

Happy Valley School COVID 19 Mitigation Policy

Revised 8/31/21 and Effective 09/07/21

All policies are subject to change. Changes will be posted on the School's website.



K-12 School Guidance for COVID-19 (Updated 08/12/2021)

This guidance outlines prevention recommendations for K-12 schools to prepare for and respond to community spread of coronavirus disease-2019 (COVID-19) and aligns with CDC prevention strategies. Please reference [CDC guidance](#) for additional information.

Guiding principles specific to Maricopa County include the following:

- The latest guidance emphasizes the importance of in-person learning and focuses on strategies to keep students safely in schools.
- Vaccination is recognized as the leading public health prevention strategy to prevent transmission of COVID-19.
- The guidance acknowledges that since individuals under 12 years-old are not currently eligible for COVID-19 vaccines, other prevention strategies are necessary in a layered approach to protect students and staff in schools.
- The most effective prevention strategies to protect unvaccinated students are consistent and correct use of masks and physical distancing of at least 3 feet and ideally 6 feet.
- Additional prevention strategies include screening testing, ventilation, hand washing, respiratory etiquette, staying home when sick (with COVID-19 testing), contact tracing in combination with quarantine and isolation according to public health guidance, and cleaning and disinfection.
- In addition to monitoring community transmission using case rates and percent positivity, schools should monitor vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies.

The operational strategy outlined here includes these essential components:

1. Consistent implementation of prevention strategies to reduce transmission of SARS-CoV-2 in schools
 - Promoting vaccination
 - Consistent and correct mask use
 - Physical distancing
 - Screening testing to promptly identify cases, clusters, and outbreaks
 - Ventilation
 - Hand washing (both with soap and water and alcohol-based hand sanitizer) and respiratory etiquette
 - Staying home when sick and getting tested
 - Contact tracing, in combination with isolation and quarantine
 - Cleaning and disinfection
2. Additional considerations for K-12 schools
3. School workers

1. Prevention Strategies to Reduce Transmission of SARS-CoV-2 in Schools

Schools should use the **9 prevention strategies** outlined below to ensure safe reopening of schools and reduction of transmission of SARS-CoV-2, the virus that causes COVID-19.

- **Promoting Vaccination**

Achieving high levels of vaccination among eligible students, teachers, staff and household members is the best way for schools to safely continue in-person operations. Schools can promote vaccination by providing reliably sourced information, encouraging vaccine trust and confidence, and making getting a vaccine as easy and convenient as possible.

To promote vaccination, schools can:

- Visit <https://www.maricopa.gov/5659/COVID-19-Vaccine-Locations> to find out where teachers, staff, students, and their families can get vaccinated against COVID-19 in the community and promote COVID-19 vaccination locations near schools.
- Encourage teachers, staff, and families, including extended family members that have frequent contact with students, to get vaccinated as soon as they can.
- Consider [partnering with MCDPH](#) to serve as COVID-19 [vaccination sites](#), and work with local healthcare providers and organizations, including school-based health centers to provide reputable information regarding vaccine to the community. Offering vaccines on-site before, during, and after the school day can decrease some barriers to getting vaccinated against COVID-19. Identify other potential barriers that may be unique to the workforce and implement policies and practices to address them. CDC's [Workplace Vaccination Program](#) has information for employers on recommended policies and practices for encouraging COVID-19 vaccination uptake among workers.
- Find ways to adapt [key messages](#) to [help families, teachers, and staff become more confident about the vaccine](#) by using the language, tone, and format that fits the needs of the community and is responsive to concerns.
- Use CDC's COVID-19 [Vaccination Toolkits](#) to educate members of the school community and promote COVID-19 vaccination. CDC's [Workers COVID-19 Vaccine Toolkit](#) is also available to help employers educate their workers about COVID-19 vaccines, raise awareness about vaccination benefits, and address common questions and concerns. HHS also has an [On-site Vaccination Clinic Toolkit](#) to help community groups, employers, and other host organizations work directly with vaccine providers to set up vaccination clinics in locations that people know and trust.
- Host information sessions to connect parents and guardians with information about the COVID-19 vaccine. Teachers, staff, and health professionals can be trusted sources to explain the safety, efficacy, and benefits of COVID-19 vaccines and answer frequently asked questions.
- Offer flexible, supportive sick leave options (e.g., paid sick leave) for employees to get vaccinated or who have [side effects](#) after vaccination. See CDC's [Post-vaccination Considerations for Workplaces](#).
- Promote vaccination information for parents and guardians, siblings who are eligible for vaccines, and other household members as part of kindergarten transition and enrollment in summer activities for families entering the school system.
- Provide students and families flexible options for excused absence to receive a COVID-19 vaccination and for possible side effects after vaccination.
- Work with local partners to offer [COVID-19 vaccination](#) for eligible students and eligible family members during pre-sport/extracurricular activity summer physicals.

