



# Chester County Health Department

## Coronavirus COVID-19

### Public and Private School Guidance

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## Contents

Summary.....	2
Defining a COVID Case.....	2
<b>Instructional Model</b> .....	2
<b>County Transmission Level and Physical Distancing</b> .....	3
Health and Safety Considerations.....	3
Students Served by Special Education, Early Childhood Development, or Career and Technical Education Programs .....	12
School Sports.....	14
Health Screening .....	14
<b>Vaccinations</b> .....	15
<b>COVID Testing</b> .....	15
Reporting COVID-19.....	15
Investigation of COVID-19 Reports .....	16
Contact Tracing for COVID-19.....	17
School Response to Cases and Close Contacts.....	18
COVID-19 Surveillance and In-School Transmission .....	18
Exclusion From and Return to School Requirements .....	19
Alternative Quarantine Periods .....	21
Waiting for Test Results .....	22
Contacting the Health Department .....	23



# Chester County Health Department

## Coronavirus COVID-19

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### Public and Private School Guidance

#### Summary

This document provides public health guidance for re-opening of public and private pre-K to 12 schools during Governor Wolf's phased reopening of Pennsylvania in response to COVID-19. The guidance as provided by the Chester County Health Department is consistent with guidance provided by the Pennsylvania Department of Health and Pennsylvania Department of Education, and Pennsylvania's Secretary of Health's Universal Face Covering Order to ensure the schools returning to in-person learning can do so in the safest manner possible. The Health Department recognizes there is a conflict between academic and social/emotional learning in schools and strict adherence these guidelines. Therefore, alternative guidance is provided to "preferred" guidance where applicable.

The guidance provided by the Health Department is intended to be an input to school Health and Safety Plans for reopening, and is subject to change as more is understood about COVID-19 and as community transmission and other surveillance metrics are monitored.

The success of this guidance is dependent upon multiple prevention, containment and mitigation strategies that must be implemented in combination. No one strategy is effective by itself.

#### Defining a COVID Case

The Chester County Health Department follows the current case definition for COVID-19 provided by the Centers for Disease Control and Prevention which includes confirmed and probable cases:

- Confirmed cases are those confirmed through an approved laboratory test.
- Probable cases are those that have COVID like symptoms (see symptoms in *Exclusion From and Return to School Requirements* section), and are a close contact to a confirmed or probable COVID case (epi linked).

#### Instructional Model

School Superintendents and their governing body are the responsible parties for determining the instructional model that best fits the needs of their community. The Health Department guidance should be used to help guide school districts in how to safely conduct in-person learning. The Health Department will not determine how schools should be providing education. Schools are encouraged to engage families to ensure changes in instructional model do not negatively impact families. Schools are also encouraged to be as creative as possible in ensuring the individual educational needs of students are being met leading to the best possible educational outcomes.



# Chester County Health Department

## Coronavirus COVID-19

### Public and Private School Guidance

#### County Transmission Level and Physical Distancing

The risk of COVID-19 transmission will be defined by the 7-day incidence rate per 100,000 and 7-day percent positivity. The transmission levels will be as follows and incorporates the physical distancing guidance:

County Transmission Level	7-Day Incidence Rate per 100,000	7-Day Percent Positivity	Physical Distancing*
Low	<10	<5.0%	<ul style="list-style-type: none"> <li>6 feet to the greatest extent possible is recommended for students; at no time should be less than 3 feet permitted</li> <li>6 feet is required for staff (staff-to-staff and staff-to-student interactions)</li> </ul>
Moderate	10 - 49	5.0% - 7.9%	
High	50 - 99	8.0% - 9.9%	
Very High	≥100	≥10%	<ul style="list-style-type: none"> <li>6 feet is strongly recommended for students</li> <li>6 feet is required for staff (staff-to-staff and staff-to-student interactions)</li> </ul>

\*Transient interactions of less than 3 feet, such as passing in the hallway, handing in papers to the teacher, etc. are unavoidable.

If the County's Transmission Level changes to a lower or higher level for three (3) consecutive weeks, schools are encouraged to reassess their instructional model and adjust if necessary. If thresholds are being met at the extreme upper/lower edges of the range, schools are cautioned to consider an additional week of monitoring prior to any such adjustments. It may be necessary to monitoring incidence rates and positivity of neighboring counties depending upon location.

The above thresholds serve as guidance and must be considered along with additional information such as the number of COVID-19 cases in schools, evidence of transmission within schools, staffing levels, adherence to mitigation measures, etc. In combination with the thresholds, the additional information is used to assess the best course of action to maintain the health and safety of students and staff. Please refer to [COVID-19 Surveillance and Outbreaks in Schools](#) of this document for further guidance.

Schools providing special education, early childhood development programs, or career and vocational education recommended to follow the additional guidance provided in the [Students Served by Special Education, Early Childhood Development Programs, or Career and Technical Education Programs](#) section for additional guidance.

#### Health and Safety Considerations

The following health and safety considerations are directly from the [Preliminary Guidance for Phased](#)



## Chester County Health Department

### Coronavirus COVID-19

#### Public and Private School Guidance

[Reopening of Pre-K to 12 Schools](#) published by the Pennsylvania Department of Education. For each consideration, specific public health guidance is provided and relates to any level of in-person learning, or in-person staffing.

