Maryland | DEPARTMENT OF HEALTH
Dennis R. Schrader, Secretary
STATE DEPARTMENT OF EDUCATION
Mohammed Choudhury, Superintendent

K-12 School and Childcare COVID-19 Guidance

(Revised July 23, 2021)

The following is provided by the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) to provide assistance to local school systems, nonpublic schools, and child care programs to respond to the COVID-19 pandemic.

Each local school system, nonpublic school, and child care program may set their own policies and procedures for their schools, students/children, teachers and staff. However, MDH/MSDE strongly recommend that these entities follow the recommendations in this notice and work with local health departments to determine the layered prevention strategies (e.g., using multiple prevention strategies together consistently) needed in their area to protect people who are not fully vaccinated. As recommended by the CDC, decisions about layered prevention strategies should be informed by monitoring levels of community transmission, local vaccine coverage, and use of screening testing to detect cases in K-12 schools.

For schools, the recommendations in this document are aimed to support opening for in-person learning at full capacity, as recommended by the CDC. Schools should not limit a return to in-person learning at full capacity due to the inability to implement a certain prevention strategy, but rather focus on other layered prevention strategies that can be implemented to keep students and staff safe.

Where applicable, and for items not discussed in this document, such as cleaning and disinfection practices, contact tracing procedures, and considerations for those with special health care need**s,** schools and child care programs should refer to their local health departments and CDC Guidance for COVID-19 Prevention in K-12 Schools or CDC COVID-19 Guidance for Operating Early Care and Education/Child Care for further guidance.

A. Masks and Face Coverings

MDH/MSDE strongly recommend, but do not require, that all individuals who are not fully vaccinated continue to wear face coverings in all indoor settings outside of their home and in outdoor settings when physical distancing cannot be maintained.

Each local school system, nonpublic school, and child care program may set their own policies regarding masks and face coverings. Schools and child care programs should

be aware that the federal order that face masks be worn by all people while on public transportation conveyances, including public and private school buses, is still in effect.

As recommended by the CDC, face coverings/masks should not be worn by children under the age of 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering/mask without assistance. See CDC guidance for additional safety considerations related to the use of face coverings.

Schools and child care programs should refer to 06.30.21 MDH Notice - Face Covering Recommendations for additional information.

B. Vaccination

MDH and MSDE strongly recommend that all eligible Marylanders receive a COVID-19 vaccine.

While vaccination is one of the most critical strategies to help schools resume regular operations, decisions about in-person education should not be based on the level of vaccination of teachers, staff, or eligible students/children. Schools and child care programs can promote vaccinations among teachers, staff, eligible students/children, and their families; schools and child care programs interested in learning more about vaccine promotion strategies should refer to their local health departments and CDC guidance..

C. Testing

According to CDC guidance, schools should consider the use of screening testing as part of a layered prevention approach. 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. Screening testing may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented. The use of diagnostic testing in the school setting should also be considered; at minimum, schools and childcare programs should offer referrals to diagnostic testing for any student/child, teacher, or staff person who develops symptoms of COVID-19 at school or child care and to any identified close contacts in the school or child care setting.

MDH and MSDE have grant support to offer screening and diagnostic testing services in K-12 schools. Schools that are interested in onsite testing operations should contact the MDH COVID-19 Testing Task Force and see this information before August 9, 2021. Schools should refer to CDC guidance for specific testing recommendations when crafting their testing plans.

D. Physical Distancing

Local school systems, nonpublic schools, and child care programs should follow CDC guidance for physical distancing.

For schools, CDC guidance recommends maintaining at least 3 feet of physical distance between students within classrooms, combined with other layered prevention strategies to reduce transmission risk**.**

For child care settings, CDC guidance provides strategies for physical distancing and cohorting in child care programs. A distance of at least 6 feet is recommended between adults who are not fully vaccinated and between children and staff from different cohorts.

E. When Someone is Sick

It is important for schools and child care programs to stress and reinforce frequently that students/children, teachers, and staff who are sick or have any COVID-19 symptoms should not attend or work in a school or child care program and should be referred to their healthcare provider for evaluation and testing.

In addition, students/children, teachers, and staff should stay at home if they have been in close contact with someone diagnosed with COVID-19 or suspected of having COVID-19 and have not completed quarantine, if they are waiting for a COVID-19 test result, or if they have been diagnosed with COVID-19 and not completed isolation. For certain situations where individuals would not need to quarantine, such as when fully vaccinated, please see CDC guidance.

Schools and child care programs should communicate procedures for notifying the school or child care program of absences due to illness related to COVID-19 symptoms and the requirement for timely pick up of a student/child or staff who has a fever or exhibits symptoms while at school or child care. Each school and child care program should identify a room or other space for isolation of persons who become ill during the day that is separate and distinct from spaces that are used for other purposes and provides the appropriate level of safety and supervision for an ill student/child.

Schools and child care programs should follow the MDH/MSDE guidance entitled "Response to Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms in Schools and Childcare" (attached to this document) for exclusion, isolation, and quarantine recommendations as well as communication and notification processes.

F. Contact Tracing in Combination with Isolation and Quarantine

Local school systems, nonpublic schools, and child care programs should continue to collaborate with state and local health departments to report and provide information about COVID-19 cases and people exposed to COVID-19 within these settings to the extent allowable by law. This allows contract tracing to identify which students/children, teachers, and staff with positive COVID-19 test results should isolate, and which close contacts should quarantine.

