COVID-19 AND K-12 SCHOOLS

RESEARCH & GUIDANCE FOR COMPREHENSIVE RESPONSE

Updated November 16, 2021

School districts and health departments across the country are constantly weighing the costs and benefits of in-person learning in the context of a dangerous and changing pandemic. Since early 2020, children have faced major disruptions to their daily lives and development by missing in-person school. This has been particularly impactful for students of color; COVID-19 has widened existing disparities in educational access and achievement. Beyond the academic consequences are the social and health consequences: schools are not just a place to learn, but they are a safe space for some children, providing free meals, health checks, and escape from abuse and domestic violence.

Schools play a major role in the safety and wellbeing of children, with variable strategies in place to ensure COVID-safe spaces for students who are eager to get back in the classroom. The role of schools in children’s vaccination efforts is of particular interest as the Pfizer vaccine has now received Emergency Use Authorization (EUA) in younger children ages 5-11.

But I thought children were not at high risk of getting really sick with COVID-19? Why are we so concerned?

Though children have fared better than adults, children can be infected, get sick, and spread the virus to others. While most children have mild symptoms, they can become extremely ill, resulting in hospitalization and death. The spread of the more dangerous and transmissible Delta variant causes more severe disease, particularly among the unvaccinated. Nearly 6.5 million children in the U.S. have tested positive for COVID-19 since the start of the pandemic, thousands have been hospitalized, and this fall kids accounted for 1 in 4 cases. Black, Latino, and Native American children have been particularly hard hit.

In late fall 2021, the two-dose Pfizer vaccine received EUA from the FDA for use in children ages 5-11, and widespread distribution began in early November. Older children ages 12-17 have been able to receive the two-dose Pfizer vaccine since July 2021. Experts are confident in both the safety and effectiveness of vaccines in children; however, the operational process of vaccinating children presents a unique set of challenges. Even with vaccinations, schools have an obligation to create a safe place for children to return to learning, and to protect children, including those who remain unvaccinated.

There are no easy answers, and there is no one-size-fits-all strategy.

There are a wide range of tools and guidelines available for a safe return to schools—including, but not limited to, vaccines—and while these resources are helpful, school context matters. Every state has different policies and recommendations in place, with many allowing each school district to determine specific policies. View the Hunt Institute’s summary of states’ Fall 2021 K-12 reopening plans. Just as every community is different, every school is different in terms of the human and financial resources available to them; in terms of the social and cultural considerations of its students, teachers, and caregivers; and in terms of the political and regulatory climate they operate within. As of mid-August, each of the largest 100 school districts in the U.S. was planning to reopen in person, but with very different policies related to masking, testing, vaccination, and remote options.

Despite the varying challenges schools face, we have come a long way since the 2020 academic year and have a better understanding of strategies for mitigation and response. Although vaccination offers hope for a return to normalcy, a comprehensive, layered, and coordinated response to COVID-19 (including community protection, testing, contact tracing, and supported isolation - see COVID-19 cascade in Figure 1) is required now and even in a future where all school-aged children are eligible for vaccination.
THE PURPOSE OF THIS DOCUMENT: This document summarizes a range of guidance and compiles recommendations that schools with varying resources can implement for safe learning and work environments in the current COVID-19 context. Individuals can use this document to better understand the evidence base supporting a range of recommendations related to schools, and to identify useful operational tools.

INTENDED AUDIENCE: The collaboration and cooperation of schools, parents, students, and community advocates is critical. This information is intended to support school administrators and advocates as well as their public health partners.

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COMMUNITY PROTECTION

Community protection (also known as community mitigation) involves 1) promoting behaviors that prevent spread, 2) maintaining healthy physical environments, 3) maintaining healthy operations in group settings, and 4) preparing for when someone gets sick. In a school setting, all of these actions are critical. Masking, physical distancing, appropriate hand hygiene, and staying home when symptomatic are actions to be taken by individual staff and students, encouraged by clear and supportive policies. Innovative approaches to grouping students and staff (podding or cohorting, explained below) can promote physical distancing and reduce the risk of outbreaks. Adjustments to physical environment (both simple interventions and complex renovations) can also offer meaningful community protection for students and staff.

When multiple measures of community protection are layered effectively, schools can dramatically reduce the spread of COVID-19. In one case study assessing the transmission in schools with protection measures in place (mask use, grouping of students, staff maintaining six feet of distance, quarantine after exposure). Within 17 schools (K-12), only seven of nearly 5,000 students, and no staff, were known to become infected with COVID-19 at school.

MASKS

Worn properly, masks are an effective and safe tool to prevent the spread of COVID-19 both inside and outside of school settings. One study in Arizona concluded that schools which did not implement a mask requirement were 3.5 times more likely to experience a COVID-19 outbreak compared to schools that required masks. Another study in Georgia indicated that COVID-19 incidence was 37% lower in schools that reported implementing one or more strategies to improve classroom ventilation and required teachers and staff members to use masks, compared with schools that did not use these prevention strategies. Other studies have indicated that COVID-19 transmission was still low in schools even where physical distancing was not feasible but masking requirements were in effect. In addition to reducing transmission of COVID-19, wearing a mask may help reduce the spread of other common classroom illnesses, such as the common cold, flu, and RSV.

