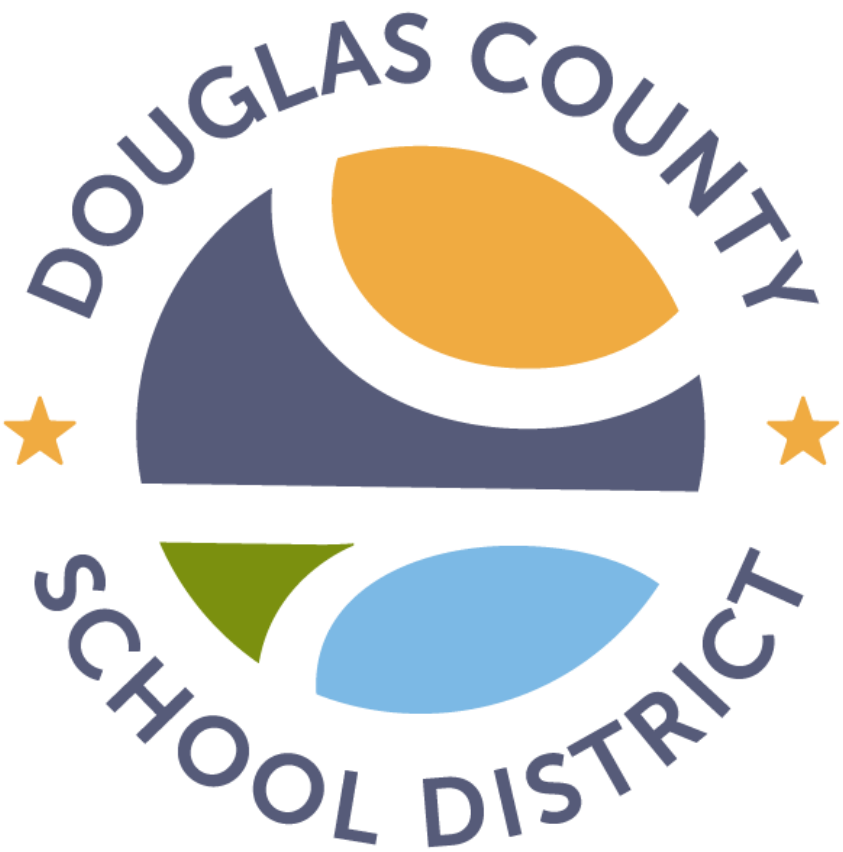




SAFE RETURN TO IN-PERSON INSTRUCTION AND CONTINUITY OF SERVICES

2023-24

(Reviewed 08-01-23)

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PLAN REVISIONS (as of 05-06-22)

End of COVID-19 State of Emergency

- On May 6, 2022, Governor Steve Sisolak announced the end of the State of Emergency related to the COVID-19 pandemic effective May 20, 2022. There is no requirement that districts or schools will offer distance learning for the 2022-23 school year. However, the federal American Rescue Plan (ARP) Act requires all LEAs receiving ARP Elementary and Secondary School Emergency Relief (ESSER) funds to maintain Plans for a Safe Return to in Person Instruction and Continuity of Services (Plans).

LEAs must continue to review and update these federally required Plans every six months as well as have them available on their websites through September 30, 2023

- Douglas County School District will offer the following learning models for the 2022-23 school year.
 - Model 1 - In-Person Learning Model** - Enrolled students attend school throughout the week receiving face-to-face instruction within the building.
 - All Douglas County School District schools, except Douglas Nevada Online and Jacobsen High School, will open the 2022-23 school year utilizing an In-Person Learning Model.
 - Model 2 – Distance Education Model** – Douglas Nevada Online provides enrolled students high-quality standards-based online instruction through our online curriculum, Edgenuity.
 - The Remote Learning Model through Douglas Nevada Online is an option for students in grades 6-12.
 - DCSD will provide Chromebooks for students in need of a device. A contract must be signed after attending a required parent and student training. Parents/Guardians are responsible for providing a reliable internet service, but DCSD will work with families who need support in securing such service.
 - DCSD certified teachers will monitor student progress and be available to support during designated office hours and/or via email. DCSD does not provide direct instruction in the distance education model.
 - Students who are eligible for additional support services will be contacted by a case-manager.
 - Students will have limited options for enrichment, connections and/or electives.
 - Students will be required to test in person during district assessment windows.
 - Enrollment in remote learning is a year-long commitment. Students may elect to return to traditional enrollment at the start of the 2023-24 school year.
 - Requests to return to traditional enrollment after the start date of remote learning, but before the end of the school will be considered based on student progress/course enrollment and must be approved by the principal of the in-person school along with the Executive Director of Education Services – Area 3

PLAN REVISIONS (as of 02-17-22)

MASK USE GUIDELINES

- In February 2022, Governor Sisolak announced new rules for school districts to follow in order to mitigate COVID-19. Per Section 4 of Emergency Directive 052, each county school district, charter school, and private school shall adopt a COVID-19 mitigation plan. The plan must include:
 - A policy on whether and under what circumstances face coverings will be required for students and staff while in school buildings or on school campuses
 - A regular COVID-19 testing program for students and staff or volunteers, including but not limited to coaches, leaders, and advisors. If a student, staff member, or volunteer tests positive for COVID-19, current CDC recommendations for isolation and quarantine must be followed; and

- A method for detecting school-wide outbreaks of COVID-19 and a plan for responding to and mitigating the outbreak.
- In accordance with Declaration of Emergency Directive 052, students, staff and visitors are not required to wear face coverings while inside school buildings and indoor facilities with the following exceptions:
 - Students, staff and visitors must comply with the “Revised CDC COVID-19 Isolation and Quarantine Guidance issued January 3, 2022.
- If a school-wide outbreak of COVID-19 is identified by the applicable local health authority in any school, a universal face covering policy SHALL be implemented immediately for ALL students in the school building where the outbreak occurred until the local health authority determines that the outbreak is closed. Additional mitigation measures may be required by the local health authority for that school as deemed necessary by the local health authority.
 - Per Carson City Health and Human Services, an outbreak will be defined as follows:
 - Multiple positive cases compromising of at least 10% of students, teachers or staff within a specified core group AND epidemiologically linked to the school setting or a school sanctioned extra-curricular activity, based on the Council of State and Territorial Epidemiologists (CSTE) definition (August 6, 2021).
 - The outbreak will be mitigated by following the advice from Carson City Health and Human Services, which may include the aforementioned face covering mandate for a period of 28 days.
 - The outbreak will be monitored and closed under the direction of Carson City Health and Human Services.
- Should staff and or students desire to wear a face covering, they may request one, including N95 or KN95 masks from the district.
- Current CDC guidance and Directive 052 recommends staff and students wear face coverings (exceptions apply) when using district transportation.