#### PDE Considerations and Public Health Guidance

##### Pandemic Team

Identification of a "pandemic coordinator" and/or "pandemic team" with defined roles and responsibilities for health and safety preparedness and response planning

- Chester County Health Department will serve as a resource/consultant to schools' pandemic team  
Jeanne Franklin, MPH, PMP  
County Public Health Director



## Chester County Health Department

### Coronavirus COVID-19

#### Public and Private School Guidance

#### Cleaning, Sanitizing, Disinfecting, and Ventilation

Procedures for cleaning, sanitizing, disinfecting, and ventilating learning spaces and any other areas used by students (i.e. restrooms, hallways, and transportation)

- Cleaning, sanitizing, disinfecting and ventilating guidelines apply to areas used by anyone on school property, not just students.
- Disinfect frequently touched surfaces and objects within the school at least daily, including desktops, chairs, electronic devices door handles, sink handles, etc.
- Disinfect school buses with particular focus on frequently touched surfaces such as handrails, tops of seats, etc. after each run; clean and disinfect entire bus daily.
- Clean shared equipment including but not limited to technology, gym equipment, etc. after each use.
- Use disposable gloves when cleaning and disinfecting and dispose immediately.
- Use disinfectants registered by the Environmental Protection Agency (EPA) as effective against Sars-CoV-2 which are labeled as safe for humans and the environment (e.g. "Safer for the Environment" or "Designed for the Environment.").
- Ensure ventilation systems operate properly and increase circulation of outdoor air by opening windows in places that do not conflict with the school's existing safety measures and do not pose a health and safety risk to staff and students.
- Make hand sanitizer available in common areas, hallways, and classrooms where sinks for handwashing are not available.
- Provide continuous reminders/education about hand washing/sanitation.
- Staff and students wash hands before and after lunch/snacks.
- Discontinue the use of drinking fountains and provide safe alternatives for providing water when possible; alternatives include use of disposal drinking cups, personal water bottles from home, touchless fountains, etc.
- When someone in the school develops COVID-19 symptoms, or tests positive for COVID-19:
  - The building does not need to be evacuated.
  - If entire class/cohort is sent home, close off room/area and wait as long as possible to clean and disinfect. Wait at least 24 hours before cleaning and disinfecting. If not feasible, wait as long as possible. If seven days have passed since the individual was in the affected area, cleaning is not needed.
  - If entire class/cohort is not sent home, clean room/area immediately, and follow-up with disinfection at the end of the day.
- See [CDC's guidance for cleaning and disinfecting](#) for additional information.



## Chester County Health Department

### Coronavirus COVID-19

#### Public and Private School Guidance

#### Social Distancing and Other Safety Protocols

Classroom/ learning space occupancy that allows for 6 feet of separation among students and staff throughout the day, to the maximum extent feasible

- See County Transmission Levels and Physical Distancing section.
  - Schools are expected to maximize their space such that they achieve as close to 6 feet of physical distancing as possible without ever going below 3 feet.
  - Schools should assess families to ensure and decisions to go less than 6 feet does not negatively impact families (i.e., more families choose to remain remote with less than 6 feet).
  - Schools should ensure learning options remain in place for families who prefer to not have their students participating in in-person learning with less than 6 feet physical distancing
  - Schools should implement a COVID testing program (see COVID Testing section) that has been reviewed by the Health Department; schools should educate and promote participation in the testing program.
- Maximize use of non-classroom space to increase physical distancing.
- Cohort classes to minimize crossover among students and staff within the school; keep students in classrooms and rotate staff instead.
- Arrange desks to face in the same direction or have students sit on only one side of tables to limit face-to-face seating.
- Limit activities in classrooms and other spaces that do not support physical distancing.
- Enforce physical distancing in offices and staff lounges, and during staff meetings.
- Limit large gatherings, events, and extracurricular activities to those that can maintain physical distancing. See PA Governor's and PA Secretary of Health's gathering order: (<https://www.governor.pa.gov/wp-content/uploads/2020/10/20201006-TWW-amendment-to-targeted-mitigation-order.pdf> | <https://www.governor.pa.gov/wp-content/uploads/2020/10/20201006-SOH-amendment-to-targeted-mitigation-order.pdf>. If at any time the Governor or Secretary of Health modifies these guidelines, CCHD will adopt the newest guidelines.
- Implement strategies to reduce the number of individuals in the hallways at one time such as:
  - Use one-way traffic patterns to include physical guides such as tape, for routes.
  - Stagger end of class periods to reduce the number of students in the hallways at one time.
- Require face coverings when using non-learning areas such as hallways, restrooms, etc.
- Monitor school to ensure staff or students do not commune; close communal areas if needed.



# Chester County Health Department

## Coronavirus COVID-19

### Public and Private School Guidance

Restrict the use of cafeterias and other congregate settings, and serving meals in alternate settings such as classrooms

- Schools can utilize cafeterias if students can sit in a staggered arrangement to avoid “across-the-table” seating, with 6 feet physical distance to the greatest extent possible.
  - If 6 feet physical distance cannot be maintained due to space limitations schools should:
    - use classrooms and outdoor space for lunch,
    - use of barriers between students such as plexiglass,
    - dismissing students from the cafeteria as soon as they are done eating,
    - enhanced monitoring to ensure masks are being worn when not eating,
    - See COVID Testing section.
- Use individually plated meals/box lunches and avoid buffet style or self-serve meals.