- **Consistent and Correct Mask Use**

Individuals who consistently and correctly wear a mask protect themselves and others. Masking is especially important indoors and in crowded settings.

- Indoors: Universal mask use indoors is recommended for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children under 2 years of age should not wear a mask.
- Outdoors: In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.
- Masks must be worn on school transportation. CDC's Order applies to all public transportation conveyances including school buses. **Regardless of the mask policy at school, passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order.**

Correct use of masks

- Masks should be [well-fitted face masks](#) with proper filtration.
- The [most effective](#) fabrics for cloth masks are tightly woven, such as cotton and cotton blends, breathable, and in two or three fabric layers. Masks with exhalation valves or vents, those that use loosely woven fabrics, and those that do not fit properly are not recommended.
- There is a small group of people who cannot safely wear a mask due to a medical condition, behavioral condition or disability. Schools should make individualized determinations as required by Federal disability laws to determine if an exception is necessary and appropriate.

- **Physical Distancing**

- Schools where not everyone is fully vaccinated should implement physical distancing to the extent possible within their structures but should not exclude students from in-person learning to keep a minimum distance requirement. Based on studies from 2020-2021 school year, CDC recommends schools maintain at least 3 feet of physical distance **between students** within classrooms, combined with indoor mask wearing, to reduce transmission risk. A distance of at least 6 feet is **recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.**
- **Maintain 6 feet of physical distance to the greatest extent possible in the following settings:**
 - When masks cannot be worn, such as when eating.
 - During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise.
 - In common areas such as school lobbies and auditoriums.
- Remove nonessential furniture and make other changes to classroom layouts to maximize distance between students.
- Face desks in the same direction, where possible.
- Eliminate or decrease nonessential in-person interactions among teachers and staff during meetings, lunches, and other situations that could lead to adult-to-adult transmission.

Visitors: Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as much as possible—especially with people who are not from the local geographic area

(for example, not from the same community, town, city, county). Recommend all visitors wear masks and physically distance from others.

Transportation: Create distance between children on school buses (for example, seat children one child per row, skip rows), when possible. Masks are required by federal order on school buses and other forms of public transportation in the United States. Open windows to improve ventilation when it does not create a safety hazard.

- **Screening Testing**

Screening testing identifies infected people, including those without symptoms or before development of symptoms, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated and identify clusters to reduce the risk to in-person education. Schools interested in performing screening testing as a mitigation strategy can enroll in the [K-12 COVID-19 Pooled Testing program](#) arranged by the Arizona Department of Health Services.

- **Ventilation**

Improved ventilation helps decrease the number of virus particles that may be in the air. Increasing fresh outdoor air being brought into a building will decrease the concentration of virus particles in a space if there is an infected person there. This can be done by:

- Opening multiple doors and windows,
- Using child-safe fans to increase the effectiveness of open windows,
- Making changes to the HVAC or air filtration systems.

During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.

For more specific information about maintenance, use of ventilation equipment, actions to improve ventilation, and other ventilation considerations, refer to:

[CDC's Ventilation in Schools and Child care Programs.](#)

[CDC's Ventilation in Buildings webpage](#)

[CDC's Ventilation FAQs](#) and

[CDC's Improving Ventilation in Your Home](#)

- **Handwashing and respiratory etiquette**

- **Teach and reinforce handwashing** with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students, teachers, and staff. If handwashing is not possible, hand sanitizer containing at least 60% alcohol should be used.
- Encourage students and staff to cover coughs and sneezes with a tissue when not wearing a mask and immediately wash their hands after blowing their nose, coughing, or sneezing.
- Some students with disabilities might need assistance with handwashing and respiratory etiquette

behaviors.

- **Adequate supplies:** Support healthy hygiene behaviors by providing adequate supplies, including soap, a way to dry hands, tissues, face masks (as feasible), and no-touch/foot-pedal trash cans. If soap and water are not readily available, schools can provide alcohol-based hand sanitizer that contains at least 60% alcohol (for staff and older children who can safely use hand sanitizer).