COVID-19 TESTING

- COVID-19 testing will be available for symptomatic and asymptomatic students, staff, volunteers, and community members.
- COVID-19 testing will be provided as follows:
 - Weekly, typically on Mondays and Tuesdays, for individuals who voluntarily opt-in to the testing program.
 - Throughout the week as needed or requested for individuals who may be symptomatic.
- All test results will be sent to Carson City Health and Human Services and the state health department within 24 hours.
- Individuals with a positive COVID-19 test result will be asked to follow the “Revised CDC Quarantine and Isolation Guidance.
- DCSD will continue to provide testing for unvaccinated students and staff who will be leaving Douglas County for a student activity through February 27, 2022, at which point this requirement of Emergency Directive 048 will terminate.

PLAN REVISIONS (as of 02-02-22)

MASK USE

In an effort to reduce the overall burden of contact tracing on K-12 schools while ensuring high-risk exposures are prioritized, the DHHS will no longer consider masked contact in a K-12 setting as an exposure regardless of distancing. This pivot will allow schools to focus resources on identifying high-risk, indoor, unmasked exposures most likely to result in transmission.

QUARANTINE

On February 1, 2022, DHHS modified the exposure definition as follows:

Masked contact in a K-12 setting is no longer considered an exposure regardless of distancing. The focus should be on identifying high-risk, indoor, unmasked exposures most likely to result in transmission. Schools that have implemented universal masking among staff and students will continue to perform contact tracing for exposures that occur during indoor unmasked exposures like snack or lunch breaks, unmasked indoor extracurricular encounters, and sports. Schools should consider the development of stable lunch cohorts (table groups, lunch bunches and other group situations). If a case occurs within an indoor unmasked cohort, the entire cohort group may be considered exposed (ex: an assigned lunch or extracurricular group may all be considered exposed if a positive case occurs within the group). Stable cohorts significantly reduce the burden of contact tracing. Schools that have implemented universal masking only among staff, will need to assess each exposure based upon masked status. For example, if a COVID-19 positive staff member that was appropriately wearing a mask was in contact with another masked staff member, that would no longer be considered an exposure. However, if that positive staff member was appropriately masked and had indoor contact with an unmasked student, that is considered an exposure and contact tracing and quarantine procedures must be followed.

MEANINGFUL STAKEHOLDER CONSULTATION (as of 01-13-22)

Douglas County School District consulted with stakeholders through a survey conducted between December 21, 2021 through January 13, 2022. The District received 379 survey responses broken down as follows:

5	Students	313	Families
4	School Administrators	28	Teachers
20	School Staff	1	Representing rights of children w/disabilities
2	Representing rights of homeless children	1	Representing rights of children in foster care
5	Community members		

Based on feedback from stakeholders, Douglas County School District is committed to ensuring the following within the Safe Return to In-Person Instruction Plan:

1. Keeping all students in school full time and schools open to the greatest extent possible.
2. Ensuring adequate masks are readily available for students when using school transportation (buses) and when in school.
3. Continue to pursue improvements in ventilation within schools and district buildings.
4. Continue to monitor and address social emotional needs of students and staff.
5. Be timely in updating the Safe Return to In-Person Instruction Plan with current CDC guidance and Governor's directives.

PLAN REVISIONS (as of 01-03-22)

QUARANTINE

The Centers for Disease Control and Prevention (CDC) updated the quarantine guidance for persons who have been exposed to COVID-19. Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent the spread of disease that can occur before a person knows they are sick. Those in quarantine should stay home, separate themselves from others, monitor their health and

follow direction from their public health authority.

- If a student or staff member tests positive for COVID-19, regardless of vaccination status, they are required to stay home for five (5) days. After day five (5), if they have no symptoms, or symptoms are resolving, they can return to school or work, BUT must continue wearing a mask around others until after day ten (10). If the student or staff member still has a fever, they must continue to stay home until the fever resolves.
- If a vaccinated student or staff member is a close contact to someone who tested positive for COVID-19, and they have received the vaccine booster shot, they may attend school or work, but are required to wear a mask around others for ten (10) days. They should monitor their symptoms, and take a COVID-19 test on day five (5), if possible. If they develop symptoms, they should stay home and get a COVID-19 test.
- If an unvaccinated student or staff member is a close contact to someone who tested positive for COVID-19, they are required to stay home for five (5) days. They are encouraged to take a COVID-19 test on day five (5), if possible. After day five (5), if they have no symptoms, or symptoms are resolving, they can return to school or work, BUT must continue wearing a mask around others until after day ten (10). If the student or staff member still has a fever, they must continue to stay home until the fever resolves.
- If a student or staff member is a close contact to someone who tested positive for COVID-19, and they were vaccinated six (6) or more months ago with Pfizer or Moderna or two (2) months or more with Janssen, they are required to stay home for five (5) days. They are encouraged to take a COVID-19 test on day five (5), if possible. After day five (5), if they have no symptoms, or symptoms are resolving, they can return to school or work, BUT must continue wearing a mask around others until after day ten (10). If the student or staff member still has a fever, they must continue to stay home until the fever resolves.

PLAN REVISIONS (as of 12-20-21)

FACILITY MODIFICATIONS FOR PHYSICAL DISTANCING

Douglas County School District's Safe Return to In-Person Instruction & Continuity of Services Plan is based on the premise that it would not be possible to fully re-open our schools to full in-person learning if required to maintain physical distancing of 3-feet. In absence of this ability, DCSD has implemented the following:

- Plexiglas dividers have been utilized in elementary classrooms where there is reduced square footage and student-teacher ratios are at or slightly above the state recommendations.
- Face-coverings are required on district transportation, as it is a requirement of state directives and we are unable to maintain physical distancing of 3-feet on all of our bus routes.

CLEANING AND MAINTAINING HEALTH FACILITIES/IMPROVING VENTILATION

Douglas County School District has made a long-term commitment to the improvement/replacement of our Heating, Ventilation, and Air Conditioning (HVAC) systems. We have completely replaced the HVAC system at C.C. Meneley Elementary School since the start of the pandemic. We have replaced half of the HVAC system at Jacks Valley Elementary School since the pandemic started, and we are currently accepting bids for the work to finish the remaining portion of the HVAC system during the 2022-23 school year.