Hygiene practices for students and staff including the manner and frequency of hand-washing and other best practices

- Teach and reinforce frequent washing hands/hand sanitation, covering coughs and sneezes among students, staff, faculty, volunteers and visitors.
- Staff, faculty and students wash hands before and after lunch/snacks, and after use of restroom.
- Hygiene reminders are posted throughout the facility, to include restrooms, staff lounges, etc.
- Hand sanitizer will be made available in all common areas, hallways, and/or in classrooms where sinks for handwashing are not available.
- Prohibit physical contact such as handshakes, fist-bumps, high-fives, etc.

Posting signs, in highly visible locations, that promote everyday protective measures, and how to stop the spread of germs

- Visual/written information about everyday protective measures such as by proper washing hands, proper face covering and physical distancing is available throughout the school (signage, announcements, etc.) is posted throughout facilities and buses, and made available to parents/guardians (websites, emails, etc.).
- Verbal reminders via teachers and/or announcements are made daily.

Identifying and restricting non-essential visitors and volunteers

- Restrict non-essential visitors, volunteers, and activities that involve outside groups.
- If non-essential visitors and volunteers cannot be restricted, school are strongly recommended to:
  - conduct on-site screening for symptoms and temperature prior to entry.
  - require face covering while on school property.
  - track visitors and volunteers for contact tracing purposes.



# Chester County Health Department

## Coronavirus COVID-19

### Public and Private School Guidance

Handling sporting activities for recess and physical education classes consistent with the CDC Considerations for Youth Sports

- Stagger use of playgrounds to create smaller groups of students.
- Clean high touch services on playground equipment and play resources (jump ropes, balls, etc.) as frequently as possible.
  - Students should wash their hands or use hand sanitizer after play.

Limiting the sharing of materials among students

- Keep each student's belongings separated from others and in individually labeled containers, cubbies, lockers or other areas.

Adjusting transportation schedules and practices to create social distance between students

- Promote physical distancing at bus stops.
- Encourage families to drive students to school; discourage carpooling across families.
- Discourage carpooling among staff.
- Load the bus by filling seats back to front.
- Seat a maximum of two students per seat; students from the same family should sit together.
- Use assigned seats (knowing who is seated near an individual will support contact tracing).
- Use markings that shows students where to sit in each row – inside and outside seats of each bench.
- Bus drivers wear face covering whenever others are on the bus; or barrier between the driver and students are present.
- Require all riders (staff, students, drivers, etc.) to wear face coverings while on school bus.
- Require all riders to face forward throughout the route.
- Reserve the first row for students who board the bus and look visibly ill, or for students who exhibit/express illness while in route.
- Ensure bus driver, or other staff, wear gloves or use hand sanitizer if assisting students on and off the bus.
- Provide access to hand sanitizer on buses and encourage use upon entry.

Limiting the number of individuals in classrooms and other learning spaces, and interactions between groups of students

- See "Classroom/learning space occupancy..." above.

Coordinating with local childcare regarding on site care, transportation protocol changes and, when possible, revised hours of operation or modified school-year calendars

- Require on-site before and after care providers to follow requirements of the school's COVID-19 health and safety plan.

Other social distancing and safety practices

- Refrain from scheduling large group activities such as field trips, inter-group events, and extracurricular activities.
- Limit movement in and out of classrooms with high-risk students.





## Chester County Health Department

### Coronavirus COVID-19

#### Public and Private School Guidance

#### Monitoring Student and Staff Health

Monitoring students and staff for symptoms and history of exposure

- Provide ongoing education and communications to students, staff and parents/guardians about the importance of staying at home if they are ill.
- On-site screening of staff, faculty and students is preferred by the Chester County Health Department – see [Health Screening](#).
- If on-site screening cannot be implemented, staff, faculty and students should be screened at home. Direct guidance (written, video, electronic, etc.) should be provided to staff and parents/guardians to include:
  - All current, relevant symptoms – see [Health Screening](#).
  - Temperatures should be based upon type of thermometer – see [Health Screening](#).
- On-site screening for symptoms and temperature is required for all non-essential visitors and volunteers – see [Health Screening](#).
- No students with symptoms or elevated temperature are allowed on a bus, or at school.
- No staff or faculty with symptoms or elevated temperature are allowed at school.
- Staff, faculty and students will notify the school if an absence is due to COVID-19.
- Monitor symptoms of students, staff and visitors throughout the day; proactively monitor classrooms, cafeterias, hallways, common areas, etc. for symptoms and compliance with other prevention measures.
- Provide reminders to students about COVID-19 symptoms and importance of immediately going to the nurse if feeling ill; daily reminders to staff and faculty about COVID-19 symptoms and importance of immediately going home if feeling ill.
- Empower and support teachers in dismissing students to the school nurse/office if symptoms arise or are suspected.
- Send regular reminder messages to staff and parents/guardians about daily health monitoring.
- Students boarding buses with visible symptoms who cannot be immediately sent home (e.g. no parent present) should sit in the first row and immediately report to the school nurse/office upon arrival at the school.
- Establish a process for staff, parents/guardians and volunteers to self-report COVID-19 symptoms or exposure to the school nurse, or designee.
- Any individual on school property who develops COVID-19 symptoms, tests positive for COVID-19, or may be a probable COVID-19 should be directed immediately to the isolation room/area of the school until dismissal from school is possible. School should follow guidance in Cleaning, Sanitizing, Disinfecting, and Ventilation section.