Useful Resources

- Refer to the Centers for Disease Control (CDC) for current guidance around masking in schools:
  - CDC: Know What to Expect at Your Child’s K-12 School or Early Care and Education Program
  - CDC: Your Guide to Masks
- Masking and child safety:
  - American Academy of Pediatrics Frequently Asked Questions about Kids and Face Masks
  - Masks are safe for people of all ages, and do not affect oxygen levels or speech development.

PHYSICAL DISTANCING, PODDING, COHORTING, AND VENTILATION

Setting up classrooms and shared spaces to place individuals at a physical distance from one another is ideal. National guidelines advise a distance of 6 feet, but not every school has the space to allow this, and there are other strategies that have similar effects when student distancing is not possible.

Physical Distancing of Staff

Ensuring that faculty and staff remain six feet away from each other and refrain from gathering in smaller, indoor spaces (like the teacher’s lounge or restrooms) can effectively limit transmission and exposure. A key feature of the study above with no staff infection in 17 schools, teachers physically distanced and limited time in indoor spaces.

Useful Resources

- Business Procedures: COVID-19 (PIH)
- Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace
Student Cohorts/Pods

Pods, or cohorts, are small-group learning environments that provide in-person support for about 11-20 students, led by one or more adults. Creating cohorts/pods of students is a highly effective method to reduce the risk of school-wide spread of COVID-19 because it limits the number of people who come in to contact with one another and allows for faster communication, testing, or quarantining if an exposure does occur. Many studies have reiterated the effectiveness of a pod method, coupled with universal masking requirements and other layered mitigation approaches, when physical distancing is not attainable.

Schools that can’t implement physical distancing or pod systems are encouraged to strongly reinforce other mitigation methods, including testing, improved ventilation, hand-washing and covering coughs and sneezes, staying home when showing symptoms of illness including COVID-19, and regular cleaning to reduce transmission risk.

Useful Resources

- Pandemic Pods Are Here- Are You In?
- Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs (CDC)

Ventilation

Another strategy for schools to consider is to improve ventilation. COVID-19 transmission was 39% lower in schools that increased ventilation. This can include the simple addition of fans, opening windows and doors, or the more intensive work of improving air filtration systems. Ventilation strategies associated with lower school incidence included dilution methods alone (35% lower incidence) or in combination with filtration (48% lower incidence).

- Dilution methods include opening doors and windows, and using fans to improve circulation from windows.
- Filtration methods include installation of high-efficiency particulate absorbing [HEPA] filters.
- Purification methods include installation of ultraviolet germicidal irradiation [UVGI] units in upper room areas and shielded from persons, or installed in the heating, ventilation, and air conditioning [HVAC] system.

The American Rescue Plan offers federal support to equip schools with better ventilation: Office of Elementary and Secondary Education: American Rescue Plan Elementary and Secondary School Emergency Relief

Useful Resources

- US Department of Education: Improving Ventilation in Schools
- 5 Step Guide to Checking Ventilation Rates in Classrooms

HEALTH EDUCATION

Educating students on healthy habits can go a long way (see CDC’s COVID-19 Lesson Plans). Teaching hygiene etiquette, and providing hand sanitizers and tissues to cough or sneeze into may help reduce COVID-19 transmission in schools. Encouraging students and staff to stay home when they feel sick, and equipping students for at-home or other alternative learning options, will further reduce the risk of classroom-generated illnesses. See one sample policy from the state of Minnesota. See “Supported Isolation and Quarantine” below for further discussion.

Useful Resources

- “Germs & Your Health” Lesson Plan
- Return to School Video Series
- CDC: Cleaning, Disinfection, and Hand Hygiene in Schools – a Toolkit for School Administrators
- CDC: Section 3 - School Workers (Guidance for COVID-19 Prevention in K-12 Schools)
- Best Practices for Handling a Confirmed Case of COVID-19
- CDC: Handwashing- Training and Education
• **Study: COVID-19 reinforces the importance of handwashing**

**TESTING**

**Routine testing** in K-12 schools may significantly reduce the chances of COVID-19 transmission and can easily prevent an outbreak. People who are not yet experiencing symptoms of COVID-19 can spread it, even if they are vaccinated. **Testing for screening purposes can help promptly identify and isolate a case before it leads to an outbreak**, allowing schools to respond proactively instead of reactively. Federal funding is available to support various options for school-wide routine testing through the CDC ELC Cooperative Agreement Reopening Schools Awards. Details can be found [here](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-universities/testing-schools.html).

The CDC currently recommends that schools with the following characteristics consider routine screening as follows (See Table 1 at right from CDC):

- In areas with substantial or high community transmission levels (currently much of the U.S.)
- In areas with low vaccination coverage
- In schools where physical distancing is impossible
- In schools where other prevention strategies cannot be or are not implemented

1 Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%).