DCSD purchased and distributed professional grade air scrubbers to be used in our school facilities during the pandemic. These Air Scrubbers will be shared between classrooms to maximize circulation and to compliment our existing HVAC systems that are in compliance with EPA regulations and national standards.

SOCIAL, EMOTIONAL, MENTAL HEALTH and OTHER NEEDS OF STAFF

Douglas County School District understands the pandemic has had an adverse impact on many of our students and staff. As their employer, DCSD understands the importance and our role in meeting the social, emotional, and mental health needs of our employees. To that aim, we are doing the following:

- Douglas County School District has an Employee Assistance Program (EAP), which is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems.
- Douglas County School District holds two (2) Learning Forums each year, which provides an opportunity for all DCSD staff to engage in professional learning. During the Learning Forum, employees have the opportunity to select professional development sessions. There are several sessions that specifically target the social, emotional, and mental health needs of staff.
- Douglas County School District provided a training on “Self-Care 101” to all district administrators; a training which was taught by DCSD social workers.
- Multiple Douglas County School District administrators have completed, “Fostering Impactful Distance Learning through Adult SEL and Self-Care”, which is a professional learning cohort for educational leaders.

Plan Review

The Douglas County School District Safe Return to In-Person Instruction and Continuity of Services Plan will be reviewed every six (6) months through September 30, 2023. Our review will be according to the following schedule:

- August 2, 2021 – Development of Original Plan
- January 14, 2022 – Review
- August 2, 2022 – Review
- February 2, 2023 – Review
- August 2, 2023 – Review

DCSD will seek meaningful stakeholder input as follows:

- Stakeholder input will be utilized to provide stakeholders the opportunity to provide feedback on the DCSD Safe Return to In-Person Learning and Continuity of Services Plan, and any recommended revisions to the plan, according to the following schedule:
 - For 02-02-22 Review – Conduct Survey from 12-22-21 through 01-12-22
 - For 08-02-22 Review – Conduct Survey from 07-05-22 through 07-19-22
 - For 02-02-23 Review – Conduct Survey from 01-05-23 through 01-19-23
 - For 08-02-23 Review – Conduct Survey from 07-05-23 through 07-19-23
- DCSD will hold community Town Hall Meetings to provide stakeholders the opportunity to provide feedback and engage in dialogue regarding the plan on, or around, the following dates:
 - July 19, 2022

PLAN ACCESSIBILITY

The 2021-22 Douglas County School District Safe Return to In-Person Instruction and Continuity of Instruction Plan is available on the district website in both English and Spanish. Should an individual need this plan in an alternative format, they should contact the DCSD Superintendent’s Office at (775) 782-5134. To the extent practicable, DCSD will accommodate requests for language and/or oral translation.

VENTILATION

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. As outside air quality conditions allow, DCSD ventilation systems are adjusted to bring fresh outdoor air into our school buildings to help keep virus particles from concentrating inside. This is done through a variety

of methods, including opening doors and windows, use of child-safe fans, implementation of air scrubbers, and adjustments to a site's heating, ventilation, and air conditioning (HVAC) or air filtration systems.

QUARANTINE (as of 10-18-21)

Those that meet the Centers for Disease Control and Prevention (CDC) close contact definition must quarantine consistent with CDC guidelines. Those identified as close contacts must quarantine and can resume normal activities:

- After day 10 following their last exposure to the positive person as long as the close contact does not develop symptoms during that time period, OR
- After day 7 following their last exposure to the positive person if the close contact tested negative on or after day 5 of the quarantine and did not develop symptoms during that time period.

It should be noted that the quarantine ends **after** day 10 without a test, or day 7, with a negative test on or after day 5. This means exposed individuals would be able to return to school on day 11 or day 8.

In the school setting, persons that tested positive for COVID-19 in the past 3 months, with no COVID-like symptoms do not need to quarantine, be restricted from work, or tested following an exposure to someone with suspected or confirmed COVID-19, as their risk of infection is low.

A student or staff member, who had signs of suspected or laboratory confirmed COVID-19, may be re-admitted back to school or work when:

- At least 24 hours have passed since recovery – meaning that it has been 24 hours of the individual having no fever (measured temperature of 100.4 F or greater) *without* the use of medications and an improvement in respiratory symptoms like cough and shortness of breath; AND
- At least 10 days have passed since the individual first displayed symptoms of COVID-19 OR it has been at least 24 hours since recovery AND a health care provider has certified that the student or staff member does not have suspected or confirmed COVID-19.

Note: Effective January 3, 2022, the guidance related to quarantine has been updated. See plan updates as of January 3, 2022.

CLOSE CONTACT EXCEPTION

In the K-12 indoor classroom setting or a structured outdoor setting where mask use can be observed (i.e. holding class outdoors with educator supervision), the close contact definition excludes students who were between 3 to 6 feet of an infected student (laboratory confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. Douglas County School District will engage in close contact tracing upon notification of a laboratory confirmed case by Carson City Health & Human Services.

This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

DISCLAIMER

The 2021-22 Douglas County School District Safe Return to In-Person Instruction and Continuity of Instruction Plan is aligned to the most current state mandates, which are contained within Declaration of Emergency Directives. Douglas County School District continues to remain actively engaged with the Nevada Department of Education and the Governor's Office in an effort to secure local control of all mitigation methods. As new directives are released, the District will adhere to guidance and directives of local, state, and federal authorities as amended, and we'll adjust our plan accordingly.

INTRODUCTION

The United States Department of Education established interim final requirements for the American Rescue Plan Elementary and Secondary School Emergency Relief (ARP ESSER) Fund, under section 2001 of the American Rescue Plan Act of 2021. The requirements clarify how local education agencies (LEAs) must meet the statutory requirements to develop a plan for the safe return to in-person instruction and continuity of services, and how state education agencies (SEAs) work with LEAs to develop and submit these plans. The Douglas County School District (DCSD) is an LEA, and the Nevada Department of Education is a SEA.

The Nevada Department of Education began fulfillment of its responsibility under these requirements with Guidance Memo 21-02, released on May 28, 2021. The memo describes both the details on the Nevada Department of Education's role in the submission of DCSD's plan for the safe return to in-person instruction and continuity of services and the requirement of that plan also fulfills under Governor Steve Sisolak's Declaration of Emergency Directive 044 for offering distance education and developing plans for a Path Forward Program of Distance Education for the 2021-2022 school year.

