions.*

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Operational Strategy for K-12 Schools through Phased Prevention

Updated Mar. 19, 2021

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Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Summary of Recent Changes

Updates as of March 19, 2021

- Revised physical distancing recommendations to reflect at least 3 feet between students in classrooms and provide clearer guidance when a greater distance (such as 6 feet) is recommended.
- Clarified that ventilation is a component of strategies to clean and maintain healthy facilities.
- Removed recommendation for physical barriers.
- Clarified the role of community transmission levels in decision-making.
- Added guidance on interventions when clusters occur.



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Key Points

1. Evidence suggests that many K-12 schools that have strictly implemented prevention strategies have been able to safely open for in-person instruction and remain open.
2. CDC's K-12 operational strategy presents a pathway for schools to provide in-person instruction safely through consistent use of prevention strategies, including universal and correct use of masks and physical distancing.
3. All schools should implement and layer prevention strategies and should prioritize universal and correct use of masks and physical distancing.
4. Testing to identify individuals with SARS-CoV-2 infection and vaccination for teachers and staff provide additional layers of COVID-19 protection in schools.

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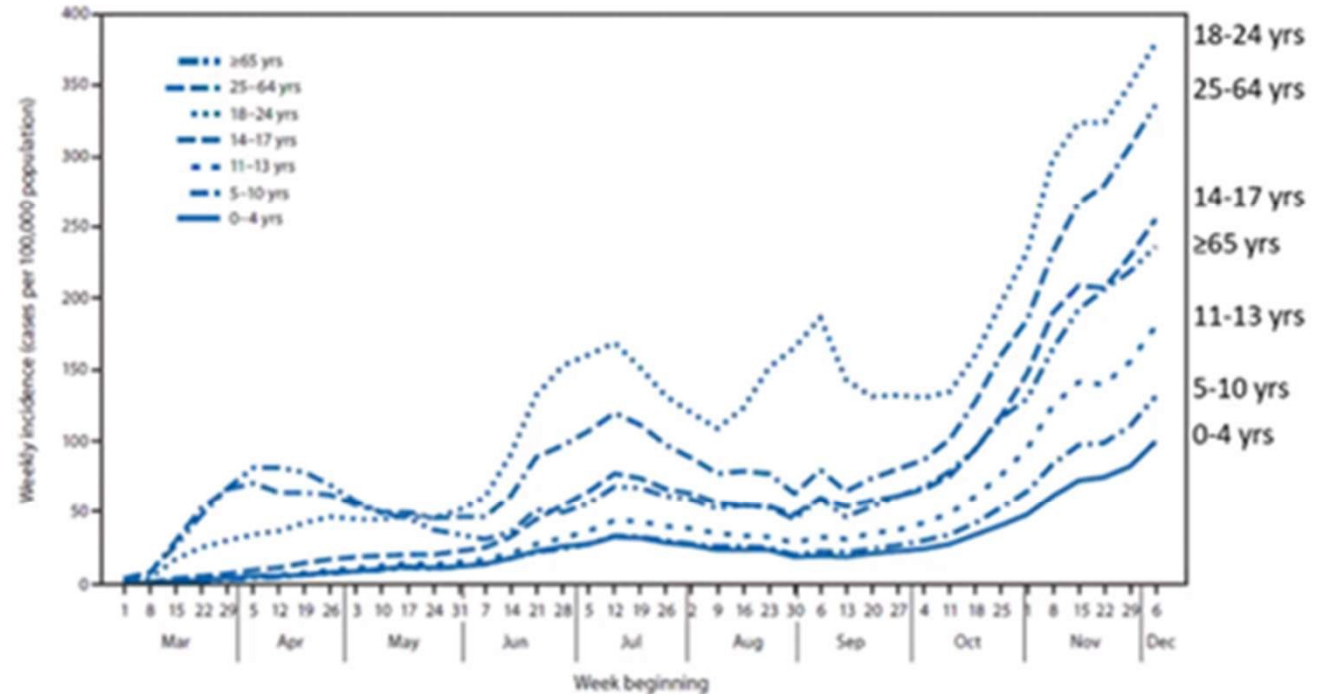
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COVID-19 Trends Among Persons Aged 0–24 Years — United States, March 1–December 12, 2020

COVID-19 cases in children, adolescents, and young adults have increased since summer 2020, with weekly incidence higher in each successively increasing age group.