2 Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football and wrestling.

3 High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

**ON-SITE TESTING**

Schools should consider on-site testing or ensure access to reliable testing sites. Routine **testing at least once per week** with quick (< 24 hour) results is ideal (see the CDC’s Guidance for **COVID-19 Prevention in K-12 Schools**). Schools can consider alternative testing strategies, such as Random Sample Testing, Pooled PCR Testing, Rapid Testing. Schools may also consider routine testing for extracurricular activities. Recently, interest has grown in a “Test-to-Stay” testing and quarantine approach; see Supported Isolation & Quarantine section for more information.

Schools should allow faculty, staff, and students necessary time off to get tested and receive results. Where on-site testing is not possible, schools should put in place supportive policies for students and staff to get tested off campus. **Schools may customize this Parent FAQ from the CDC to pre-empt common questions about testing.**

**Useful Resources**

- CDC School Testing for COVID-19 Toolkit
- The Rockefeller Foundation: Testing & Tracing Message Handbook
- Testing for COVID-19 at School: Frequently Asked Questions
• **PIH - US Testing Overview**

### CASE INVESTIGATION & CONTACT TRACING

Contact tracing is a longstanding pillar of public health response to infectious disease outbreaks that is used to break chains of transmission and connect people to care and support. A comprehensive contact tracing program includes case investigation, identifying known exposed contacts, and providing support for both positive cases and exposed individuals (see Supported Isolation & Quarantine section). View CDC resources below for guidance on how to implement a contact tracing program.

#### SPECIAL CONSIDERATIONS FOR SCHOOLS

Schools already juggle many responsibilities, and adding contact tracing into the workload can be an overwhelming task. Many schools have heavily relied upon school nurses to coordinate and execute contact tracing efforts along with other COVID-19 related interventions – a daunting task for an already overloaded workforce. Schools may seek the support of their local health department or public health administrator to investigate outbreaks or partner with other public health groups. Lower-resource schools may have less access to funding, and more risk for COVID-19 in the classroom, as COVID-19 disproportionately affects lower-income areas. Schools should understand the funding landscape and, in partnership with community organizers, may advocate for funding and community support to enhance case investigation and contact tracing efforts to fill gaps. Contact tracing hinges on testing and reporting. To make contact tracing possible and effective in a school setting, all faculty, staff, parents, and students should be required to report to the school the possibility of any illness, and schools should have clear guidelines for return to school for anyone confirmed to have or to have been exposed to SARS-CoV-2 - the virus that causes COVID-19. Schools should consider supportive policies or resources to promote testing for those in need (See Testing section above).

**Useful Resources**

- CDC Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan: Overview
- CDC Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education (IHEs)
- Determining the optimal strategy for reopening schools, the impact of test and trace interventions, and the risk of occurrence of a second COVID-19 epidemic wave in the UK: a modelling study.
- The Rockefeller Foundation: Testing & Tracing Message Handbook

### SUPPORTED ISOLATION & QUARANTINE (CARE RESOURCE COORDINATION)

Isolation and quarantine are methods to slow the spread of SARS-CoV-2 when someone may have been exposed to or may have contracted the virus. Quarantine keeps someone who was exposed to SARS-CoV-2 away from others and requires them to stay home. Isolation requires someone who is sick or has tested positive for COVID-19 away from others. While such measures can significantly reduce the chances of a COVID-19 outbreak, supportive policies for Care Resource Coordination (CRC) are essential to ensure that students and staff can safely stay home, and to ensure that measures do not disproportionately impact students from marginalized communities. Some policies intended to keep children safe fail to address inequities, disparities, and inaccessibility to resources.

Strict school attendance policies fail to acknowledge that there are many complex barriers to attendance, such as COVID-19-related mental illness and trauma, access to digital learning, or feelings of uncertainty for student safety in the classroom. School policy plays a large role in parents’ willingness to keep their children home when they are sick, including with COVID-19 infection. It is not uncommon for parents to send their sick children to school out of fear that absences will impact their academic records and put them at risk for academic truancy. Some parents are not able to stay home with their sick or exposed child, yet even in cases like this where it is out of the student’s control, chronic absences are often referred to the Justice System. Like parents and students, faculty and staff may...
choose to work despite illness to avoid hindering student learning or burdening the school with the task of finding a substitute.

Schools should adopt policies that support faculty, staff, students and their families during isolation and quarantine, to ensure that everyone in a school setting can remain healthy and safe (see the American Academy of Pediatrics’ guidance for schools on developing safety-oriented policies).

The following are suggested policy considerations:

- Allow the appropriate amount of time off as necessary for testing, quarantining, and recovery from illness, without ramifications in terms of attendance or referral to criminal justice systems.

- Develop a clear definition of chronic absenteeism with considerations for the impact of COVID-19 on students’ ability to attend class. Absences by students who are in quarantine/isolation, particularly if they are ill with COVID-19, should not be counted against students’ attendance record. Absences from students who are unable to consistently participate in at-home learning due to technological or other accessibility issues should be assessed in an equitable manner so as not to subject the student to discipline.