Under the ARP ESSER and Nevada Department of Education Guidance, and because DCSD operates as a county school district, DCSD must:

- By July 14, 2021, submit via email a form signed by the Superintendent that certifies compliance with Directive 044.
- By July 14, 2021, submit via the Nevada Department of Education's ePAGE system the DCSD's plan for the safe return to in-person instruction and continuity of services, which must include a plan for a Path Forward Program of Distance Education for the 2021-2022 school year.
- By September 10, 2021, submit via the Nevada Department of Education's ePAGE system DCSD's ARP ESSER Funding Plan.

The following pages contain descriptions of how DCSD intends to meet the requirements for the Plan for Path Forward Program of Distance Education and the Plan for the Safe Return to In-Person Instruction and Continuity of Services.

ADVOCATION

1. During the July 13, 2021 meeting of the Douglas County School District Board of Trustees, the Board unanimously approved a resolution which was delivered to Governor Steve Sisolak and Superintendent of Public Instruction, Jhone Ebert (see Exhibit D). The resolution resolved the following:
 1. That the Board of Trustees of the Douglas County School District unanimously exhorts Governor Sisolak and the Nevada Department of Education terminate all mandatory provisions within current Emergency Directives, and any additional supplemental guidance governing the mandatory use of face masks by all students, staff and visitors to a school building.
 2. That all mandatory provisions be converted to non-mandatory guidance principles that can be considered and implemented by the Board of Trustees, in its sole discretion, given their knowledge and understanding of the impact of these provisions on the students and staff in their school district.
2. Douglas County School District Superintendent Keith Lewis, is a member of the Nevada Association of School Superintendents (NASS). On July 22, 2021, Superintendent Lewis joined Nevada's other sixteen (16) state superintendents in submitting a proposal to the Governor's Office requesting mitigation strategies be determined by district Board of Trustees in consultation with local county health officials. The proposal also called for face coverings to be recommended, but not required of all unvaccinated staff and students. As reflected in the State's most recent guidance, the proposal was not adopted by the Governor's Office.

CONSIDERATIONS FOR 2021-22 REOPENING

Nevada Emergency Declaration Directives

On May 3, 2021, through Directive 045, Governor Sisolak returned authority to local school officials to mitigate the spread of COVID-19, with the exception of face-coverings. This directive also aligned the state's face covering requirements with those of the Centers for Disease Control and Prevention (CDC), including any subsequent guidance issued by the CDC. As part of Directive 045, the school face covering mandate for those aged 9 and under was removed.

In line with Directive 045, the State of Nevada adopted the July 27, 2021 CDC guidance related to mask requirements (see below). In addition, based on the latest CDC data, Douglas County was one (1) of twelve (12) counties deemed as having substantial or high transmission.

On July 27, 2021, Governor Sisolak issued Emergency Directive 047 which states, "Effective at 12:01 AM on the third day following the CDC's release of any guidance related to face coverings, individuals not exempted by Directive 024, Directive 028, or guidance issued by the Nevada Health Response, shall be required to cover their nose and mouth with a mask or face covering in a manner consistent with the guidance issued by the CDC, and any subsequent guidance issued by the CDC. This Section does not apply to participants in certain activities and events, including but not limited to: athletes, performers, or musicians, to the extent other directives set for less restrictive face covering requirements for those participants.

Directive 047 further outlines that the provisions of previous Directives are superseded only by the explicit provisions of this Directive. Any provisions not addressed by this Directive shall remain in force as provided by previous Directives or regulations promulgated pursuant to the March 12, 2020 Declaration of Emergency. Emergency Directive 045 is in conflict with the new CDC guidance related to whether or not students aged 9 or younger are required to wear face-coverings. DCSD anticipates additional guidance is forthcoming from the State between the release of this document and the August 2, 2021 meeting of the Board of Trustees.

Directive 048, which was released on August 4, 2021. Notwithstanding anything to the contrary in Directive 047, Douglas County School District shall adopt a face covering policy that addresses whether or under what circumstances face coverings will be required for students while in school buildings or on school campuses. Any such policy must not conflict with the provisions of Directive 048 or with any face covering requirements imposed by county governments or local health authorities.

Employee Negotiated Agreements

Douglas County School District has negotiated employment contracts with the following bargaining units:

1. Douglas County Professional Education Association (DCPEA)
2. Douglas County Support Staff Organization (DCSSO)
3. Chapter 6, Bus Drivers Association

Per Nevada Revised Statute 288.150, the safety of an employee is a subject of mandatory bargaining between the district and its employee groups. Each of the District's three negotiated contracts contain language that requires DCSD to provide its employees with safe, healthy working conditions. A failure to adhere to the contract would expose DCSD to a formal grievance and increased liability exposure.

Students and Staff

The Douglas County School District Board of Trustees represents approximately 5,300 students and 900 employees; each with unique needs.

Funding

Douglas County School District's general fund, which covers operations and employee compensation, is generated from local and state revenue. Prior to the implementation of the Pupil Centered Funding Plan (PCFP), which became effect on July 1, 2021, 86% of DCSD's general fund was generated through local revenue (i.e. property tax, sales tax, motor vehicle tax, etc.). With the implementation of the PCFP, which was approved during the 2018 legislative session, only 0.9% of the general fund is now generated through local revenue. 99 cents of every dollar Douglas County School District receives in the general fund is through state funding. The State has indicated that school districts who do not follow state directives could potentially lose all state funding.

OUR GUIDING PRINCIPLES FOR REOPENING SCHOOLS

- To the greatest extent possible, minimize risk for all students and staff
- Promote equity and accessibility to learning for all students
- Maintain high academic expectations for all students
- Provide instructional delivery systems to meet the needs of all students
- Foster positive relationships and interactions
- Utilize all federal, state and local health related guidelines
- Promote communication that is transparent and consistent
- Ensure financial feasibility
- Consider community impact

OUR ACADEMIC GOALS

- Through EPIC Learning, refine the vision for our learners to continue their education through blended learning and to make certain that it is coupled with our district vision, which is to not only inspire, empower and prepare our students, but to create and maintain an innovative learning community.
- Basic and social emotional needs of students and staff must be met in order to optimize student learning.
- All students must have equitable access to effective instruction and standards-based grade level learning.
- Standards based grade level instruction must occur with in-school instruction, remote learning, and distance learning models.
- Learning Communities and other learning opportunities are critical to build capacity within and among all stakeholders and to ensure continuous improvement.

