

K-12 School Guidance for COVID-19 (Updated 03/29/2021)

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:

- Many schools in Maricopa County have successfully implemented a safe hybrid learning scenario with prevention strategies that include wearing masks at all times, maintaining physical distancing, and careful surveillance for COVID-19 cases and outbreaks on a school-by-school level.
- All students who are either at [high risk for severe COVID-19](#) or live with someone who is at [high risk for severe COVID-19](#) should be offered the opportunity to continue virtual learning.
- The feasibility of weekly screening testing for COVID-19 in Maricopa County schools is unclear at this time. This guidance includes CDC recommendations for learning scenarios to schools that choose to perform routine COVID-19 screening, however MCDPH does not recommend this strategy as a critical component of COVID-19 prevention in schools.
- Maricopa County Department of Public Health (MCDPH) has partnered with school districts and vaccine vendors to ensure that every Maricopa County school staff person working with public, private and charter schools has been offered COVID-19 vaccination in the early part of prioritized Phase 1B. The first dose **was offered** to everyone by February 22, 2021 and the second dose **will be offered** to everyone by April 4, 2021.

The operational strategy outlined here includes these essential components:

1. Consistent implementation of [five key prevention strategies](#) to reduce transmission of SARS-CoV-2 in schools;
 - a. Universal and correct use of masks
 - b. Physical distancing
 - c. Handwashing and respiratory etiquette
 - d. Cleaning and maintaining healthy facilities
 - e. Contact tracing in combination with isolation and quarantine
2. Using [indicators of community transmission](#) to reflect level of community risk;
3. Community transmission levels guide [phased prevention strategies and learning modes](#).

Additional prevention strategies to consider include:

4. [Testing](#) to identify individuals with COVID-19 infection to limit transmission and outbreaks; and
5. [Vaccination](#) for teachers, staff, and communities as soon as supply allows.

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

Schools should use the **5 key prevention strategies** outlined below to ensure safe reopening of schools and reduction of transmission of SARS-CoV-2, the virus that causes COVID-19.

Schools providing any in-person instruction should prioritize **universal and correct use of masks at all times (except when eating) and physical distancing of at least 3 feet in the classroom.**

- **Universal and correct use of masks**
 - Require consistent and correct use of [well-fitting face masks](#) with proper filtration by all students, teachers, and staff to prevent SARS-CoV-2 transmission through respiratory droplets. Masks should be worn at all times, by all people in school facilities, except while eating or drinking.
 - Masks should be required in all classroom and non-classroom settings, including hallways, school offices, restrooms, gyms, auditoriums, etc.
 - Mask policies for all students, teachers, and staff set the expectation that people will use masks throughout the school.
 - 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.
 - Mask use should be required on school buses and other public transportation; school systems should take appropriate steps to ensure compliance with this requirement by students, staff, and others.
 - If visitors are permitted in school, they should be required to wear masks at all times and should maintain physical distance from others.
 - Schools should encourage modeling of correct and consistent mask use by school leaders, local leaders, and others respected in the community.
- **Physical distancing**
 - **Between students in classrooms:**
 - In [elementary schools](#), students should be at least 3 feet apart.
 - In [middle and high schools](#), students should be at least 3 feet apart in areas of low (blue), moderate (yellow), or substantial (orange) community transmission.
 - In areas of high (red) community transmission, [middle and high school](#) students should be 6 feet apart to the greatest extent possible, if *cohorting** is not possible.
 - **Maintain 6 feet of physical distance to the greatest extent possible in the following settings:**
 - Between adults (teachers and staff), and between adults and students, at all times in the school building.
 - 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.
 - Use *cohorting** and maintain 6 feet of distance between cohorts where possible. Limit contact between cohorts. In areas of substantial (orange) and high (red) levels of community transmission, schools that use less than 6 feet between students in classrooms, *cohorting** is recommended, with at least 6 feet maintained between cohorts to the greatest extent possible.
 - 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). Require all visitors to 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.
- Additional suggestions for physical distancing:
 - **Staggered scheduling:** Stagger school arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts, as well as direct contact with parents.
 - **Alternate schedules with fixed cohorts** of students and staff to decrease class size and promote physical distancing.

*Cohorting involves creating groups of students that are separated from other groups by at least 6 feet throughout the entire day. Cohorting can be implemented in either full in-person instruction or hybrid instruction, or through other strategies.

- **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).