Trends among children and adolescents aged 0–17 years paralleled those among adults.

FIGURE 1. COVID-19 weekly incidence,*,† by age group — United States, March 1–December 12, 2020[§]





FINDINGS

PURPOSE: Project was launched to parallel findings by the CDC to schools in underserved communities and those with majority enrollment of minority students.

- CDC and other key leading organizations report that transmission among students are low. Studies demonstrate the range to hover at or below 2%.
- Schools that practice mitigation strategies do not demonstrate transmission rates reflective of the community transmission rates.
- This data trend is conclusively reflective of all schools despite population demographics.



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When To Test K-12 Playbook

This tool helps a stakeholder decide:

- How to identify key COVID-19 precautions currently in use
- Whether current mitigation strategies need revision to minimize the spread of COVID-19
- What testing strategy to implement — such as an asymptomatic screening plan
- Strategies to help keep schools open, even if there are positive cases

WHEN TO TEST

www.whentotest.org

What can we help you with today?

- ☐ Calculator live demo
- ☐ Calculator questions
- ☐ K-12 implementation
- ☐ Small business implementation
- ☐ Other

CONTACT

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Mitigation Strategies for COVID-19

Prevention

- Reliably wear masks
- Wash hands and disinfect surfaces
- Ventilate indoor spaces
- Implement physical distancing of at least 6' where possible
- Group and separate

Detection

- Lab-based testing
- Point-of-care testing
- Over-the-counter testing

Containment

- Implement contact tracing
- Isolation and quarantine

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FIRE ANALOGY FOR MITIGATING COVID-19

In this Playbook, we also use a fire prevention, response, and detection analogy as a framework for understanding how best to mitigate the spread of COVID-19.



TO PREVENT A FIRE

- Unplug/limit use of electric toaster ovens
- Limit use of use of electric heaters
- Get a permit for open outdoor fires



TO PREVENT COVID-19

- Wear masks
- Social distance
- Group and separate



TO CONTAIN A FIRE

- Activate sprinkler systems
- Sound alarms and alert 911
- Evacuate the building



TO CONTAIN COVID-19

- Contact tracing
- Shelter in place
- Isolate and Quarantine



TO DETECT A FIRE

- Smoke alarms
- Carbon monoxide alarms
- Thermal imaging cameras



TO DETECT COVID-19

- Lab-based testing
- Point-of-care testing
- Over-the-counter tests



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FOR IMMEDIATE RELEASE
March 17, 2021

Contact: HHS Press Office
202-690-6343
media@hhs.gov

Biden Administration to Invest More Than \$12 Billion to Expand COVID-19 Testing

*\$10 Billion in Funding for School Screenings to Help Reopening
\$2.25 Billion in Screenings to Address Disparities and Advance Equity
New CDC Guidance to Provide Clarity on Screening Testing Approaches*



TYPES OF TESTS

There are two types of COVID-19 tests presently available to diagnose current infection:

- PCR tests, also called molecular tests, detect genetic material of the virus using a lab technique called polymerase chain reaction (PCR)
- Antigen tests that detect specific proteins from the virus

PCR tests can detect smaller amounts of virus than antigen tests and thus indicate a positive result sooner in the virus's development. These tests are most often performed at a commercial laboratory, and results take 1-2 days on average.

Antigen tests are typically quicker and cheaper than PCR tests. These tests can be performed on-site and results are same day.

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ATTRIBUTE	MOLECULAR (PCR) TESTS	ANTIGEN TESTS
ABILITY TO DETECT VIRUS	May identify more infections earlier	Finds most Infections
TIMELINESS OF RESULTS	1 to 2 days, time may be lost for sample pickup and transport to off-site lab	Fast – within an hour
COST PER TEST	\$100-\$150	\$0* - \$10