- **Staying home when sick and getting tested**

- Students, teachers, and staff who have symptoms of infectious illness, such as influenza (flu) or [COVID-19](#), should stay home and be referred to their healthcare provider for testing and care. Schools may also offer at-home COVID-19 tests (provided by public health) to parents of children with mild illness. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. It is also essential for close contacts who are not fully vaccinated to [quarantine](#) after a recent exposure to someone with COVID-19 according to public health guidelines.
- Schools should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level and provide excused absences for students who are sick.
- If a student becomes sick at school, see the [Steps to Take if Student or Staff is Diagnosed with COVID-19](#)
- If a school does not have a routine screening testing program, the ability to do rapid testing on site could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation. Schools should require masking by students, teachers, and staff who experience onset of upper respiratory infection symptoms at school while waiting to be picked up or leave the school. Mask use should also be required prior to onsite testing (if available) and/or after diagnosis for symptomatic or COVID-19-positive persons to help prevent spread.
- Getting tested for COVID-19 when symptoms are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread at schools, especially if key prevention strategies (masking and distancing) are not in use.

- **Conduct contact tracing, isolation, and quarantine in collaboration with MCDPH**

- **Staying home when appropriate:** Reinforce that students, staff, and teachers should not report to school when ill.
- Educate teachers, staff, and families about when to stay home including [isolation](#) and [quarantine guidance](#) when necessary.
 - **Home [isolation](#):** Applies to students, staff, and teachers diagnosed with COVID-19.
 - **Home [quarantine](#):** Applies to individuals identified as a close contact of someone with COVID-19 and depends on vaccination and prior COVID-19 infection status.
- An individual is identified as a **close contact** when they are within [6 feet of an infected person](#) (laboratory-confirmed or a [clinically compatible illness](#)) for a cumulative total of 15 minutes or more over a 24-hour period.
 - **Exception:** In the K–12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) where
 - both students were engaged in consistent and correct use of well-fitting face masks; and

- other K–12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K–12 school setting.
 - This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.
 - Collaborate with MCDPH for case investigation and contact tracing as outlined in [Steps to Take if Student or Staff is Diagnosed with COVID-19](#).
- **Cleaning and maintaining healthy facilities**
 - In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19 list](#)) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.
 - For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility](#).
 - If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.

2. Additional Considerations for K – 12 Schools

- **Disabilities or Other Health Care Needs**
 - Provide accommodations, modifications, and assistance for students, teachers, and staff with disabilities and other health care needs when implementing COVID-19 safety protocols:
 - Work with families to better understand the individual needs of students with disabilities.
 - Remain accessible for students with disabilities:
 - Help provide access for direct service providers (DSP) (e.g., paraprofessionals, therapists, early intervention specialists, mental health and healthcare consultants, and others). If DSPs who are not fully vaccinated provide services at more than one location, ask whether any of their other service locations have had COVID-19 cases.
 - Ensure access to services for students with disabilities when developing cohorts.
 - Adjust strategies as needed
 - Be aware that physical distancing and wearing masks can be difficult for young children and people with certain disabilities (for example, visual or hearing impairments) or for those with sensory or cognitive issues.
 - For people who are not fully vaccinated and only able to wear masks some of the time for the reasons above, prioritize having them wear masks during times when it is difficult to separate students and/or teachers and staff (e.g., while standing in line or during drop off and pick up).
 - Consider having teachers and staff who are not fully vaccinated wear a clear or cloth mask with a clear panel when interacting with young students, students learning to read, or when interacting with people who rely on reading lips.
 - Use behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, visual cues, and positive reinforcement) to help all students adjust to transitions or changes in routines.
 - Please see [CDC's Guidance for Direct Service Providers](#) for resources for DSPs serving children with

disabilities or other health care needs during COVID-19.

- **Visitors**

- Schools should review their rules for visitors and family engagement activities.
 - Schools should limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated, particularly in areas where there is moderate-to-high COVID-19 community transmission.
 - Schools should not limit access for direct service providers, but can ensure compliance with school visitor policies.
 - Schools should continue to emphasize the importance of staying home when sick. Anyone, including visitors, who have symptoms of infectious illness, such as flu or COVID-19, should stay home and seek testing and care.

- **Food Service and School Meals**

- Maximize physical distance as much as possible when moving through the food service line and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as the gymnasium or outdoor seating can help facilitate distancing.
- Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Promote hand washing before, after, and during shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.
- Improve ventilation in food preparation, service, and seating areas.
- U.S. Department of Agriculture has issued several Child Nutrition COVID-19 Waivers. Learn more [here](#).