## Chester County Health Department

### Coronavirus COVID-19

#### Public and Private School Guidance

Isolating or quarantining students, staff, or visitors if they become sick or demonstrate a history of exposure

- Immediately separate individuals with COVID-19 symptoms, or report of COVID-19 test into the designated isolation area.
- Designate an isolation room/area to separate anyone who exhibits COVID-19-like symptoms until the individual is able to go home, or to a healthcare provider; the isolation room/area should not be the existing nurse's office.
  - Isolation rooms should be positioned near an exit that is separate from the main entrance/exit for ease of leaving the school.
  - Isolation room doors should remain shut at all times.
  - Any individual supporting the isolation room/area should enter with full COVID-19 PPE to include eye protection, gloves, gowns; upon exiting the room, the PPE should be taken off.
- Designate a quarantine room/area to separate anyone who is exposed to COVID until the individual can go home or to a healthcare provider; the isolation room/area should not be the existing nurse's office.
  - Any individual supporting the quarantine room/area should be required to wear a face covering while in the room.
  - If an entire classroom needs the quarantine room/area, the class should remain in their regular classroom as a temporary quarantine room.
- Face covering is required for individuals sent to the isolation or quarantine areas.
  - Staff assisting individuals in the isolation area must wear face covering, eye protection, gloves, and gown; ensure proper use and disposal of personal protective equipment.
- Immediately [report probable or confirmed COVID individuals the Chester County Health Department](#).
- Immediately close off the area(s) used by a sick person and do not use before cleaning and disinfection – see [Cleaning, Sanitizing, Disinfecting, and Ventilation](#).
- Individuals who are sick or have an elevated temperature should go home, or to a healthcare facility depending on how severe their symptoms are; prior to leaving the school, provide guidance for self-isolation at home and returning to school – see [Home Guidance](#) and [Exclusion From and Return to School Requirements](#).
- If an individual requires transportation by an ambulance, alert the ambulance and hospital that the person may have COVID-19.
- Thoroughly clean and disinfect isolation room after each use.
- Train staff on the symptoms and procedure for sending individuals with symptoms to the school nurse or designee; ensure parents/guardians are aware of the classroom protocol.
- Educate and encourage parents to be prepared in the event their student has to stay home per the exclusion requirements.
  - Schools should consider remote learning for students excluded from school who are well enough to continue learning.
- Maintain adequate personal protective equipment for use when individuals become ill: gowns, N95 face covering, eye protection, gloves.
- Follow cleaning, sanitation and disinfection guidance for isolation and quarantine rooms/areas.



# Chester County Health Department

## Coronavirus COVID-19

### Public and Private School Guidance

#### Returning isolated or quarantined staff, students, or visitors to school

- Each individual who is isolated or quarantined will be provided the appropriate information and timeline for isolation/quarantine by the Chester County Health Department following the [Exclusion From and Return to School Requirements](#).
- Individuals returning to school after isolation or quarantine should notify the school prior to return.

#### Notifying staff, families, and the public of school closures and within-school-year changes in safety protocols

- Consult with the Chester County Health Department prior to school closures and within-school-year changes in safety protocols.

#### Other monitoring and screening practices

- Partner with the Chester County Health Department to support [contact tracing](#).

#### Unique safety protocols for students with complex needs or other vulnerable individuals

- Update care plans and/or IEPs to include unique mitigation strategies for individual students.
- Ensure families who choose not to send their children to school receive remote learning opportunities aligning with IEP guidelines.
- Leverage classroom supports (e.g. teacher aides) for students who need special assistance with hygiene measures.
- Enforce face coverings, gloves, gowns for adults working with students with complex need, or vulnerable students, particularly when working one-on-one with students.
- Face shields are better for staff and students with hearing impairment.
- Increase frequency of cleaning high touch surfaces in spaces used by students with complex needs or other vulnerabilities.
- Increase frequency of hand washing for students with complex needs or other vulnerabilities, and staff that interact with them.
- Temperature and daily health checks of staff and students in special needs classrooms.

#### Other Considerations

##### Protecting students and staff at higher risk for severe illness

- Conduct temperature checks at school for high-risk students and staff, as well as the staff responsible for working with high-risk students; consult with the school nurse regarding high-risk students; high-risk students and staff include those who have high-risk household members.
- Enforce face coverings for adults working in classrooms with high-risk individuals.
- Staff with higher risks should avoid gathering in groups of any size and avoid common areas such as staff lounges, and ensure diligence with face coverings.
- Limit movement in and out of classrooms with high-risk students.
- Encourage students to be up to date on all recommended immunizations in accordance with School Immunization Requirements, 24 P.S. § 13-1303a.