PARENT ENCOURAGEMENTS

- We encourage parents to screen their child(ren) at home with temperature checks every morning. We encourage staff to do the same.
- We encourage parents to keep their child(ren) home if they show symptoms of illness. We encourage staff to do the same.
- We encourage parents to reinforce the importance of wearing face-coverings at school with their child(ren) in an effort to minimize risk to their peers, teachers, and other staff. We encourage parents who enroll their child(ren) in Douglas Nevada Online (DNO) to request and review the "Learning Contract" (**Exhibit A**) to ensure they can abide by the conditions of attending DNO.
- We encourage parents to open an account in Infinite Campus (IC) to ensure access to communication and student information.

SCHOOL DATES

Douglas County School District has submitted our 2021-22 school calendars to the Nevada Department of Education, anticipating fully opened schools for the school year. The following are important dates:

- **Student Instruction:**
 - Begins
 - August 9, 2021 for all valley students
 - August 23, 2021 for all lake students
 - Ends
 - June 2, 2022 for all valley students
 - June 16, 2022 for all lake students
- **Breaks:**
 - October Break – October 25-29, 2021
 - Winter Break – December 20-31, 2021
 - February Break – February 21-25, 2022
 - Spring Break – April 18-22, 2022
- **Non-Instructional Days (No School for Students):**
 - Valley Schools & Douglas Nevada Online
 - September 27-28, 2021 –Professional Development Days (Elementary & Secondary)
 - October 18, 2021 – Teacher Work Day (Elementary) and Parent-Teacher Conferences (Secondary)
 - November 4, 2021 – ½ Day of Parent-Teacher Conferences (Elementary ONLY)
 - November 5, 2021 – Parent-Teacher Conferences (Elementary) and Professional Development (Secondary).
 - January 3, 2022 – Professional Development Day (Elementary & Secondary)
 - February 7-8, 2022 – Professional Development Day (Elementary & Secondary)
 - Lake Schools
 - September 27-28, 2021 –Professional Development Days (Elementary & Secondary)
 - November 19, 2021 – Teacher Work Day (Elementary) and Professional Development (Secondary)
 - December 2, 2021 – ½ Day of Parent-Teacher Conferences (Elementary ONLY)
 - December 3, 2021 –Parent-Teacher Conferences (Elementary & Secondary)
 - January 28, 2022 – Professional Development (Elementary) and Teacher Work Day (Secondary)
 - February 7-8, 2022 – Professional Development Day (Elementary & Secondary)

LEARNING MODELS

Douglas County School District will offer the following learning models for the 2021-22 school year:

Model 1 - In-Person Learning Model - Enrolled students attend school throughout the week receiving face-to-face instruction within the building.

- All Douglas County School District schools, except Douglas Nevada Online and Jacobsen High School, will open the 2021-22 school year utilizing an In-Person Learning Model.

Model 2 – Distance Education Model – Douglas Nevada Online provides enrolled students high-quality standards-based online instruction through our online curriculum, Edgenuity.

- The Remote Learning Model through Douglas Nevada Online is an option for students in grades 4-12.
- DCSD will provide Chromebooks for students in need of a device. A contract must be signed after attending a required parent and student training. Parents/Guardians are responsible for providing a reliable internet service, but DCSD will work with families who need support in securing such service.
- DCSD certified teachers will monitor student progress and be available to support during designated office hours and/or via email. DCSD does not provide direct instruction in remote learning.

- Students who are eligible for additional support services will be contacted by a case-manager.
- Students will have limited options for enrichment, connections and/or electives.
- Students will be required to test in person during district assessment windows.
- Enrollment in remote learning is a year-long commitment. Students may elect to return to traditional enrollment at the start of the 2022-2023 school year.
- Requests to return to traditional enrollment after the start date of remote learning, but before the end of the school will be considered based on student progress/course enrollment and must be approved by the principal of the in-person school along with the Executive Director of Education Services – Area 3.

Model 3 – Distance Learning Model – Enrolled students receive high quality standards-based instruction without coming into schools, typically on a temporary basis.

- This option is available to **Kindergarten – 3rd Grade** students under the following scenarios:
 - A student has documentation from a medical professional related to a condition that would be compromised by attending school in-person would be eligible, on a case-by-case basis, to engage in homebound instruction. In this scenario, students would be provided access to the K-3 Edgenuity curriculum with academic support from a DCSD licensed teacher. Instructional sessions would be online or at a DCSD educational site after school hours depending on need.
 - A student has been advised to quarantine by local public health officials due to having COVID-19 or being identified as a close contact to a positive case. In this scenario, students would receive instruction remotely from their classroom teacher during the period of quarantine.
 - A school or the entire school district is temporarily shut down due to outbreak. In this scenario, students would receive all instruction remotely.
 - A school has enough participation for the site principal to staff the program based on established DCSD student-to-teacher staffing ratios.
- This option is available to **4th – 12th Grade** students under the following scenarios:
 - A student has been advised to quarantine by local public health officials due to having COVID-19 or being identified as a close contact to a positive case.
 - A school or the entire school district is temporarily shut down due to outbreak.
 - A school has enough participation for the Principal to staff the program based on established DCSD student-to-teacher staffing ratios.
- Distance Learning within Douglas County School District will meet the following requirements:
 - Instruction will be supported by qualified certified teachers.
 - Students and instructional staff will have access to devices and the internet.
 - Teachers will receive ongoing professional learning support.
 - Students eligible for free/reduced priced lunch will have access to food.

LOCAL CONTROL

On April 19, 2021, Governor Sisolak issued Emergency Directive 044, which delegated authority to local school districts, with the exception of face-coverings. On August 4, 2021, Governor Sisolak issued Emergency Directive 048. While it does not give local control of face-coverings, it does amend directive 047 to allow school districts to develop a policy regarding the wearing of face coverings by students. The face covering policy cannot be less stringent than the guidance in Directive 048.

As new directives are released, the District will adhere to guidance and directives of local, state, and federal authorities as amended, and we'll adjust our plan accordingly.

Social/Physical Distancing

- Douglas County School District will implement appropriate social/physical distancing of 3 feet as practical.
- When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as universal indoor masking, use of daily screening tool, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk.

- It is highly recommended that unvaccinated individuals when social/physical distancing cannot be maintained.

Large Gatherings

- Douglas County School District will not limit large group gatherings on DCSD property. All staff, students, and visitors will be required to wear face coverings in accordance to current state mandates, and implement appropriate social/physical distancing as practical when gathering in large groups.