- **Cleaning and maintaining healthy facilities**

- **Ventilation:** Improve ventilation to the extent possible to increase circulation of outdoor air, increase the delivery of clean air, and dilute potential contaminants. This can be achieved through several actions.
 - Bring in as much outdoor air as possible.
 - Ensure Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.
 - Filter and/or clean the air in the school by improving the level of filtration as much as possible.
 - Use exhaust fans in restrooms and kitchens.
 - Open windows in buses and other transportation, if doing so does not pose a safety risk. Even just cracking windows open a few inches improves air circulation.
- **Modified layouts:** Adjust physical layouts in classrooms and other settings to maximize physical space, such as by turning desks to face in the same direction.
- **Cleaning:** Regularly clean frequently touched surfaces (for example, playground equipment, door handles, sink handles, toilets, drinking fountains) within the school and on school buses at least daily or between use as much as possible.

- **Communal spaces:** Close communal use of shared spaces, such as cafeterias, if possible; otherwise, stagger use and clean between use. Consider use of larger spaces such as cafeterias, libraries, gyms for academic instruction, to maximize physical distancing.
- **Food service:** Avoid offering any self-serve food or drink options such as hot and cold food bars, salad or condiment bars, and drink stations.
- **Shared objects:** Discourage sharing items, particularly those that are difficult to clean.
- **Water systems:** Take steps to ensure that all water systems and features (for example, sink faucets, decorative fountains) are safe to use after a prolonged facility shutdown.
- **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 their child should stay home including [isolation](#) and [quarantine guidance](#) when necessary.
 - **Home isolation:** Recommended for students, staff, and teachers diagnosed with COVID-19.
 - **Home quarantine:** Recommended depending on a person’s vaccination and prior COVID-19 infection status.
 - Collaborate with MCDPH for case investigation and contact tracing as outlined in [Steps to Take if Student or Staff is Diagnosed with COVID-19](#).

2. Indicators of Community Transmission to Reflect Level of Community Risk

The first step in determining when and how to safely reopen schools involves assessing community transmission of SARS-CoV-2, the virus that causes COVID-19. CDC recommends the use of two measures of community burden to determine the level of community transmission (see [Table 1](#)):

1. Total number of **new** cases per 100,000 persons in the last 7 days and
2. Percentage of nucleic acid amplification tests (NAATs, including PCR) that are positive in the last 7 days.

If the two indicators suggest different levels, community transmission level will default to the higher level.

These measures are used to assess incidence and spread of SARS-CoV-2, the virus that causes COVID-19, in the community, not the school itself. Risk is dependent on community level transmission **and** implementation of school and community prevention strategies, including [all of the five strategies](#) outlined above.

Community transmission in Maricopa County can be found at on the [Maricopa County School Dashboard](#) and the [ADHS School Dashboard](#). Both dashboards have been updated to reflect CDC’s metrics and will continue to be updated weekly.

Table 1. CDC Indicators and Thresholds for Community Transmission of COVID-19

Indicator	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9	10-49	50-99	≥100
Percentage of NAATs (PCR) that are positive during the past 7 days	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%

3. Phased Prevention Strategies and Learning Modes Based on Levels of Community Transmission

A phased prevention approach for K–12 schools relies on several core concepts:

- **K–12 schools should be the last settings to close after all other prevention measures in the community have been employed, and the first to reopen when they can do so safely.** This implies that decision-makers and communities should prioritize schools for reopening and remaining open for in-person instruction over nonessential businesses and activities, including indoor dining, bars, social gatherings, and [close contact sports](#) as community transmission is controlled.
- **In-person instruction should be prioritized over extracurricular activities, including sports and school events, to minimize risk of transmission in schools and protect in-person learning.** Prolonged periods of remote or virtual learning can have negative effects on educational progress for students, potentially slowing or reversing academic gains. Students from low-resourced communities, English learners, and students with disabilities might disproportionately experience learning loss due to limited access to remote learning technology and fewer learning support systems and services outside of schools. Safe in-person schooling can also offset the negative social, emotional, and mental health impacts of prolonged virtual learning. Minimizing the risk of spread during extracurricular activities and social gatherings outside of school can help maintain in-person instruction. Some close-contact sports might not be able to be implemented at any level of community transmission given the risk of transmission and the inability to implement prevention strategies. Schools may consider using expanded screening testing for sports and extracurricular activities to identify cases and reduce risk of transmission from people who are asymptomatic or pre-symptomatic (see [Testing](#) section).
- **Lower susceptibility and incidence among younger children compared to teenagers suggests that younger students (for example, elementary school students) are likely to have less risk of in-school transmission due to in-person learning than older students (middle schools and high schools).** In addition, younger children may benefit more from in-person instruction and are less independent than older students.
- **Families of [students who are at increased risk of severe illness](#) (including those with special healthcare needs) or who live with people at high risk should be given the option of virtual instruction, regardless of the mode of learning offered.**
- **Schools are encouraged to use cohorting***, especially in areas of substantial (orange) and high (red) transmission, to facilitate testing and contact tracing, and to minimize transmission across cohorts.