## Chester County Health Department

### Coronavirus COVID-19

#### Public and Private School Guidance

##### Use of face coverings (masks or face shields) by all staff

- Universal face coverings are required for all students while on school property, or when using school vehicles per PA Secretary of Health's [Universal Face Covering Order and FAQs](#).
  - *Note:* PA Secretary of Health updated the Universal Face Covering Order FAQ to require **staff to wear face coverings at all times while in school**, even when six feet of social distancing can be achieved. There are limited exceptions as included in the [FAQs](#).
  - It is recognized that some individuals may be unable to wear face covering due to personal ability, age, health conditions, etc.; exceptions are specified in Section 3 of the Order.
  - Provide face covering breaks throughout the day while maintaining a distance of at least 6 feet for no longer than 10 minutes.
- If an adult is in a work-space/vehicle alone, removing the face cover is acceptable.
- All bus drivers wear face coverings while on the bus or in the presence of students and staff.
- Share face covering guidance with staff, faculty, volunteers, and visitors – see [Mask Guidance](#).
  - Fabric face covering should be washed regularly.
  - Non-fabric face covering should be changed regularly, and when soiled.

##### Use of face coverings (masks or face shields) by older students (as appropriate)

- Universal face coverings are required for all students while on school property, or when using school vehicles per PA Secretary of Health's [Universal Face Covering Order and FAQs](#).
  - *Note:* PA Secretary of Health updated the Universal Face Covering Order FAQ to require **students wear face coverings at all times while in school**, even when six feet of social distancing can be achieved. There are limited exceptions as included in the [FAQs](#).
  - It is recognized that some individuals may be unable to wear face covering due to personal ability, age, health conditions, etc.; exceptions are specified in Section 3 of the Order.
  - The Health Department supports schools' need to prioritize younger students (per the Order), such as pre-K through 5 grade.
  - Provide face covering breaks throughout the day while maintaining a distance of at least 6 feet for no longer than 10 minutes.
- Share face covering guidance with students and families – see [Mask Guidance](#).
  - Fabric face covering should be washed regularly.
  - Non-fabric face coverings covering should be changed regularly, and when soiled

### Students Served by Special Education, Early Childhood Development, or Career and Technical Education Programs

For students served by special education, early childhood development, or career and technical education programs, schools must balance the unique needs of the student and the health and safety of everyone involved. It is the school's responsibility to assess which elements of these programs can be provided



## **Chester County Health Department**

### **Coronavirus COVID-19**

---

#### **Public and Private School Guidance**

effectively through each instructional model. Additionally, each student's unique needs must be assessed to determine which needs can be met through each instructional model. Such assessments inform what is necessary to ensure equitable learning and will require schools to consider more in-person instructional models.

If more in-person instructional models are considered for students served by special education, early childhood development, or career and technical education programs, the school guidance above should be followed with great fidelity, and include the following additional guidance:

#### *Social Distancing*

- When social distancing cannot be adhered to due to the special needs of the students, students and staff should be cohorted into groups and be assigned separate rooms for learning. Students shall remain with the teacher of record or assigned to the class. Related service personnel may work with students in the classes. Related service personnel shall wash hands before and after working with the cohort of students. Related service personnel shall be granted the ability to work with various cohorts of students throughout the program day.

#### *Hygiene*

- Implement a cleaning schedule that requires more frequent cleaning high touch surfaces in spaces used by students served by special education.
- Implement a mandatory hand washing schedule for students served by special education and all staff that interact with them.
- Strictly enforce adherence to Standard Precautions by all staff; if COVID-19 level PPE is required, then staff must wear face covering, eye protection, gloves, and gowns.

#### *Transportation*

- Enforce mandatory face covering for bus drivers transporting students served by special education.
- Enforce mandatory use of face covering and gloves when assisting students served by special education on and off the bus.

#### *Monitoring Health*

- Strictly enforce at-home health monitoring prior to arrival as school for both students and staff.
- Provide consistent reinforcement to staff about self-monitoring of symptoms, the importance of remaining home if not feeling well, etc.



## Chester County Health Department

### Coronavirus COVID-19

---

#### Public and Private School Guidance

- Provide training of staff working with students served by special education on symptom monitoring and protocols for responding is symptoms arise.
- Task a staff member with the responsibility for visually monitoring the health of students and staff throughout the day.

#### *Face Coverings*

- Encourage face coverings for students served by special education that can do so.
- Enforce mandatory face coverings for all adults working with students served by special education, particularly when working one-on-one with students.

Parents and caregivers must remain diligent in assessing personal risk of their students served by either special education, early childhood development, or career and technical career programs based upon individual circumstances, and with the guidance of their health care provider. Individuals at a higher risk for COVID-19 should consult with a health care provider prior to considering in-person learning.

#### **School Sports**

On August 6, 2020, the Pennsylvania Department of Health and Department of Education [jointly recommend](#) that Pre-K-12 school and recreational youth sports be postponed until at least January 1, 2021.

On August 21, 2020, the Pennsylvania Interscholastic Athletic Association (PIAA) approved the start date of the 2020 Fall Sports Season as August 24, 2020 for those schools choosing to do so.

The Chester County Health Department acknowledges the decision to resume sports-related activities, including conditioning, practice and games, is and has always been, at the sole discretion of the school entity's governing body.

On September 8, 2020, the PIAA issued updated its [Return to Competition: Individual Sport Considerations](#) guidance.

The Chester County Health Department strongly recommends any school entity choosing to resume sports activities develop and adopt an Athletics Health and Safety Plan per [Pennsylvania Guidance](#) and follow guidance outlined in the PIAA [Return to Competition: Individual Sport Considerations](#).

#### **Health Screening**

A health screening serves as a means for assessing and monitoring the health of individuals within schools to include:



## Chester County Health Department

### Coronavirus COVID-19

---

#### Public and Private School Guidance

- Presence of a fever/elevated temperature
- Presence of other COVID-19 symptoms
- Recent COVID-19 test
- Recent travel history.