- Find alternative methods of attendance and accountability reporting to ensure that students will not be subject to discipline due to COVID-19 related absences. Provide students/parents with the option for at-home learning, when isolation or quarantine is necessary.
  - Provide students and staff with equipment (laptops, Wi-Fi hotspots, etc.), resources, and contact with teachers to engage in at-home learning. Resources for funding equipment can be found here.
  - Ensure teachers are provided with an adequate amount of paid sick leave so as to not feel pressured to work while sick, and are able to take paid time off to become vaccinated and/or cope with post-vaccine side effects.

- Consider the impact of COVID-19 on mental health, and ensure COVID-related policies support the mental wellness of students and teachers; allow for mental health days.

- Acknowledge and intervene against the barriers to safe isolation and quarantine via Care Resource Coordination (CRC): consider meals, supplies, safety, supervision, and more.
  - Continue providing school lunches for students during isolation and quarantine via delivery.
  - Provide PPE (masks, hand sanitizer, etc.)
  - Connect families and caregivers with other support services to ensure that family members are able to stay home as needed (diaper delivery service, housing and utilities assistance, etc.).
    - Partner with local health departments &/or community-based organizations to provide services that schools cannot provide directly.

- Support periodic phone check-ins by a school nurse or contact tracing staff.

Some schools are considering modified quarantine strategies. One method recently gaining attention is the “Test-to-Stay” modified quarantine protocol, which allows students who have been exposed to someone with COVID-19 to remain in school so long as they remain asymptomatic and test every day. Some recent evidence suggests that the Test-to-Stay approach can be safe, but further research is needed. The approach also requires fairly intensive logistical planning, as well as appropriate staffing, equipment, and data systems.

Useful Resources

- CDC Quarantine and Isolation
- Care Resource Coordination: An Essential Pillar of an Effective and Equitable Pandemic Response
VACCINATION

Vaccines are highly effective and safe, and they are among our most powerful tools to overcome COVID-19. However, they are most effective when a high percentage of the community is vaccinated. While just under 60% of the U.S. population has been fully vaccinated as of November, this is insufficient to prevent the most devastating consequences of COVID-19, and rates vary significantly around the country.

Now that children 5-11 years of age are eligible to be vaccinated, schools and teachers play a critical role in encouraging vaccine uptake, increasing vaccine confidence, and improving vaccination equity through advocacy, education, engagement, and school-located vaccine (SLV) administration (see below). See here for PIH’s comprehensive and equitable vaccine toolkit.

INFORMED CONSENT

Parental consent requirements for child vaccination vary by state. Yet in most states, children under 18 need parental consent for vaccination. See Kaiser Family Foundations compilation of consent requirements by state. Please consult a lawyer for parental consent laws applicable to your location. In places where consent is required, vaccine site planners and school administrators may find it helpful to look to best practices in flu vaccination. See page 12 in the CDC’s Influenza School-Located Vaccination (SLV): Strategies for consent form dissemination & follow up, and incentives.

Vaccination events can also be scheduled strategically to increase the ease of parental consent. In HPV campaigns, jurisdictions scheduled vaccination clinics during back-to-school events, progress report nights, and schedule preview events. When not possible to schedule during events with parents present, forms have been sent home in advance for parental signature. Consent forms should be provided in multiple languages. See an example parental consent overview released by the state of Maine, where consent can be by phone with witness, on paper, or electronically. Some strategies for obtaining consent with can also be gleaned from flu vaccination programs.

SCHOOL-LOCATED VACCINATION (SLV)

School-located vaccination is a strategy to maximize the convenience of vaccination for students and staff. Traditionally, SLV is led by public health departments (there are numerous resources and protocols required to operate a vaccination clinic safely and effectively, but the school, school district, or a private organization can also take primary responsibility. Regardless of ownership, there must be strong coordination and streamlined communications between the local public health, the Department of Education, and school boards, principals, and teachers. Collaboration is also critical between schools and various other entities, including federally qualified health centers, large pediatric practices, and other health systems to support vaccination efforts.

School-located vaccine clinics have precedence in other routine vaccinations and have been shown to increase vaccination rates (see examples from Texas, Rhode Island, and Kentucky). Hosting a vaccine clinic on site (whether after school or on weekends) is convenient for parents and students, and can include administration of other required vaccines, including influenza. There may also be an opportunity to bundle COVID-19 vaccination with other vaccines in the childhood immunization schedule that have been missed over the duration of the pandemic; a number of states and localities are planning school-located clinics to catch students up on a range of vaccines. See here for further policy considerations on vaccinating children ages 5-11, and here for a guide on equitable approaches and best practices.