*Cohorting involves creating groups of students that are separated from other groups by at least 6 feet throughout the entire day. Cohorting can be implemented in either full in-person instruction or hybrid instruction, or through other strategies.

Monitoring levels of community transmission provides school leaders with an indicator system for the risk of introduction of SARS-CoV-2 virus into a school. Information about levels of community transmission should be combined with information about cases in schools and implementation of prevention strategies to guide decision-making. Implementation of prevention strategies should be intensified if indicators worsen (i.e., moving from low to moderate to substantial to high community transmission). Intensifying prevention might also involve imposing restrictions on sports and extracurricular activities to protect in-person learning. To make decisions about preventive actions, school and health officials should take the following information into account:

- The numbers of COVID-19 cases among students, teachers, and staff, and number of people in quarantine
- Compliance with prevention strategies
- Levels of community transmission

[Table 2](#) presents a school operational plan for opening and remaining open that emphasizes layering prevention at all levels of community transmission.

As a reminder, guiding principles specific to Maricopa County include the following:

- Many schools in Maricopa County have successfully implemented a safe hybrid learning scenario with prevention strategies that include wearing masks at all times, maintaining physical distancing, and careful surveillance for COVID-19 cases and outbreaks on a school-by-school level.
- All students who are either at [high risk for severe COVID-19](#) or live with someone who is at [high risk for severe COVID-19](#) should be offered the opportunity to continue virtual learning.
- The feasibility of weekly screening testing for COVID-19 in Maricopa County schools is unclear at this time. This guidance includes CDC recommendations for learning scenarios to schools that choose to perform routine COVID-19 screening, however MCDPH does not recommend this strategy as a critical component of COVID-19 prevention in schools.
- Maricopa County Department of Public Health (MCDPH) has partnered with school districts and vaccine vendors to ensure that every Maricopa County school staff person working with public, private and charter schools has been offered COVID-19 vaccination in the early part of prioritized Phase 1B. The first dose **was offered** to everyone by February 22, 2021 and the second dose **will be offered** to everyone by April 4, 2021.

Table 2. Recommended Phased Prevention Strategies and Learning Modes for K-12 Schools Based on Levels of Community Transmission

Prevention Strategies: All Schools

All schools implement 5 key prevention strategies:

- Universal and correct use of masks required
- Physical distancing
- Handwashing and respiratory etiquette
- Cleaning and maintaining healthy facilities
- Contact tracing in combination with isolation and quarantine

Diagnostic testing¹: Symptomatic students, teachers, and staff and close contacts referred for diagnostic testing

Prevention Strategies by Level of Community Transmission

Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
<p>Elementary Schools: Open for full in-person instruction</p> <p>Physical distancing: at least 3 feet between students in classrooms</p>		<p>Elementary Schools: in hybrid learning mode or reduced attendance</p> <p>Physical distancing: at least 3 feet of distance between students in classrooms</p> <p>Cohorting² recommended when possible</p>	
<p>Middle and High Schools: Open for full in-person instruction</p> <p>Physical distancing: at least 3 feet between students in classrooms</p>		<p>Middle and High Schools: in hybrid learning mode or reduced attendance</p> <p>Physical distancing: at least 3 feet of distance between students in classrooms</p> <p>Cohorting recommended when possible²</p>	<p>Middle and High Schools: in hybrid learning mode or reduced attendance</p> <p>Schools that can use cohorting: at least 3 feet of distance between students in classrooms³</p> <p>Schools that cannot use cohorting: at least 6 feet distance between students in classrooms³</p>
<p>Sports and extracurricular activities</p> <p>Sports and extracurricular activities occur with at least 6 feet of physical distance to the greatest extent possible⁴</p>	<p>Sports and extracurricular activities</p> <p>Sports and extracurricular activities occur with at least 6 feet of physical distance required⁴</p>	<p>Sports and extracurricular activities</p> <p>Sports and extracurricular activities occur only if they can be held outdoors, with more than 6 feet of physical distancing⁴</p>	

¹Diagnostic 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. Diagnostic testing includes PCR and antigen tests.