Capacity

- Douglas County School District will not limit capacity within district facilities. All staff, students, and visitors will be required to wear face coverings in accordance to current state mandates, and implement appropriate social/physical distancing as practical when on Douglas County School District property. Should changes occur that negatively impact public health and/or warrant further action, the district will work with local health officials to make necessary changes which minimize risk to students and staff.

Athletics, Extra-Curricular, and Co-Curricular Activities

- State restrictions categorizing sports based on contact level and associated risk with corresponding rules for each will no longer be in effect. Douglas County School District facilities can be used for all athletic, extra-curricular, and co-curricular activities. While DCSD maintains local control, oversight of high school athletics is through the Nevada Interscholastic Activities Association (NIAA).

DCSD Travel

- Douglas County School District will allow travel outside the state of Nevada for students and staff as necessary.

Governmental Recommendations

- Douglas County School District will monitor any changes in governmental recommendations or state directives associated with COVID-19, it's variants, or related health conditions and make changes as necessary.

HEALTH AND SAFETY

Overview

No single health & safety measure in isolation will effectively mitigate the spread of COVID-19, or any other infectious disease. Therefore, DCSD will continue to implement a multi-layered approach. Families will be encouraged to self-screen their students every morning. Students should remain home if any illness symptoms are present. Enhanced cleaning & hygiene protocols will be used at school sites which will include frequent cleaning of high touch surfaces.

As we continue to learn more about COVID-19 variants related to risk transmission and/or severity among our students and staff, our approach may be reevaluated by the DCSD Superintendent and Board of Trustees in consultation with our local health officials and in accordance to local and state requirements. As new directives are released, the District will adhere to guidance and directives of local, state, and federal authorities as amended, and we'll adjust our plan accordingly.

Parent Commitments

- Parents and guardians will play a critical role in ensuring Douglas County School District schools remain open during the 2021-22 school year. In an effort to keep our students and staff safe and our schools open, we ask parents to review **Exhibit B** at the back of this plan to review the commitments we ask you to make.

Daily Screening Tool

- Students and staff are asked to use the DCSD COVID-19 Daily Self-Screening prior to entering any Douglas County School District facility or bus transportation. The daily self-screening tool is **Exhibit C** at the back of this plan.

Handwashing

- Handwashing and the use of alcohol-based hand sanitizers helps to prevent infections and reduce the number of viable pathogens on the hands. Access to handwashing supplies will be provided in all DCSD schools. These supplies include soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.

Face Coverings

- Given new evidence on the B.1.617.2 (Delta) variant, CDC has updated the guidance for fully vaccinated people. CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full time in-person learning in the fall with layered prevention strategies in place.

When teachers, staff, and students consistently and correctly wear a mask, they protect others as well as themselves. Consistent and correct mask use is especially important indoors and in crowded settings when physical distancing cannot be maintained.

- Each county school district, charter school, and private school shall adopt a face covering policy that addresses whether or under what circumstances face coverings will be required for students while inside school buildings, or on school campuses.
- It is highly recommended that all Kindergarten through 12th grade students wear face coverings while inside school buildings, regardless of vaccination status.
- All school staff must wear face coverings while inside school buildings, regardless of vaccination status.
 - School staff are not required in the following situations:
 - When staff can produce documentation from a qualified Nevada-licensed medical professional that they are exempt in accordance with subsection 3 of section 7 of Directive 024.
 - When actively eating, drinking, and physically active.
 - When alone in the classroom or office space.
- All kindergarten through 12th grade students, and all school staff, must wear face coverings while on school buses, as required by the Centers for Disease Control and Prevention (CDC) order.
- Parents, vendors, volunteers, visitors, and guests must wear face coverings inside school buildings and on school buses.
 - Parents, vendors, volunteers, visitors, and guests who are unable or unwilling to wear face coverings under any circumstances or exemptions will not be allowed on school buses, in school buildings, or on school campuses.
- Irrespective of any policy adopted by a county school district, charter school, or private school, if a school-wide outbreak of COVID-19 is identified by the applicable local health authority in any school, a universal face covering policy SHALL be implemented immediately for ALL students in the school building where the outbreak occurred until the local health authority determines that the outbreak is closed. Additional mitigation measures may be required by the local health authority for that school as deemed necessary by the local health authority.
- For purposes of this guidance, a SCHOOL-WIDE OUTBREAK is defined as any outbreak that extends beyond one classroom or isolated setting. Local health authorities will make outbreak determinations based upon the findings of case investigation and contact tracing and relative to the specific local setting. The CDC COVID-19 outbreak definition will be utilized in making these outbreak determinations.
- Students will be required to comply with the DCSD Face Covering Policy, including wearing face coverings on all DCSD transportation and in the event of declared school-wide outbreak.

Note: Effective 02-17-22, the guidance related to face-coverings has been updated. See plan updates as of 02-17-22.

Testing

- Douglas County School District, regardless of county transmission level, must implement a regular COVID-19 testing program for students, staff, and volunteers, including but not limited to coaches, leaders, and advisors, who are not fully vaccinated and who are involved in travelling to other schools or venues outside of Douglas County for athletics and activities such as games, tournaments, competitions, concerts, meets, or similar events.
- Students, staff, and volunteers will be required to verify their COVID-19 vaccination status to be exempt from the COVID-19 testing program.
- Testing must occur at least once per week. If a student, staff member, or volunteer tests positive for COVID-19, current CDC recommendations for isolation and quarantine must be followed.
- COVID-19 testing requirements apply to students, staff and volunteers involved in athletics activities. The Nevada Interscholastic Activities Association (NIAA) will be required to promulgate a mandatory COVID-19 testing and mitigation plan for full-contact and close-contact sports. The plan MUST require at a minimum weekly testing of coaches, staff and athletes participating in these sports who are not fully vaccinated. The plan must include rules and guidance for the use of face coverings by student athletes while both actively and not actively participating in the sporting activity. o Prior to the commencement of competitions of full-contact and close-contact sports between separate schools, the individual schools must implement the NIAA testing and mitigation plan and begin the weekly testing protocols required by such. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing. However, testing should be made available to fully vaccinated individuals participating in extracurricular and athletic activities.
- The Nevada Department of Health and Human Services (DHHS) recommends that testing of all those that are unvaccinated, both staff and students, occur at least weekly to be effective. Douglas County School District is working with the Nevada Department of Health and Human Services (DHHS) to develop the district's testing plan. More information will be forthcoming, including an option for students and staff that are not part of a group required to test due to travel, to opt in to weekly testing.