ALTERNATIVES TO SLV
Recognizing that hosting vaccine-clinics on-site is outside the realm of some schools’ staffing or capacity or authority, local public health departments can partner with schools to support access to vaccine clinics off-site by advocating for placement nearby or by arranging transport to a clinic, and by organizing meal delivery for those experiencing vaccine side effects. Consider organizing vaccination clinics in conjunction with events or activities popular among children (camps, sporting events, malls).

Regardless of whether on-site or off-site, departments or other organizations should plan events with flexible hours and mixed formats to allow for large group discussion and individual consultation.

THE ROLE OF SCHOOLS, PARENTS, STUDENTS, AND TEACHERS

Action is needed at all levels to promote vaccination in support of safe in-person education.

SCHOOLS

- Support SLV (described above). Encourage all staff, parents, and eligible children to be vaccinated.
- Consider incentives or vaccine requirements (implemented equitably) where feasible, including requirements in order to participate in extracurricular activities. IF requirements are considered: ensure all students have ample opportunities to learn about vaccination, share and address concerns, and access vaccines prior to instituting a requirement.
- Provide take-home vaccine educational resources in a variety of relevant languages and literacy levels to students to share with their families, and consider hosting a town hall for unsure parents.
- Create opportunities for open dialogue to cultivate a vaccine-confident school atmosphere by encouraging sharing of vaccination stories and more. Display age-appropriate COVID-19 vaccine educational posters around the school building and in classrooms.
- Establish supportive policies and make accommodations that make getting vaccinated as easy and convenient as possible for everyone. Provide additional paid time off (PTO) for employees to get vaccinated and recover from any side effects. Identify roster of available, vaccinated substitute teachers.
- Partner with local health entities to coordinate strategies to improve vaccine uptake and equity.
- Provide educational opportunities to dissemble misinformation/disinformation shared in communities.

PARENTS

- Get vaccinated and vaccinate eligible children.
- Educate children about vaccines and their importance; talk openly and non-judgmentally.

TEACHERS

- Get vaccinated and encourage colleagues to get vaccinated.
- Talk to students re: vaccines.
- Be educated on vaccines in order to answer questions from students or parents.

STUDENTS

- Talk with and encourage your friends and family to get vaccinated.
- Form a vaccine ambassadors group
- Use your social media to encourage vaccination.

Useful Resources

- CDC: How Schools Can Support COVID-19 Vaccination
- Innovative Strategies for Leveraging Schools as COVID-19 Vaccination Sites
- Association of Immunization Managers: School-Located Vaccination Clinics Resources & Toolkit
- PIH’s Strategy for Achieving Equity in COVID-19 Vaccination
- Guiding Principles for School Nurses and COVID-19 Vaccines
- Community Based COVID-19 Vaccination Manual
- How Schools Can Promote Vaccination and Address Hesitancy: A 10-Point Plan that Puts Equity First
- Vaccinate Your Family: A Report on Vaccine-Preventable Cases in the U.S.
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## RESEARCH & GUIDANCE FOR COMPREHENSIVE RESPONSE

*Updated November 16, 2021*

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<td><strong>Government Guidelines</strong></td>
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<tr>
<td><a href="#">Considerations for Planning School-Located Vaccination Clinics</a> Nov 2021</td>
<td>Centers for Disease Control and Prevention</td>
<td>Full toolkit of resources for planning and implementing SLV clinics for any routinely-recommended vaccine as well as the COVID-19 vaccine. Modifiable template communication materials are also provided.</td>
<td>General Operations Resource Navigation</td>
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<tr>
<td><a href="#">What Congressional Covid Funding Means for K-12 Schools</a> Sept 8, 2021</td>
<td>FutureEd</td>
<td>Detailed explanation of available funding for K-12 schools; includes navigation to resource links.</td>
<td>Funding Resource Navigation</td>
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| **Ed COVID-19 Handbook**  
June 2021 | US Department of Education | Handbook containing strategies for safe operation and addressing the impact of COVID-19 on higher education students, faculty, and staff. | General  
Policy Building  
Strategy  
Operations |
| --- | --- | --- | --- |
| **American Rescue Plan**  
March 17, 2021 | US Department of Education | Official press release detailing the American Rescue Plan funding to support school efforts to reopen safely and equitably. | Funding  
Policy Building |
| **Return to School Roadmap**  
2021 | US Department of Education | A guide for K-12 schools and communities for the 2021-2022 school year; discusses the steps needed to be taken for students to return to in-person learning full-time. | General  
Policy Building  
Strategy  
Operations |
| **Safer Schools and Campuses, Best Practices Clearinghouse, Resource Library**  
2021 | US Department of Education | Resource-hub for COVID-19 materials across different topic areas and instructional levels; resources reviewed by the US Dept of Ed, HHS, CDC, and other federal agencies. | General  
Resource Navigation |
| **Medical and Pediatric Guidelines** | | | |
| **The Science Behind COVID-19 Vaccines: Parent FAQs**  
Nov 2, 2021 | American Academy of Pediatrics | Parent FAQ series, including "Ask the pediatrician" series of questions re: COVID-19 vaccination. | Vaccinations  
Strategy  
Resource Navigation |
| Information for School Nurses on Preparedness Planning | American Nurses Association | Resources and information to assist School Nurses in the prevention of COVID-19 transmission by preventing the spread in schools, childcare facilities, and the community; navigation to additional resources. | General Policy Building Operations Strategy Resource Navigation |
| Safe Schools During the COVID-19 Pandemic | American Academy of Pediatrics | Provides information on steps to keep students as safe as possible while in school; provides additional COVID-19 resource navigation. | General Policy Building Operations Strategy Resource Navigation |
| COVID-19 Reference 2021 | National Association of School Nurses | Provides information and evidence-based references and resources designed to assist school nurses in responding to the COVID-19 pandemic as they formulate nursing judgement and participate in planning and policy development. | General Policy Building Operations Strategy Resource Navigation |
| Thriving Schools 2021 | Kaiser Permanente | A comprehensive resource-hub with information for school health, guidance on how to keep students, staff, teachers, and families healthy. | General Policy Building Operations Strategy Resource Navigation |