²Cohorting involves creating groups of students that are separated from other groups by at least 6 feet throughout the entire day. Cohorting can be implemented in either full in-person instruction or hybrid instruction, or through other strategies.

³In middle and high schools, 6 feet (to the greatest extent possible) is recommended in areas of high community transmission, unless they can implement cohorting. Schools may consider using reduced attendance, hybrid instruction, or other strategies to ensure 6 feet of physical distance (to the greatest extent possible) between students in middle and high schools that do not use cohorting.

⁴School officials should implement limits on spectators and attendees for sports, extracurricular activities, and events to ensure 6 feet of physical distance and require use of masks.

Monitoring cases and making decisions about in-person instruction

Schools should closely and regularly monitor the numbers of students, teachers, and staff with COVID-19, as well those in [isolation](#) and in [quarantine](#). In collaboration with MCDPH, decisions should combine information about levels of community transmission with school-specific factors, such as implementation of prevention strategies and the number of cases among students, teachers, and staff. Schools may consider convening a team or committee with representation from public health and members of the school community (for example, students, parents, teachers, and staff) to review data regularly, share information, and discuss opportunities to support open communication with school stakeholders. As levels of community transmission increase, schools should further strengthen prevention strategies and monitor cases to reassess decisions.

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, 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 by a collaboration between school administration and 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 close contacts in accordance with applicable federal and state privacy laws of all cases and refer close contacts for diagnostic testing. Encourage compliance with [quarantine](#).
- 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 intervene to improve 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. In such cases, schools should make efforts to provide continuity of instruction through synchronous remote learning or at-home activities.

Classrooms, cohorts, or schools experiencing uncontrolled spread of COVID-19 may temporarily close for in-person learning. 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.

Schools in areas experiencing rapid or persistent rises in COVID-19 case rates or severe burden on health care capacity. School leaders and public health officials should monitor indicators of community transmission (see [Table 1](#)) and review trends over time. In communities that have rapid or persistent rises in COVID-19 incidence or severe healthcare capacity burden, school leaders may decide to temporarily close schools to in-person instruction until levels of community transmission stabilize in collaboration with public health.

Providing options for teachers and school staff

At all levels of community transmission, employers should provide reassignment, remote work, or other options for teachers and staff who have documented high-risk conditions that place them at [increased risk for severe illness](#) from COVID-19 to limit the risk of workplace exposure. When these conditions are disabilities under the Americans with Disabilities Act, employers should ensure compliance with law and may need to consider providing reasonable accommodation subject to undue hardship. Options for reassignment may include but are not limited to telework, virtual teaching opportunities, modified job responsibilities, environmental modifications, scheduling flexibility, or temporary reassignment to different job responsibilities. These options should likewise be extended to teachers and staff who have a household member who is at [increased risk for severe illness from COVID-19](#). Policies and procedures addressing issues related to teachers and staff at higher risk of serious illness and the application of reassignment, remote work, or other options for prevention should be made in consultation with occupational medicine and human resource professionals with knowledge of the specific situation, keeping in mind Equal Employment Opportunity (EEO) and other potential legal concerns. Schools should work with local counsel to ensure compliance.

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.

Health equity considerations in phased prevention

- Schools that serve student populations that are at greater risk for learning loss during virtual instruction (for example, due to their more limited access to technology) should be prioritized for providing in-person instruction and be provided the needed resources to implement prevention.
- Schools should consider prioritizing in-person instruction for students with disabilities who require special education and related services directly provided in school environments, as well as other students who may benefit from receiving essential instruction in a school setting.
- Schools should develop plans to continue meal service provision, such as free breakfast and lunch to families for every learning mode, including in-person, hybrid, and virtual.

4. 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 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).
- In some schools, school-based healthcare professionals (for example, school nurses) may perform SARS-CoV-2 antigen testing in school-based health centers if they are trained in specimen collection, conducting the test per manufacturer's instructions, and obtain a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver. Some school-based healthcare professionals may also be able to perform specimen collection to send to a lab for testing, such as the state public health laboratory, if trained in specimen collection, without a CLIA certificate. Testing through a public health laboratory must be approved by public health. It is important that school-based healthcare professionals have access to, and training on the proper use of personal protective equipment (PPE).

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;
- Referring the symptomatic individual to any Banner Urgent Care for testing; or
 - If this option is chosen, please give this flier ([English](#) / [Spanish](#)) to the symptomatic individual and ask them to present it to the staff at the Banner Urgent Care facility.
- Seeking testing at any available testing site, which can be found online at the [MCDPH Testing Webpage](#) or [ADHS Testing Webpage](#).