- **Recess and Physical Education**

- In general, people do not need to wear masks when outdoors (e.g., participating in outdoor play, recess, and physical education activities). However, particularly in areas of substantial to high transmission levels, people who are not fully vaccinated are encouraged to wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.
- When physical education activities or recess are held indoors, it is particularly important for people who are not fully vaccinated to wear masks and maximize distance when possible.

- **Sports and Other Extracurricular Activities**

- School-sponsored sports and extracurricular activities provide students with enrichment opportunities that can help them learn and achieve, and support their social, emotional, and mental health.
- Due to increased exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others at increased risk for getting and spreading COVID-19. Close contact sports and indoor sports are particularly risky.
- Similar risks might exist for other extracurricular activities, such as band, choir, theater, and school clubs that meet indoors.
- Prevention strategies in these activities remain important and should comply with school day policies and procedures.
 - People who are fully vaccinated can refrain from quarantine following a known exposure if

asymptomatic, facilitating continued participation in in-person learning, sports, and extracurricular activities.

- Students should refrain from these activities when they have symptoms consistent with COVID-19 and should be tested.
- Schools are strongly encouraged to use screening testing (Table 1) for student athletes and adults (e.g., coaches, teachers, advisors) who are not fully vaccinated who participate in and support these activities to facilitate safe participation and reduce risk of transmission – and avoid jeopardizing in-person education due to outbreaks.
- Coaches and school sports administrators should also consider specific sport-related risks:
 - *Setting of the sporting event or activity.* In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the sporting event (i.e., fields, benches/team areas, locker rooms, spectator viewing areas, spectator facilities/restrooms, etc.).
 - *Physical closeness.* Spread of COVID-19 is more likely to occur in sports that require sustained close contact (such as wrestling, hockey, football).
 - *Number of people.* Risk of spread of COVID-19 increases with increasing numbers of athletes, spectators, teachers, and staff.
 - *Level of intensity of activity.* The risk of COVID-19 spread increases with the intensity of the sport.
 - *Duration of time.* The risk of COVID-19 spread increases the more time athletes, coaches, teachers, staff and spectators spend in close proximity or in indoor group settings. This includes time spent traveling to/from sporting events, meetings, meals, and other settings related to the event.
 - *Presence of people more likely to develop severe illness.* People at increased risk of severe illness might need to take extra precautions.
- For more specific sports guidance refer to the [Arizona Interscholastic Association Recommended Guidelines for Returning to Athletic Activity](#)

3. School Workers

- Workers at increased risk for severe illness from COVID-19 include older adults and people of any age with certain underlying medical conditions if they are not fully vaccinated. Workers who have an underlying medical condition or are taking medication that weakens their immune system may NOT be fully protected even if fully vaccinated and may need to continue using additional prevention measures. Policies and procedures addressing issues related to workers at higher risk of serious illness should be made in consultation with occupational medicine and human resource professionals, keeping in mind Equal Employment Opportunity concerns and [guidance](#). Employers should also understand the potential mental health strains for workers during the COVID-19 pandemic. CDC recommends that school administrators should educate workers on mental health awareness and share available mental health and counseling services. Employers should provide a supportive work environment for workers coping with job stress and building resilience, and managing workplace fatigue.
- As part of each school’s response plan, administrators should conduct [workplace hazard assessments](#) periodically to identify COVID-19 transmission risks and prevention strategies, when worksite conditions change, or when there are instances of COVID-19 transmission within the workplace. Strategies to prevent and reduce transmission are based on an approach that prioritizes the most effective practices, known as the hierarchy of controls. School employers should engage and train all workers on potential workplace hazards, what precautions should be taken to protect workers, and workplace policies for

reporting concerns. Schools should ensure communication and training for all workers are frequent and easy to understand. Additionally, schools should ensure communication and training are in a language, format, and at a literacy level that workers understand.

- Workers in K-12 have the right to a safe and healthful workplace. The Occupational Safety and Health Administration (OSHA) has issued [Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace](#). This guidance contains recommendations to help employers provide a safe and healthy workplace free from recognized hazards that are causing, or are likely to cause, death or serious physical harm. It also contains descriptions of mandatory safety and health standards. If a worker believes working conditions are unsafe or unhealthful, they or a representative may file a confidential safety and health complaint with OSHA at any time. In states where public sector employers and workers are not covered by OSHA-approved State Plans, there may be agencies that provide public worker occupational safety and health protections and enforce such workers' rights to safe workplaces. Workers should contact state, county, and/or municipal government entities to learn more.