**Resources from non-governmental health and education organizations**

<p>| Vaccinating Children Ages 5-11: Policy Considerations for COVID-19 Vaccine Rollout | Kaiser Family Foundation | A brief highlighting distribution point insights and predicting key issues to consider as 5-11 vaccines roll out. | General Policy Building |</p>
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<td><strong>Opening: Five School Districts That Kept Their Communities Safe</strong></td>
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<td>COVID-19 data and study from five communities that successfully and safely re-opened schools. Additional COVID-19 related data topics.</td>
<td>General Policy Building Operations Strategy</td>
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<tr>
<td><strong>Seizing the Moment: Recommended Approaches for Equitable Distribution of COVID-19 Vaccines in the Latino Community (Unidos US)</strong></td>
<td><strong>UnidosUS</strong></td>
<td>Provides approaches at the state and local levels that center on UnidosUS’s Principles for an Equitable Distribution to reduce barriers and increase access to vaccines, the strongest and most critical protection against severe illness from COVID-19.</td>
<td>Vaccinations Outreach Operations Strategy</td>
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<td><strong>Back to School Toolkit/Materials</strong></td>
<td><strong>Stronger</strong></td>
<td>A series of teen-focused back-to-school messages and imaging to be posted and shared in the classroom and on social media.</td>
<td>Community Protection Outreach Strategy</td>
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<tr>
<td><strong>Innovative Strategies for Leveraging Schools as COVID-19 Vaccination Sites</strong></td>
<td><strong>Duke Margolis Center for Health Policy</strong></td>
<td>An issue brief aimed at maximizing impact of SLV efforts, featuring case examples of innovative district-level approaches for engaging families and increasing access to COVID-19 vaccines.</td>
<td>General Policy Building Strategy Operations</td>
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<tr>
<td><strong>Advancing Health Center and School Partnerships to Improve COVID-19 Vaccination Administration for Adolescents (NACHC)</strong></td>
<td><strong>National Association of Community Health Centers</strong></td>
<td>Operational toolkit includes strategies, practices, and sample resources from health centers, school-based health centers, and schools to improve adolescent access to COVID-19 vaccinations.</td>
<td>General Policy Building Operations Strategy</td>
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<tr>
<td>Routine Testing May Significantly Reduce Transmission</td>
<td>Rockefeller Foundation</td>
<td>Guidance for schools, based on lessons learned from testing programs at 335 school-based sites nationwide.</td>
<td>Vaccinations</td>
</tr>
<tr>
<td>The State of School Reopening</td>
<td>Center for Reinventing Public Education</td>
<td>A database and analysis of school system responses to the pandemic and implications for students, families, and public education.</td>
<td>General Policy Building Operations Strategy</td>
</tr>
<tr>
<td>COVID-19 and Schools: The Year in Review and a Path Forward</td>
<td>The ABC Science Collaborative</td>
<td>A comprehensive review of the current scientific literature and available data on COVID-19 transmission and mitigation strategies for K–12 schools; provides an informational resource and practical guidance for school leaders and policy makers.</td>
<td>General Policy Building Operations Strategy</td>
</tr>
<tr>
<td>Policy During COVID-19</td>
<td>Attendance Works</td>
<td>Attendance policy frameworks and recommendations during COVID-19 that support students and families; to inform program and policy decisions.</td>
<td>Supported Isolation &amp; Quarantine Policy Building Operations Strategy</td>
</tr>
<tr>
<td>COVID-19: The Current Reality</td>
<td>The Hunt Institute</td>
<td>COVID-19 resources and policy considerations, including state-specific data at child care, K-12, and postsecondary education levels; navigation to additional resources.</td>
<td>General Policy Building Operations Strategy</td>
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<tr>
<td>Resource Navigation</td>
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| **Learning in a Time of Crisis**  
2021 | The 74 Million | A non-profit, non-partisan, education-focused news site with information on COVID-19 related topics, including school data and research, learning loss, student wellbeing, and more. |
| **The Behavioral Side of COVID-19**  
2021 | Ideas42 | Blog series of evidence-based behavioral science of COVID-19 with resources for educators, public agencies, parents, and more. |
| **The Conversation/La Conversación**  
2021 | Greater than COVID | Doctors, nurses, researchers, and community health care workers provide facts and dispel misinformation about the COVID-19 vaccines, in English and Spanish; created in partnership with the American Academy of Pediatrics. Available materials are rights-free and designed for sharing on social media. |
| **Conversation Guide: Pediatric Vaccinations**  
2021 | National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM) | FAQ and answers about the vaccine that may help parents make the best decision for their child. Includes navigation to additional resources. |
<table>
<thead>
<tr>
<th><strong>Get The Facts Campaign</strong> 2021</th>
<th>National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM)</th>
<th>Customizable guidance for facts about COVID-19 vaccines; addresses cost, ingredients, side effects, eligibility, misconceptions, and more. Includes translations in more than 30 languages.</th>