***ORGANIZATION OR GOVERNMENT PROVIDED TEST KITS**

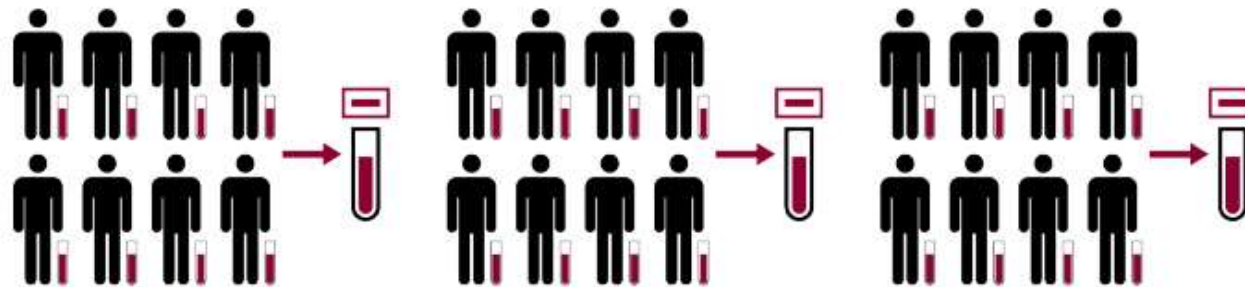


POOLED PCR TESTING FOR COVID-19

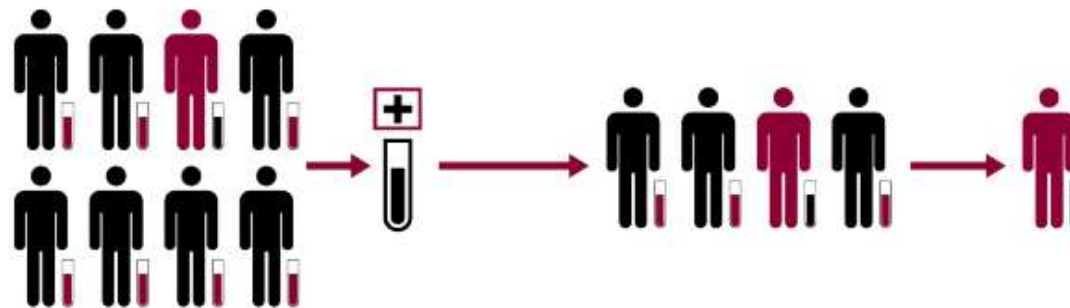
Pool testing is a cost-effective screening strategy to assess the presence of COVID-19 within your organization. It works by combining samples from a group of people so that more people can be tested at once, using fewer resources and less processing costs. For the best chance at early detection, highly sensitive tests at an off-site central lab (PCR) should be used. Only EUA approved pooling tests should be used.

Pool Testing Considerations:

- Pool testing can be very effective in reducing the cost of highly sensitive, lab-based testing programs.
- Effective pool testing requires the use of highly sensitive tests (PCR) to avoid missing low viral load positive samples.



ALL IN THE POOL ARE CONSIDERED NEGATIVE.



IN THIS CASE, A BATCH OR POOL CAME BACK WITH A POSITIVE RESULT. EACH PERSON'S SAMPLE IN THAT POOL WILL BE RETESTED UNTIL THE PERSON(S) WITH THE POSITIVE RESULT IS IDENTIFIED.



POOLED PCR TESTING FOR COVID-19: A TWO STEP PROCESS

The pooled sample will be processed at a lab. If the pool is negative, then all individuals in that pool are 'clear' or negative for COVID-19 and may continue to attend class, work, or other activities.

If the pool is positive, then at least one individual in that group may be positive for COVID-19. Each person in that pool will be retested until the person(s) with the positive result is identified and that person(s) can isolate. If retesting isn't possible, then the entire pool should quarantine.

All pooled testing requires follow-up testing, sometimes referred to as "reflex testing" or "deconvolution," to determine which individual(s) within a positive pool are COVID-positive. This follow-up testing can be done at a central lab or on-site.



Mitigation Strategies for COVID-19

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Containment

- Implement contact tracing
- Implement physical distancing of at least 6' where possible
- Group and separate
- Isolation and quarantine



Mitigation Strategies for COVID-19

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QUARANTINE: Keeps someone who was in close contact with an infected individual away from others.