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 3. 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.
<p>Close contacts</p> <p>Refer for diagnostic testing</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. The definition of a close contact applies regardless of whether either person was wearing a mask. The definition also applies in schools that use less than 6 feet between students in classrooms. Families of close contacts should be notified and referred for testing immediately.</p> <ul style="list-style-type: none"> • 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.

Screening Testing

The **feasibility of weekly screening testing for COVID-19 in Maricopa County schools is unclear** at this time. This guidance includes CDC recommendations for screening test frequency (see [Table 4](#)) for schools that choose to perform routine COVID-19 screening, however **MCDPH does not recommend this strategy as a critical component of COVID-19 prevention in schools.**

Some schools may elect to use screening testing as a strategy to identify cases and prevent secondary transmission. Screening testing involves using SARS-CoV-2 viral tests (diagnostic tests used for screening purposes) intended to identify occurrence at the individual level even if there is no reason to suspect infection—i.e., there is no known exposure and no symptoms. This includes, but is not limited to, screening testing of asymptomatic people without known exposure with the intent of making decisions based on the test results. Screening testing is intended to identify infected people without symptoms (or before development of symptoms) who may be contagious so that measures can be taken to prevent further transmission. MCDPH does not recommend using antigen tests for screening purposes.

For additional information about screening testing in schools, see [CDC Operational Strategy for K-12 Schools](#).

Table 4. Testing Recommendations by Level of Community Transmission

Testing Recommendations: All Schools

Diagnostic testing¹: Symptomatic students, teachers, and staff and close contacts referred for diagnostic testing

Screening Testing for teachers and staff²: expanded screening testing of teachers and staff offered at least once per week

Testing Recommendations by Level of Community Transmission

Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
No screening testing for students	Screening testing for students: expanded screening testing of students ³ offered at least once per week		
Testing for high-risk sports⁴: for schools conducting routine testing for sports, testing is recommended at least once per week	Testing for high-risk sports⁴: for schools conducting routine testing for sports, testing is recommended twice per week		Testing for low and intermediate-risk sports⁴: for schools conducting routine testing for sports, testing is recommended at least once per week
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¹Diagnostic 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.

²Screening testing is intended to identify infected asymptomatic individuals who may be contagious so that measures can be taken to prevent further transmission.

³Schools may consider testing a random sample of at least 10% of students or may conduct pooled testing of cohorts/pods for screening testing in areas of moderate and substantial community transmission.

⁴Schools may consider using screening testing for student athletes and adults (e.g., coaches, teacher advisors) who support these activities to facilitate safe participation and reduce risk of transmission. For an example risk stratification for sports, see

https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_ResocializationDevelopingStandardsSecondEdition.pdf.

Reporting test results

Every COVID-19 testing site is required to [report to ADHS all diagnostic and screening tests performed](#). Schools that use 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 (CARES) Act (P.L. 116-136).

Parents should be asked to report 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 emergency contacts or legal guardians immediately of any case 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).

5. Vaccination for teachers, staff, and communities as supply allows

MCDPH recommends that all teachers and staff who meet eligibility criteria receive the COVID-19 vaccination. Teachers and staff from K-12 schools are eligible and prioritized in Phase 1B for vaccination at this time.

MCDPH has partnered with school districts and vaccine vendors to ensure that every Maricopa County school staff person working with public, private and charter schools has been offered COVID-19 vaccination in the early part of

prioritized Phase 1B. The first dose was offered to everyone by February 22, 2021 and the second dose will be offered to everyone by April 4, 2021.

- **Registration:** MCDPH has partnered with local school districts to serve schools within their geographic region. Visit the [MCDPH Vaccines for K-12 School and Childcare Staff](#) webpage to access the map and contact the school district in which your school geographically falls. Contact the school district that is serving your geographic region using the link within the map or [this PDF](#).
 - A **waitlist** is available for those who missed the vaccine events in their geographic district and have not received their **first dose**. Sign up for the waitlist using [this survey](#).
 - Those waiting for second dose appointments will be emailed about how and where to schedule your second dose appointment.
- **Verification:** please bring proof of employment, such as an employee ID or pay stub.

6. 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](#) (PDF - Rev. 12/08/20)
- Quarantine guidance and flow chart for household and close contacts of a person with COVID-19: [English](#) | [Spanish](#) (PDF - Rev. 12/02/20)
- Home isolation guidance and flow chart for people who test positive or have symptoms consistent with COVID-19: [English](#) | [Spanish](#) (PDF - Rev. 11/06/20)