<th>Vaccinations Strategy Resource Navigation</th>
</tr>
</thead>
</table>
| **Attendance Playbook**  
| **Risk Assessment and Testing Considerations for Schools**  
2020 | Rockefeller Foundation | A comprehensive report on identifying key considerations in developing a screening program to regularly test students and staff for the virus to support schools to open in-person more safely. | Testing Policy Building Operations Strategy |
| **Resources from the Partners In Health-United States (PIH-US) COVID-19** Resource Library | | | |
| **Additional Vaccine Doses: Key PIH-US Talking Points and FAQ**  
Nov 2021 | Partners In Health | A key list of information, talking points, and FAQs regarding vaccines boosters and third doses. | FAQ Vaccinations Operations Strategy Resource Navigation |
<table>
<thead>
<tr>
<th>Title</th>
<th>Organization</th>
<th>Description</th>
<th>Category</th>
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<tbody>
<tr>
<td>COVID-19 Vaccine Booster: Differences and Considerations</td>
<td>Partners In Health</td>
<td>Provides detail on the differences between the vaccines in terms of booster dose volume, timing, and eligibility, and discusses the newly approved mix-and-match strategy of boosting people with different vaccines. Also lays out key considerations and unknowns for public health departments and community-based partners.</td>
<td>Vaccinations Operations Strategy Resource Navigation</td>
</tr>
<tr>
<td>Children's COVID-19 Vaccination FAQ</td>
<td>Partners In Health</td>
<td>Provides parents and caregivers with a series of FAQs regarding COVID-19 vaccines for children. This information is based on currently available scientific evidence, reports, emergency use authorization details, and expert opinion, and is subject to change as information evolves.</td>
<td>Vaccinations FAQ Operations Strategy Resource Navigation</td>
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<tr>
<td>Topic</td>
<td>Author</td>
<td>Description</td>
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<tr>
<td>Diagnostic Testing for COVID-19</td>
<td>Partners In Health</td>
<td>Information overview deck for general COVID-19 testing information, including testing types, screenings, and general best-practices.</td>
<td>Testing Operations</td>
</tr>
<tr>
<td>Home-Based Testing</td>
<td>Partners In Health</td>
<td>Guidance and best-practices for home-based testing as it presents an important opportunity to help address persistent gaps in access and improve the overall testing landscape.</td>
<td>Testing Operations</td>
</tr>
<tr>
<td>Vaccine Requirements Done Rights: Actions to Center Equity</td>
<td>Partners In Health</td>
<td>Guiding principles for ensuring vaccine requirements are instituted with careful and nuanced consideration of vaccine access.</td>
<td>Vaccinations Operations</td>
</tr>
<tr>
<td>Employer Briefing: Valued Community Partners in COVID-19 Response &amp; Recovery</td>
<td>Partners In Health</td>
<td>Provides employers with information on how they can play a key role in the effort to increase vaccine uptake and address barriers to vaccine access by adequately supporting their employees.</td>
<td>Vaccinations Operations</td>
</tr>
<tr>
<td>Vaccine Site Planning: A Checklist for Developing and Using Customized Resource Calculation Tools</td>
<td>Partners In Health</td>
<td>A list of key questions for planners and stakeholders to consider in order to collate and organize critical information and assumptions about the community where a vaccination program is to be launched. It also includes an example planning tool developed using hypothetical, but realistic responses to those key questions.</td>
<td>Vaccinations Operations</td>
</tr>
<tr>
<td>Care Resource Coordination: Helping Individuals with COVID-19 Safely Isolate and Quarantine</td>
<td>Partners In Health</td>
<td>Information on how to provide care resource coordination for those needing to isolate or quarantine; includes data on the status of care resource coordination as part of state and territorial contact tracing programs from the Johns Hopkins Center for Health Security and NPR.</td>
<td>Supported Isolation &amp; Quarantine Operations</td>
</tr>
</tbody>
</table>
En Español: [aquí](https://partnersinh.org/united-states)  
Mar 2021 | Partners In Health | Provides real-world guidance to organizations, agencies, and individuals involved, or planning to become involved, in community-based vaccination efforts. | Vaccinations Operations Strategy |
| COVID-19 Community Protection  
2021 | Partners In Health | Overview of recommendations to support strategic mitigation efforts for community protection. | Community Protection |
| Contact Tracing 101: Key Components of an Effective Program  
Dec 2020 | Partners In Health | Background on contact tracing and essential role in epidemic control and care delivery; governance and partnerships; Contact tracing process and workflow; Care resource coordination Workforce; Communications and community engagement; Metrics and monitoring; Digital and technology solutions; Additional equity and systems strengthening considerations. | Contact Tracing Operations Strategy Resource Navigation |
| Care Resource Coordination: An Essential Part of an Effective and Equitable Pandemic Response (Slides)  
Dec 2020 | Partners In Health | Informational slides on how to design an effective and equitable CRC program with eleven key design questions, defining care resource coordination and why it matters, and components of care resource coordination. | Supported Isolation Operations Strategy Resource Navigation |