See [Exclusion From and Return to School Requirements](#) for more information.

#### **Vaccinations**

Vaccinations will offer another layer of mitigation in protecting the health and safety of staff and students. The vaccination status or coverage within a school should not be considered a condition for in-person instruction. Schools should educate and promote vaccination to reduce hesitancy when vaccinations are available.

#### **COVID Testing**

COVID testing within schools offer another layer of mitigation in protecting the health and safety of staff and students. Schools conducting in-person learning with less than 6 feet physical distancing should have a testing plan in place to test at minimum:

- Individuals who become symptomatic during the school day; this should done on an as needed basis.
- Staff should be tested on a routine basis.

Schools offering in-school testing should have a documented plan. The plan may be shared with the Health Department for review (not approval). Schools participating in the ACE-IT program are required to have a memorandum of agreement with the Health Department.

#### **Reporting COVID-19**

Coronavirus is a reportable illness that must be reported to the Chester County Health Department for appropriate follow-up.

Reports of COVID-19 will be received by schools directly from parents/caretaker, students, staff, or rumors. All reports should be taken seriously and require the following actions:

- If the individual(s) involved was not on school property, the school should contact the individual and instruct him/her to remain off school property until the return to school requirements are met, or are provided return to school guidance from the Chester County Health Department (for those reporting positive test result, or are a close contact).
- If the individual(s) involved are on school property, they should be sent to the isolation room/area of the school – see [Monitoring Student and Staff Health](#) and [Cleaning, Sanitizing, Disinfecting, and](#)



## Chester County Health Department

### Coronavirus COVID-19

---

#### Public and Private School Guidance

#### Ventilation.

- The school nurse or designee must submit COVID-19 report form to the Chester County Health Department – see When to Report and How to Report below.
- The district/school should consider sharing a standard communication to the community **when COVID cases are identified**. – sample community communication will be provided on our website. The Chester County Health Department will collaborate with schools for public communications to ensure accuracy and consistency.
- The district/school should consider setting communication expectations with families and staff in advance of the start of the school year.

#### **When to Report**

Immediately report all **probable** and **confirmed** reports of COVID-19 in **students, staff, faculty, volunteers or visitors** to the Chester County Health Department while maintaining confidentiality.

- A **probable** report could include an illness report from a parent or caretaker, student, or teacher with an epidemiological linkage to COVID-19.
- A **confirmed** report could include a report from a healthcare provider's office or doctor's note.

#### **How to Report**

The Chester County Health Department requests that school nurses be the primary point of contact for reporting probable or confirmed reports of COVID-19.

School nurses, or designee when a nurse is unavailable, must complete a [COVID-19 Disease Report Form](#) and click *Submit*. The disease report form may also be printed and faxed to 610-344-5405. Questions about submitting the report form should be emailed to [disschools@chesco.org](mailto:disschools@chesco.org).

The timeliness of investigations is positively enhanced through the partnership between the Chester County Health Department and schools. To the extent possible, the Health Department is asking schools to provide as much information as possible about cases within the school on the COVID-19 Disease Report Form to include test results if known.

#### **Investigation of COVID-19 Reports**

The Chester County Health Department investigates all probable and confirmed reports of COVID-19. The results of the investigation aid the Chester County Health Department in providing guidance to the individual(s) involved and to the school.

Investigations are initiated within 24 to 48 hours of receipt on weekdays. The time to begin a case





## Chester County Health Department

### Coronavirus COVID-19

---

#### Public and Private School Guidance

investigation is dependent upon the number of cases. The time necessary to complete an investigation varies based upon the uniqueness of the case.

If the investigation involves a **probable or confirmed COVID-19 case**, the Chester County Health Department will provide the individual the following information verbally and in writing:

- Notification of isolation timeline
- Expectations for isolation
- How to report new or worsening symptoms
- Information about COVID-19.

At the completion of an investigation, the Chester County Health Department will notify schools if any further public health actions are needed.

The Chester County Health Department will not notify the general community if staff, faculty or students test positive, are exposed, or become ill and have to self-isolate.

### Contact Tracing for COVID-19

Contact tracing involves the identification and notification of close contacts confirmed and probable COVID-19 cases in order to quarantine them during the contagious period. Contact tracing, when combined with quarantine strategies, is critical to help limit COVID-19 from spreading in schools, is used to break chains of transmission, and ultimately help prevent future surges of cases.

The success of contact tracing is dependent upon schools partnering with the Chester County Health Department on contact tracing and other mitigation actions, such as:

- Reviewing attendance records, seating charts, class schedules, etc.
- Identifying close contacts.

Close contacts are those who are within 6 feet distance for  $\geq 15$  minutes with the COVID-19 individual 48 hours prior to the COVID-19 individual's symptom onset or test date, whichever is earlier. Schools should maintain records of close contacts (see "[Template to Track Cases and Contacts](#)").

During times of low and moderate community spread, schools should send close contacts home with a "[Close Contact Flyer](#)" and should submit their list of close contacts to the Chester County Health Department who will complete the contact tracing.