Close Contact

- A "close contact" is defined as being 6 feet or less from a person, for a cumulative total of 15 minutes over a 24-hour period, who has tested positive for COVID-19.

Quarantine

- If a student or staff member has symptoms of COVID-19 or tests positive for COVID-19, they must stay at home in isolation away from others as much as possible for at least 10 days (counting from the day their symptoms first started (symptomatic) or the day they were tested (asymptomatic). The student or staff member who came in contact with someone infected by COVID-19 can return to school after 7 days if they tested negative starting on day 5 of the quarantine, as long as they have not developed symptoms or have not tested positive for COVID-19.
- Vaccinated students and staff are not required to quarantine.

Note: Effective 10-18-21, the guidance related to quarantine has been updated. See plan updates as of 10-18-21.

Note: Effective 01-03-22, the guidance related to quarantine has been updated. See plan updates as of 01-03-22.

COVID-19 Testing

- Douglas County School District is approved to administer the Abbott BinaxNOW COVID-19 test. Testing is available at several DCSD sites.

Vaccinations

- Guidance and recommendations from the National Center of Disease Control (CDC) and local health officials encourage the vaccination of age-appropriate persons against the COVID-19 virus and its variants.
- COVID-19 vaccinations are available at no cost to all staff, volunteers, and age-appropriate students. DCSD will work collaboratively with the Carson City Health and Human Services to provide opportunities for students and staff to access COVID-19 vaccinations as needed.
- The COVID-19 vaccinations have been approved on an Emergency Use Authorization. As such, Douglas County School District will not require students and staff be vaccinated against COVID-19 to enroll, attend, or be employed.
- In general, people are considered fully vaccinated:
 - 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
 - 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

Community Spread

- DCSD will be guided by the local and state health officials, including the Nevada State Epidemiologist, and the Nevada Department of Education should we have a case or cluster of cases which require a temporary closure of a school building(s) or a change to other mitigation methods (e.g. face coverings, social/physical distancing).

Fiscal Impact

- As noted previously, Douglas County School District receives 99.1% of its general fund revenue through the State of Nevada, and risks a loss in funding for failure to comply with emergency directives. With this in mind, we believe a failure to provide educational services and opportunities to the students of Douglas County would create a much larger crisis than following COVID-19 mitigation measures.

ATTENDANCE

Daily attendance will be taken for all models of learning: in-person, remote-learning, and distance-learning, except for schools that have approved Programs of Distance Learning per Nevada Administrative Code 388.830.

Schools with approved Programs of Distance Learning may continue to take attendance per Nevada Administrative Code 387.193.

Daily attendance may be satisfied in any of the following ways:

1. The student is physically present; and/or
2. The student makes progress in their coursework leading toward mastery of Nevada Academic Content Standards and/or a course's completion that can be verified through a learning management system or other means; and/or
3. The student participates in a real-time (synchronous) class session; and/or
4. The student meets with or otherwise communicates with a licensed teacher or licensed substitute teacher who is able to discuss the pupil's progress in the course.

If a student participating in distance learning full or part-time demonstrates any of the four criteria, the pupil is considered present for the full day. If the student does not demonstrate at least one of the four criteria, they are considered absent for the full day.

TRANSPORTATION

- Douglas County School District will operate district busses and white fleet at 100% capacity.
- All kindergarten through 12th grade students, and all school staff, must wear face coverings while on school buses.
- Students will be assigned seats and attendance will be taken by drivers.
- As outside air quality conditions permit, air flow throughout the bus will be increased by opening roof hatches and selected windows. Bus vents will be open, and fans will be on for increased airflow during inclement weather.⁵
- Hand sanitizer will be available upon request on all DCSD busses.
- Bus drivers will disinfect handrails, seat tops, and entrance doors between runs.
- Bus drivers will clean and disinfect each bus at the end of the route.

FACILITIES

All custodians are trained to disinfect all touch points in the classrooms every night. Door glass, door handle and door touch points, light switches, phones, all desktops, sink areas including soap and towel dispensers, trash, pencil sharpeners and white boards. This is done in every classroom, every day.

Disinfection and Cleaning for Staff Equipment Sharing

- The custodial staff, along with school staff members, will disinfect all staff equipment, including but not limited to, front office phones, front office computers, copy machines, refrigerators, microwaves, coffee makers, all staff workroom equipment. The DCSD Facilities Supervisor will assign the tasks for the custodial night crew, using Process Cleaning, with disinfecting procedures for all, including but not limited to, classroom computer keyboards and mice, phones, printers, copy machines, door handles, light switches, tables, countertops, handles, sinks, and drinking fountains inside the classrooms. Custodial staff will have all supplies necessary for these cleaning efforts.
- ***Process Cleaning for Health*** – DCSD uses standardized chemicals and products. Our custodial rovers can come in and provide the same level of cleaning at every site as they are trained the same and every area has maps to indicate the work to be done. Cleaning logs are filled out daily by all DCSD custodians and Head Custodians.
- ***BIOPROTECT*** – District Wide - BIOPROTECT is an EPA registered water-based surface protectant that offers anti-microbial protection for up to 90 days once applied with electrostatic sprayers. This will provide added protection to all touch point areas of Douglas County School District. DCSD has applied BIOPROTECT since the start of the 2020-21 school year, and will continue to do so through the 2021-22 school year.
- DCSD uses Merv-10 filters, which are recommended to be changed every 6 months. According to the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE), any filter less than a Merv-8 is very unlikely to make a difference.

Confirmed positive COVID-19 Custodial Facilities Cleaning:

- In the case a positive COVID-19 event directly affects a school, the Principal and the Custodial Supervisor will initiate a disinfectant clean protocol for that campus in compliance with CDC recommendations as enumerated on the following website: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

Restrooms

- Signs will be hung in each restroom showing the proper method for washing hands.

Facility Use Agreements

- Third parties will be required to follow facility use guidelines, including cleaning and sanitation. They must follow all restrictions and governor directives. Facility use may be revoked at any time for non-compliance or increased risk reasons.

SCHOOL NUTRITION PROGRAM

Meal Service plans have been developed to ensure healthy and nutritious meals are served while maintaining safe and efficient practices. The School Nutrition Program will follow an in-person cafeteria service model at all sites, similar to the service model in place prior to the COVID-19 pandemic, and we serve breakfast and lunch daily at all sites. We will provide an option for meal pick-up at a school site for students who are participating in a distance education or distance learning model.