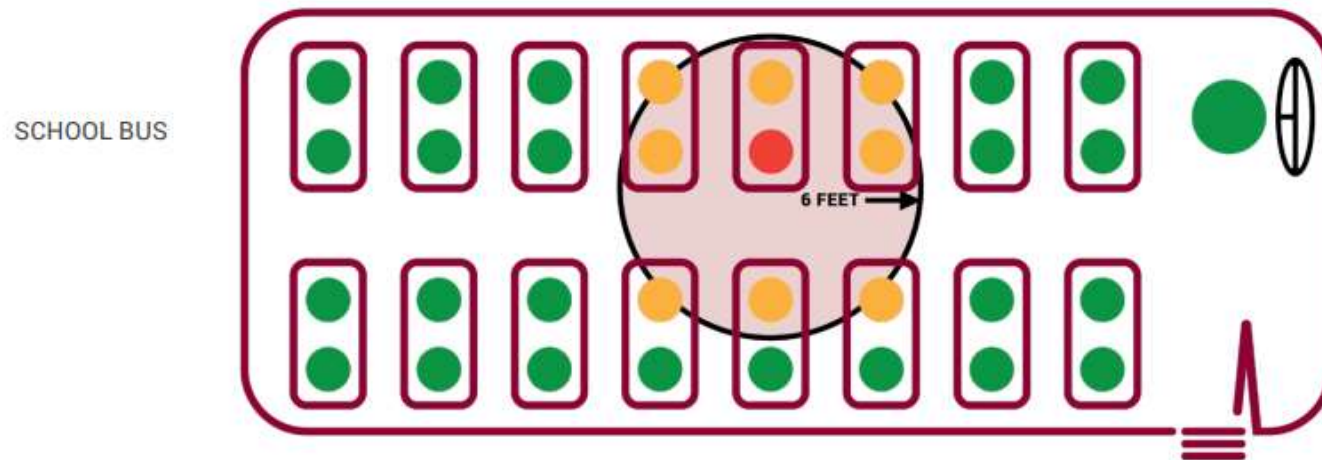
ISOLATION: Keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.

CLOSE CONTACT: Defined by CDC as someone who was within 6 feet of an infected person (with or without masks) for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic clients, 2 days prior to positive specimen collection) until the time the patient is isolated.



CONTAINMENT: CASE INVESTIGATION

Contact tracing can be simplified by grouping students into cohorts and distancing those cohorts by a minimum of six feet (see previous page).



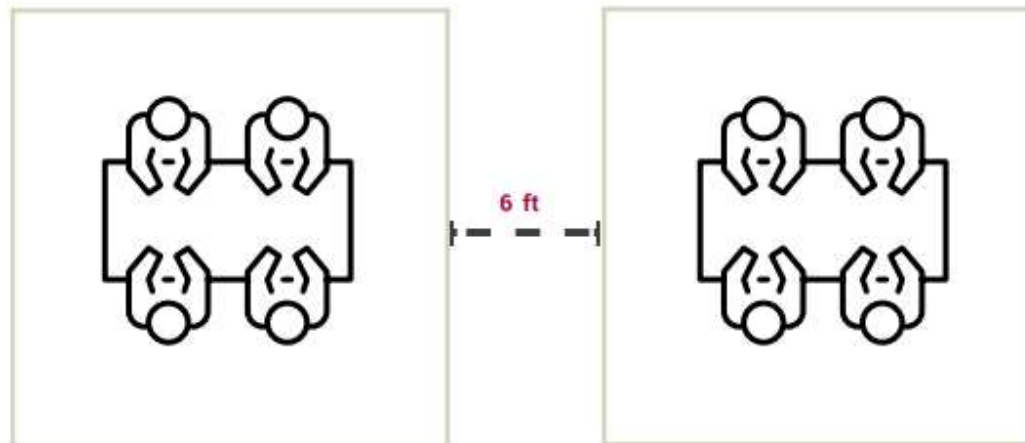
Red = Individual infected with COVID-19 (isolate)

Orange = Individuals who have had close contact with the infected individual (quarantine)



CONTAINMENT: GROUP AND SEPARATE

A best practice to mitigate the risks of COVID-19 in these situations is to group and separate. This is achieved by cohorting students into consistent small groups and separating those groups by six feet or more of distance. In the example below, two cohorts of four students eating lunch are separated by six feet of distance.



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Communicating Your Strategy and Results

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STUDENT DATA		
Current COVID-19 confirmed positive 0.2% 12 Students	Current percent students quarantined 3.2% 232 Students	Total COVID-19 positive cases 38 Since October 21, 2020



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VACCINES: ACHIEVING HERD IMMUNITY

- Schools as trusted messengers for community vaccination sites
- Schools as community vaccination sites

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THANK YOU



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