During times of high and very high community spread, the Chester County Health Department may need to suspend its contact tracing efforts to focus on investigations. In such situations, the schools should to continue to identify and send close contacts home with the "[Close Contact Flyer](#)". Additionally, schools



## Chester County Health Department

### Coronavirus COVID-19

---

#### Public and Private School Guidance

should send each close contact a Quarantine Letter on behalf of the Chester County Health Department which includes information about:

- Last date of exposure and timeline for quarantine
- Expectations for quarantine
- Testing information
- Returning to school.

#### **School Response to Cases and Close Contacts**

For a comprehensive outline/flow charts with guidance for schools responding to various scenarios when cases and/or close contacts are identified, please see "[School Response Actions](#)".

#### **COVID-19 Surveillance and In-School Transmission**

The Chester County Health Department uses information from COVID-19 case investigations and contact tracing/notification as input to surveillance monitoring on school campuses. Surveillance data is important to understand where cases are coming from, how close contacts are related to cases, and assess the spread/transmission of the virus. Surveillance data is also an important input to determining further actions that can be taken in response to COVID-19 to include closing schools.

When assessing the need for closing a school/cohort, the Health Department will take into account multiple factors including but not limited to the number of new cases among staff and students, how those cases relate to each other, whether or not those cases relate to other known cases outside of the school setting.

The Health Department will utilize the following to identify in-school transmission:

Identification of two or more COVID-19 probable or confirmed cases in a class or cohort with an onset within a 14-day period, who are epidemiologically linked and do not share a household or are not close contacts outside the school setting. Cases should not have obvious, more likely sources of exposure (i.e., a household contact who became ill prior to their onset date).

*If onset dates are not available (i.e., case was asymptomatic or not reached for interview), specimen collection date may be used.*

When in-school transmission is identified, the Chester County Health Department will work with the school to review prevention measures to ensure adherence, and monitor for additional cases. If additional cases are identified within the class or cohort within a 14-day period, additional mitigations measures will be implemented including classroom/building closures, different cohorting, etc.



# Chester County Health Department

## Coronavirus COVID-19

### Public and Private School Guidance

If there are two (2) occurrences of in-school transmission identified in a 14-day period, the Chester County Health Department assess broader scale closure of wings or buildings.

If a classroom, wing, building(s) is closed, the school can opt to switch to remote learning.

An outbreak is over when 28 days have passed since the last person started having symptoms and no new confirmed or probable cases have occurred. If the last person did not have symptoms, use the day the person was tested instead.

The Chester County Health Department recognizes that schools may need to consider closing if the number of teachers/staff staying home, or available to work, interferes with the school's ability to operate. In these cases, it is important to not communicate that a school is moving to virtual due to quarantine requirements if the decision is based upon a school's ability to operate with the needed staff.

### Exclusion From and Return to School Requirements

**Please note that individuals cannot be released from quarantine with only a physician's note. Please see guidance related to waiting for test results and alternative quarantine periods below.**

Exclude Under These Scenarios	Return to School Under These Conditions
<p><b>Current COVID-19 Symptoms<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>• <b>One</b> of the following symptoms: cough, shortness of breath, difficulty breathing, or lack of smell or taste (without congestion).</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• <b>Two</b> of the following symptoms: fever/elevated temperature<sup>2</sup>, sore throat, chills, muscle pain, fatigue, headache, congestion/runny nose, nausea, vomiting, diarrhea</li> </ul>	<p>Individual should be tested for COVID-19.</p> <p>If test result is negative, return to school following readmission criteria illustrated in PA Code, § 27.73. <i>Readmission of excluded children, and staff having contact with children.</i> If no alternative diagnosis is known, return to school 24 hours after symptoms are improved.</p> <p>If test result is positive, follow return to school guidance for Positive COVID- 19 PCR Test with symptoms.</p> <p>If individual is not tested, exclude for:</p> <ul style="list-style-type: none"> <li>➢ 24 hours with no fever without using fever-reducing medicines <b>and</b></li> <li>➢ improvement in symptoms <b>and</b></li> <li>➢ 10 days since symptoms first appeared</li> </ul> <p>If individual is using medication to treat or suppress a fever, he/she</p>



# Chester County Health Department

## Coronavirus COVID-19

### Public and Private School Guidance

Exclude Under These Scenarios	Return to School Under These Conditions	
	should be excluded until medication is no longer needed.	
<b>Positive COVID-19 PCR Test/Probable Case</b>	<b><u>With Symptoms</u></b> <ul style="list-style-type: none"> <li>➢ 24 hours with no fever without using fever-reducing medicines <b>and</b></li> <li>➢ improvement in symptoms <b>and</b></li> <li>➢ 10 days since symptoms first appeared</li> </ul>	<b><u>Without Symptoms*</u></b> <ul style="list-style-type: none"> <li>➢ 10 days after the PCR test was collected</li> </ul> <p>If symptoms develop during 10 days, follow return to school guidance for Positive COVID-19 PCR Test With Symptoms.</p>
<b>Close Contact of COVID-19 Positive Individual</b> <ul style="list-style-type: none"> <li>• Individuals within 6 feet distance for ≥15 minutes with the COVID-19 positive individual</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Household members of COVID-19 positive individual</li> </ul>	<b><u>With Symptoms</u></b> <ul style="list-style-type: none"> <li>➢ Individuals with symptoms are considered a COVID probable case and therefore follow guidance for Positive COVID-19 PCR Test/Probable Case</li> </ul>	<b><u>Without Symptoms*</u></b> <ul style="list-style-type: none"> <li>➢ 14 days after the date of last exposure to the person with COVID-19</li> </ul> <p>If symptoms develop during 14 days, follow return to school guidance for Close Contact with Symptoms.</p>
<b>Travel History</b>	Follow PA DOH Guidance: <a href="https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx">https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx</a>	
<b>Public Health or Physician Directed Testing</b>	<p>If test result is negative, return to school following readmission criteria illustrated in PA Code, § 27.73. Readmission of excluded children, and staff having contact with children. If no alternative diagnosis is known, return to school 24 hours after symptoms are improved.</p> <p>If test result is positive, follow return to school guidance for Positive COVID19 PCR Test.</p> <p>If individual is using medication to treat or suppress a fever, he/she should be excluded until medication is no longer needed.</p>	