Additional Public Health Considerations

Interventions to control clusters

In Maricopa County, a school cluster (or outbreak) is an index case and one or more cases epidemiologically linked to the index case who likely acquired SARS-CoV-2 infection in school (i.e., school-associated cases). When cases are introduced into the school environment, they can lead to clusters and potentially to rapid and uncontrolled spread. This is more likely to happen in areas of substantial or high community transmission and low vaccination rates, as cases are more likely to be introduced into the school from the community. Schools should monitor cases (consistent with privacy and other applicable laws), identify clusters quickly, and promptly intervene to control spread. Infection source and whether the infection is likely acquired in school or outside of school should be determined by case investigations conducted in collaboration with MCDPH.

Schools should take the following actions to control transmission in the event of a cluster:

- Investigate cases and trace contacts; encourage [isolation](#) and [quarantine](#) (consistent with applicable privacy and other laws).
 - Work with MCDPH to carefully investigate each case, including conducting interviews with students, teachers, parents, and/or school staff.
 - Encourage compliance with [isolation](#) for people who test positive.
 - Work with MCDPH to trace in-school close contacts in accordance with applicable federal and state privacy laws of all cases and refer in-school close contacts for diagnostic testing.
 - Per MCDPH, and in accordance with CDC and ADHS guidance, close contacts who are not fully vaccinated or have not tested positive for COVID-19 in the last 90 days are to quarantine (stay) at home for up to 10 days. This includes being excluded from in-person school and extracurricular activities.
- Assess situations where close contacts occurred and implement interventions to address potential contributors to the clusters. For example:
 - Determine whether inconsistent or incorrect use of masks contributed to the clusters and encourage improved consistent and correct mask use.
 - Assess implementation of physical distancing and determine whether intervention is needed to address distancing.
 - Eliminate or decrease nonessential in-person interactions among teachers and staff during

meetings, lunches, and other situations that may have led to adult-to-adult transmission.

Unplanned school closures

Despite careful planning and consistent implementation of prevention strategies, some situations may lead school officials to consider temporarily closing schools or parts of a school (such as a class, cohort, or grade level) to in-person instruction, in consultation with MCDPH. These decisions should be made based on careful consideration of a variety of factors and with the emphasis on ensuring the health and wellness of students, their families, and teachers and staff.

Classrooms, cohorts, or schools experiencing uncontrolled spread of COVID-19 may temporarily close for in-person learning with consultation from MCDPH and the Arizona Department of Health Services. If the school is experiencing uncontrolled spread, school leaders should immediately notify MCDPH and collaborate to facilitate increased testing and contact tracing, as necessary. MCDPH may facilitate testing for students, teachers, and staff who are in schools with uncontrolled spread.

New COVID-19 variants and prevention in schools

[Multiple SARS-CoV-2 variants are circulating globally](#). These include several variants that have been detected in the United States. Some of these variants seem to spread more easily and quickly than other variants, which could lead to more cases of COVID-19. Rigorous implementation of prevention strategies is essential to control the spread of [variants](#) of SARS-CoV-2. CDC, in collaboration with other public health agencies, is monitoring the situation closely and studying these variants quickly to learn more to control their spread. As more information becomes available, prevention strategies and school guidance may need to be adjusted to new evidence on risk of transmission and effectiveness of prevention in variants that are circulating in the community.

Testing to identify individuals with COVID-19 to prevent transmission and outbreaks

Viral testing strategies are critical to a comprehensive prevention strategy. Testing should not be used alone, but in combination with other prevention to reduce risk of transmission in schools. When schools implement testing combined with prevention strategies, they can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19.

Diagnostic Testing

At all levels of community transmission, schools should offer referrals to diagnostic testing to any student, teacher, or staff member who is [exhibiting symptoms of COVID-19](#) at school (see [Table 3](#)). Diagnostic testing for SARS-CoV-2 is intended to identify occurrence of SARS-CoV-2 infection at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or suspected recent exposure. **Examples of diagnostic testing strategies include testing symptomatic teachers, students, and staff who develop symptoms in school, and testing asymptomatic individuals who were exposed to someone with a confirmed or suspected case of COVID-19.** Additional considerations for diagnostic testing:

- Schools should advise students, teachers, and staff to [stay home if they are sick](#) or [quarantine](#) if they have had close contact with a COVID-19 case, if recommended. If they are fully vaccinated, an asymptomatic close contact does not need to quarantine.
- If a student, teacher, or staff member becomes sick at school or reports a new COVID-19 diagnosis, schools should follow the [Steps to Take if Student or Staff is Diagnosed with COVID-19](#). This includes notifying a student's parent or guardian and initiating testing strategies. Notifications must be accessible for all students, parents, or guardians, including those with disabilities or limited English proficiency (for example,

through use of interpreters or translated materials).