**Research, Data, and News**

| Outbreak Associated with SARS-CoV-2 B.1.617.2 (Delta) Variant in an Elementary School — Marin County, California, May-June 2021  
Sept 3, 2021 | CDC Morbidity and Mortality Weekly Report | Report on a classroom outbreak in Marin County, CA, where a teacher read aloud unmasked to the class despite school requirements to mask while indoors. | Research Data |
<table>
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<tr>
<th>Title</th>
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<th>Summary</th>
<th>Category</th>
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<tbody>
<tr>
<td>Children and COVID-19: State-Level Data Report (American Academy of Pediatrics)</td>
<td>American Academy of Pediatrics</td>
<td>The American Academy of Pediatrics and the Children’s Hospital Association are collaborating to collect and share all publicly available data from states on child COVID-19 cases; state-level reports are the best publicly available and timely data on child COVID-19 cases in the United States.</td>
<td>Research Data</td>
</tr>
<tr>
<td>How safe is it for kids to go to school during delta? (Vox)</td>
<td>Vox</td>
<td>Discussion and Q&amp;A with experts on parents’ concerns with sending children back in the classroom.</td>
<td>Research Data News</td>
</tr>
<tr>
<td>Breakthrough COVID Infections Add Even More Chaos to School’s Start in 2021</td>
<td>NPR</td>
<td>Vaccinated parents are catching COVID-19 as students bring the virus home.</td>
<td>Research Data News</td>
</tr>
<tr>
<td>How To Keep Your Child Safe From The Delta Variant (NPR)</td>
<td>NPR</td>
<td>Several public health experts — all parents — share their personal strategies for keeping their kids and families safe these days.</td>
<td>Research Data News</td>
</tr>
<tr>
<td>School Openings Across Globe Suggest Ways to Keep Coronavirus at Bay, Despite Outbreaks (Science)</td>
<td>Science</td>
<td>Science explores reopening strategies from South Africa to Finland to Israel that suggest safe in-person learning is possible.</td>
<td>Research Data News</td>
</tr>
<tr>
<td>Cross-National Variation in School Reopening Measures During the COVID-19 Pandemic</td>
<td>SAGE Journals</td>
<td>Exploring the measures undertaken by countries when reopening schools and how these measures varied cross-nationally. Findings suggest that cross-national diversity in policies is related to both internal and external country factors.</td>
<td>Research Data</td>
</tr>
<tr>
<td>Date</td>
<td>Title</td>
<td>Author/Source</td>
<td>Description</td>
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<tr>
<td>April 19, 2021</td>
<td>Data and Policy to Guide Opening Schools Safely to Limit the Spread of SARS-CoV-2 Infection</td>
<td>JAMA Network</td>
<td>Article containing accumulated data to suggest a path forward to returning fully to in-person instructional delivery.</td>
</tr>
<tr>
<td>Jan 26, 2021</td>
<td>Three Studies Highlight Low COVID Risk of In-Person School</td>
<td>Center for Infectious Disease Research and Policy</td>
<td>Studies demonstrate low risk of COVID-19 infection and spread in schools. Limited in-school COVID-19 transmission in North Carolina, few cases of the coronavirus-associated multisystem inflammatory syndrome (MIS-C) in Swedish schools, and minimal spread of the virus from primary school students in Norway.</td>
</tr>
<tr>
<td>Sept 10, 2020</td>
<td>A Season of Contact Tracing Highlights School Nurses’ Influence Beyond School Walls</td>
<td>Campaign for Action</td>
<td>Discussion on the important role school nurses play in school COVID-19 response.</td>
</tr>
</tbody>
</table>

The ideas presented in this document reflect the latest public health thinking and scientific evidence as of November 2021. You are advised that the COVID-19 vaccine landscape remains highly fluid, and it is your responsibility to ensure that decisions are made based on the most up-to-date information available. Partners In Health does not provide medical advice, diagnosis or treatment in the United States. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition. The information, including but not limited to, text, graphics, images and other material contained in this document, are intended for informational purposes only.