\*See *Alternative Quarantine Periods* section.

<sup>1</sup> For a current list of symptoms see CDC's website: <https://www.cdc.gov/coronavirus/2019->



# Chester County Health Department

## Coronavirus COVID-19

### Public and Private School Guidance

[ncov/symptoms-testing/symptoms.html](https://www.ncov/symptoms-testing/symptoms.html). Individuals with a known chronic condition that presents symptoms like those in either Group A or B may be exempt for those symptoms with documentation from a physician.

<sup>2</sup> Fever/elevated temperature is based upon the mode by which the temperature is obtained:

Mode	Temperature for Fever
Walk through scanner	97.5°F or higher
Axillary and temporal	99.5°F or higher
Oral	100.4°F or higher

#### Notes:

- The 10 day period focuses on the time during which an individual is contagious (estimated infectious period). This is the focus of individuals with a positive test result.
- The 14 day period (quarantine) focuses on the time between exposure and development of illness (estimated incubation period). This is the focus for close contacts and for travel, because the exposed person could develop the illness at any time during the 14 days. They may be contagious even without symptoms. A negative test during quarantine does NOT end quarantine early.

#### Alternative Quarantine Periods

Quarantining individuals breaks the transmission cycle by limiting exposure to other individuals. Therefore, the Chester County Health Department continues to recommend 14 day quarantine period as the most protective quarantine period for everyone.

School leaders, as employers, must determine if they will support alternative quarantine periods for their staff and students. Schools selecting to use alternative quarantine periods as outlined below must continue symptom monitoring for the full 14 days, and must continue strict adherence to all existing local and state mandates and guidance (e.g., masking, physical distancing). School leaders are recommended to consult their solicitor, or legal counsel, regarding any policies, procedures or protocols for requirements which may need to be in place regarding quarantine period standards and any related tracking.

#### **For persons with known exposure to COVID-19, who are NOT fully vaccinated:**

The following are acceptable alternatives periods and apply to ASYMPTOMATIC individuals only:

- Quarantine can end after day 10 without testing if an individual remains asymptomatic through the end of day 10.



## Chester County Health Department

### Coronavirus COVID-19

#### Public and Private School Guidance

- Quarantine can end after day 7 if a diagnostic specimen (e.g., RT-PCR, antigen) tests negative and is collected on day 5 or thereafter, and the person remains asymptomatic until the test result is received.

Quarantine begins after the date of last exposure (day 0) to a person with COVID-19. At no time can quarantine be discontinued before the end of day 7 even if a negative COVID-19 test result is received prior to the end of day 7.

Staff or students who live with individuals who work at healthcare or congregate care settings are not excluded from alternative quarantine periods (only the individuals who work at these facilities are excluded from alternative quarantine periods).

The above does **NOT** apply to individuals who are a confirmed and probable case of COVID-19 as they are required to follow the 10 day isolation requirement.

#### **For persons with known exposure to COVID-19, who ARE fully vaccinated:**

Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they were fully vaccinated  $\geq 2$  weeks and  $\leq 3$  months following the receipt of the full vaccine series AND have remained asymptomatic since the current COVID-19 exposure. Otherwise, the person should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.

Fully vaccinated persons who do not quarantine **should still watch for symptoms of COVID-19 for 14 days following an exposure.** Individuals who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

### Waiting for Test Results

#### COVID-19 Diagnostic Testing

Individuals who receive a COVID-19 test should be excluded from work and school until the results are received if the test is being performed for diagnostic purposes because he/she:

- is displaying symptoms,
- is notified as being a close contact of someone with COVID-19,
- has returned from travel to a restricted area identified by PA DOH/CDC,
- directed by public health to have the test performed, or received a prescription from a physician due to another risk of COVID-19.



## **Chester County Health Department**

### **Coronavirus COVID-19**

---

#### **Public and Private School Guidance**

Follow the guidance in the Exclusion From and Return to School Requirements for each scenario above and related test result.

#### **COVID-19 Surveillance Testing**

Individuals who receive a COVID-19 test for surveillance purposes do not need to be excluded from work and school while waiting for the results. Such tests include any PCR tests conducted on a routine basis to assess COVID-19, and non-PCR based tests such as antigen tests.

#### **Contacting the Health Department**

The Chester County Health Department has a team of staff who conduct school investigations, contact tracing, and address questions from schools. Schools can contact the Health Department as follows:

- Email: [disschools@chesco.org](mailto:disschools@chesco.org)
- Telephone: 610-344-6225 (follow prompts during business hours or after hours)