- [At home or school rapid antigen self-tests](#) may be available to test symptomatic individuals or contacts in quarantine to reduce the time spent in isolation or quarantine. For example, an ill individual who tests negative for COVID-19 would simply need to follow standard guidance for exclusion from school. An unvaccinated close contact who tests negative for COVID-19 after 5 full days of quarantine can return to school after 7 full days of quarantine.

Options for testing for school-affiliated persons who are symptomatic or identified as close contacts of a COVID-19 case in Maricopa County include:

- Utilizing a rapid antigen test at the school, if available;
- Utilizing a home-based rapid antigen test;
- Seeking testing at any available testing site, which can be found online at the [MCDPH Testing Webpage](#) or [ADHS Testing Webpage](#).

Additional information about a school/district requesting BinaxNOW Antigen Self-Tests from MCDPH can be found at our website: <https://www.maricopa.gov/5493/K-12-Schools-and-Childcare-Facilities#guidance>

Symptoms to consider for referral for COVID-19 diagnostic testing include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (not as a sole symptom in the school setting)
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Table 2. Tiered approach of diagnostic testing for SARS-CoV-2

<p>Students, teachers, and staff with symptoms of COVID-19</p> <p>Refer for diagnostic testing</p>	<p>Students, teachers, or staff with symptoms of COVID-19 at school, at all levels of community transmission.</p> <ul style="list-style-type: none">• Individuals with positive test results should go to their home and isolate until they have met criteria for release from isolation.• People with symptoms should be isolated away from others as soon as symptoms appear and sent home. Those with positive test results should remain in isolation until they have completed isolation. Those with negative test results should follow the appropriate section of the isolation guidance.
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<p>Close contacts</p>	<p>Students, teachers, or staff who had contact with someone diagnosed with COVID-19, as defined in quarantine guidance, at all levels of community transmission. Note: In the K–12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) where both students were engaged in consistent and correct use of well-fitting face masks; and other K–12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K–12 school setting. Families of close contacts should be notified and referred for testing immediately.</p>
<p>Refer for diagnostic testing</p>	<ul style="list-style-type: none"> • Unvaccinated close contacts should complete the recommended quarantine period. • To minimize impact of quarantines on delivery of instruction, schools should limit the potential for exposures across cohorts and classrooms (for example, teachers should limit close contacts with other teachers and with students not in their own classrooms). • People who are fully vaccinated or were previously diagnosed with COVID-19 within the last three months do not need to quarantine, as long as they do not have any symptoms of COVID-19.

Reporting test results

Every COVID-19 testing site is required to [report to ADHS all diagnostic and screening tests performed](#). Schools that perform antigen testing must apply for and receive a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver, and report test results to state or local public health departments as mandated by the Coronavirus Aid, Relief, and Economic Security A(CARES) Act (P.L. 116-136). Schools that use over-the-counter antigen self-tests should report outbreaks of infections to MCDPH.

With home self-tests, individuals should be asked to report school-associated positive cases to schools to facilitate contact tracing and ensure communication and planning in schools. In addition, school administrators should notify staff, teachers, families, and legal guardians within 24 hours of any outbreak of COVID-19 while maintaining confidentiality in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Americans with Disabilities Act (ADA), and the Family Educational Rights and Privacy Act (FERPA), and other applicable laws and regulations. Notifications must be accessible for all students, teachers, and staff, including those with disabilities or limited English proficiency (for example, through use of interpreters or translated materials).

Additional Resources

- [CDC K-12 School Operational Strategy](#)
- [U.S. Department of Education COVID-19 Handbook: Volume 1](#)
- [Online School Reporting Form for COVID-19 cases and exposures in K-12 schools](#)
- [Steps to Take if Student or Staff is Diagnosed with COVID-19](#)
- Quarantine guidance and flow chart for household and close contacts of a person with COVID-19: [English](#) | [Spanish](#)
- Home isolation guidance and flow chart for people who test positive or have symptoms consistent with COVID-19: [English](#) | [Spanish](#)