Schools should note the important exception to the CDC's close contact definition specifically for K-12 schools. MDH/MSDE recommend that schools consider application of this exception in the school setting as it can decrease student and staff absences due to the need to quarantine after an exposure in school.

Schools and child care programs should refer to CDC guidance for additional recommendations regarding quarantine of close contacts and work with their local health departments to determine the appropriate quarantine options for their setting. Schools and child care programs should be aware that shortened quarantine periods of less than 14 days are not appropriate for any persons who cannot comply with correct and consistent mask use.

G. Ventilation

Improving ventilation is an important COVID-19 prevention strategy. When addressing the issue of air quality within school and child care facilities, it is important to note that air quality improvement actions should be done while also following other COVID-19 mitigation strategies in accordance with the guidance contained in this document.

Please see the CDC recommendations on strategies to improve air quality in school and child care facilities.

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Response to a Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms in Schools and Child Care
July 23, 2021

This guidance applies to persons with confirmed COVID-19, regardless of whether they have symptoms, and persons with symptoms of COVID-19 (including probable cases who have symptoms and exposure) and is to be implemented by schools and child care programs in collaboration with the local health department (LHD). This guidance is meant to supplement, where necessary, current communicable disease and outbreak investigation processes, current child care and school health services illness management processes, and current LHD COVID-19 response processes. Schools and local health departments should also refer to the CDC guidance, Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education.

Communication and Notification

- Schools and child care programs should develop processes to inform staff and parents that they are expected to notify the school or child care program as soon possible about absences due to illness, when a staff person or student/child has tested positive for COVID-19, and when a staff person or student/child has had close contact with a person with confirmed or probable COVID-19;
- Schools and child care programs should communicate to parents the expectation that students/children who become ill at school or child care MUST be picked up within a specified period of time;
- Schools and child care programs must follow existing procedures for reporting communicable diseases (COMAR 10.06.01) and notify the LHD when a student/child or staff member has tested positive for COVID-19. Child care programs should also notify their licensing specialist;
- While the LHD should lead the processes of case investigation and contact tracing, schools and child care programs play a key role in obtaining and communicating critical information and should have a plan to collaborate and coordinate with the LHD for case investigation and contact tracing procedures including determining the role of the school or child care administrator, school nurse, and the LHD;
- Schools and child care programs should provide written notification to all identified close contacts. The notification should make it clear that the contact should expect a call from health department contact tracers. The notification may also include the following information:

- When to seek medical care
- How to monitor for symptoms
- Who to contact and how to contact them if they develop symptoms of COVID-19 while under quarantine
- The projected length of quarantine if they remain asymptomatic based on MDH and local quarantine guidance
- Information about local COVID-19 testing sites.

Exclusion, Isolation, Quarantine, and Return to School and Child Care

- If a student/child or staff member develops symptoms of COVID-19 while they are at school or child care**,** the school or child care program should:
  - Safely isolate the person in the designated isolation area with appropriate supervision;
  - If it is safe to do so, place a face covering/mask on the person if they are 2 years of age or above and not wearing one;
  - If at school, the school health services staff member should don the appropriate PPE and conduct the appropriate determination of the student's condition based on presenting symptoms;
  - Begin the process for the person to vacate the school or child care program as soon as possible;
  - Follow CDC guidance for cleaning and disinfecting the facility when someone is sick.
- The school or child care program should follow the "Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps" (attached to this document);
- The school or child care program should also follow the instructions from the LHD for all matters regarding exclusion, isolation, quarantine, and return to school or child care for persons with confirmed or probable COVID-19 and close contacts; and
- If the number of laboratory confirmed cases of COVID-19 meets the definition of an outbreak, the response decisions, including possible classroom or school/child care program closure and recommendations for COVID-19 testing of staff and students/children will be made by the LHD.

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

For the purposes of this decision aid, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

Exclude all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19[1]	Recommendations for the person with symptoms who is NOT FULLY VACCINATED Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.	Recommendations for close contacts of the person with symptoms
Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19	May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance *except* those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
Person has symptoms and negative test for COVID-19	If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. If known exposure, may return when quarantine completed according to MDH and local guidance.	Close contacts do not need to quarantine.
Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)	If no known exposure, may return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. If known exposure, may return when quarantine completed according to MDH and local guidance.	Close contacts do not need to quarantine.
Person has symptoms with no negative test for COVID-19 AND no specific alternative diagnosis	If no known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	Household members[2] should not attend or work in a child care, school, or youth camp until the person with symptoms is able to return *except* those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
	If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance *except* those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.

[1]For persons with symptoms who were previously infected with COVID-19 and recovered, follow CDC guidance.

[2]These persons should not be reported to the local health department as contacts. The child care, school, or youth camp should inform the household members of these recommendations.

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

For the purposes of this decision aid**, COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

Exclude all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19 if indicated[1]	Recommendations for the person with symptoms who is FULLY VACCINATED Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.	Recommendations for close contacts of the person with symptoms
Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19	May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance *except* those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
Person has symptoms and negative test for COVID-19	May return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met.	Close contacts do not need to quarantine.
Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)	May return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met.	Close contacts do not need to quarantine.
Person has symptoms and no negative test for COVID-19 AND no specific alternative diagnosis	If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. Person should have written health care provider assessment that COVID-19 testing is not indicated and risk of COVID-19 is low.	Close contacts do not need to quarantine.
	If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance *except* those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.

[1]For persons with symptoms who were previously infected with COVID-19 and recovered, follow CDC guidance.