Free meals have been extended throughout the entire 2021-2022 school year, but we still encourage families to sign up for the Free & Reduced lunch program, as if eligible, your family will have the opportunity to receive additional benefits. All students are able to receive ONE FREE BREAKFAST AND ONE FREE LUNCH daily. Additional meals and snacks will cost money.

If school closures were to occur again, food distribution options will resume at sites similar to previous service and food security needs.

Meals for Distance Education and Distance Learning Students

- Douglas County School District will provide meals equivalent to one (1) breakfast and one (1) lunch per day.
- Meals are free for enrolled DCSD students only, and students will need a DCSD ID number.
- Students participating in distance education or distance learning are required to complete a Google form by Sunday evening of the week they want meals. The form only needs to be completed once for the week, and is available at the following url:
https://www.dcsd.k12.nv.us/pf4/cms2/view_page?d=x&group_id=1537427840459&vdid=ip721gd2klhk1mu
- Meals can be picked up two days per week from 9:45 AM – 10:00 AM as follows:
 - Monday – Receive two (2) days worth of meals.
 - Wednesday – Receive three (3) days worth of meals.
 - Meals can be picked up at the following sites: Pau-Wa-Lu Middle School, Gardnerville Elementary School, Jacks Valley Elementary School, Minden Elementary School, Piñon Hills Elementary School, and Zephyr Cove Elementary School.
- Service will begin on August 9, 2021 for our valley schools, and August 23, 2021 for our lake schools.

INFORMATION TECHNOLOGY

- DCSD currently has approximately 5,325 students enrolled.
- DCSD currently has approximately 795 staff members.
- DCSD currently has approximately 8,000 student devices (Chromebooks).
- All 5-12 grade students will be assigned a take-home device at the start of the year.
- All K-4 grade students will use a device from classroom Chromebook carts during In-Person Learning and, if needed, will be provided a surplus device to take home for distance learning.

- DCSD families without Internet access have been identified and plans are in place to provide cellular wireless hotspots to these families at the start of the school year. DCSD also has a procedure in place to identify and assist additional and/or new families without Internet access.
- Both primary and secondary grade level classrooms are equipped with technology that enables teachers to deliver distance learning from the classroom.
- All school sites have adequate Internet bandwidth to deliver distance learning from the classroom.
- DCSD teaching staff are assigned high quality Chromebook devices. The device is equipped with a quality webcam, microphone, and additional processing power to accommodate delivery of distance learning.
- DCSD IT staff is available to assist students and families with distance learning technical issues when needed.

SOCIAL EMOTIONAL SUPPORTS

Providing social-emotional supports to students must be a collaborative effort within our DCSD school sites to ensure supports are in place and woven together with all facets of the student learning. This involves the following people:

- Administrators
- School Counselors
- School Social Workers
- General and Special Education Teachers
- Support Staff
- Families
- Community Partners

DCSD provides the following resources:

- CASEL's- **Reunite, Renew, Thrive: SEL Roadmap for Reopening School**
- CASEL's- Remote learning and reopening webinars and supports
- Second Step's- Online curricular supports and training videos
- CASEL and Second Step's- Trauma Informed Care practices for student and staff
- Nevada Department of Education- resources and supports through the Office of Safe and Respectful Learning

We value our community partnerships:

- Partnership Douglas County
- Suicide Prevention Network
- Tahoe Youth and Family Services
- Social Services
- Food Closet
- Carson Valley Medical Center Behavior Health Outpatient Clinic
- Carson Tahoe Behavior Health Services
- Washoe Tribe Healing Center
- Mobile Crisis

VISITORS AND VOLUNTEERS

We know parent and volunteer support is a critical component of our community engagement and partnership, so visitors and volunteers are welcome within Douglas County School District. Face coverings will be required for all visitors and volunteers who enter our schools in accordance to current state mandates. Douglas County School District reserves the right to restrict visitation or volunteering if DCSD policies, regulations, and guidelines are not followed.

Visitors with fever greater than 100.4, congestion, dry cough, breathing difficulties, sore throat and/or chills should NOT enter our school buildings or offices. It is extremely important that visitors and/or volunteers do not come to our schools or offices if they are sick.

STUDENT TEACHER, PRACTICUM STUDENT, AND OBSERVATION STUDENT PLACEMENTS

Douglas County School District will work with local colleges and universities in the placement of student teachers, practicum students, and observation students. All student teacher placements need to be approved by Human Resources.

COMMUNITY PARTNERSHIPS

DCSD is committed to working with our community partners to provide access to our local schools and transportation services. At their discretion, our community partners may implement more stringent mitigation measures when accessing district facilities.



2021-2022 Douglas Nevada Online Learning Contract

Expectations for participation, attendance, and work completion will be similar to the district's in-person option. Students will participate in five, full school days each week (unless the calendar allows for a holiday). This option will require a significant commitment from both parents/guardians and students.

In order for my child to attend Douglas Nevada Online I understand and agree to:

- Attend a parent and student required orientation prior to beginning school.
- Attend in person all required state and district assessments.
- Adhere to all attendance and participation requirements.
- Attend in person end of course final examinations as scheduled by school administrators.

Learning Platform

- Students in grades 4-12 that elect to enroll in Douglas Nevada Online for the 2021-2022 school year will be enrolled in classes through the Edgenuity platform for both academic and elective classes.
- Academic course assignments and electives will be based on the student's academic plan generated in Infinite Campus.
- Course availability is limited to courses offered through the Edgenuity Platform.
- Teachers will monitor student progress and be available for support during designated office hours and/or via email.
- Students who are eligible for additional support services will be contacted by their case manager.
- Students will have limited options for enrichment, connections and/or electives

Technology Requirements

- Parents/Guardians are responsible for providing a reliable Internet service.
- Schools will provide Chrome books for students in need of a device (Contract must be signed after attending a parent and student required orientation.)
- Students will be responsible for adhering to the procedures and guidelines located in the Douglas County School District Acceptable Use Policy.

Standardized Testing/Assessment

- State assessment policy does not allow students to take Nevada assessments from home; therefore, DNO students are required to test in person during the assessment windows.
- Students in grades 4-8 will be required to complete Fall and Spring MAP assessments as well as the Nevada SBAC assessment. Students in grade 9 will be required to take the state science exam. Students in grade 11 will be required to participate in the ACT. All English Learners in grades 4-12 who have not yet exited from EL Services will be required to take the ELPA. Assessment times will be scheduled by school administration and students must attend in person.

Attendance/Course Progress

- Students who are enrolled in DNO will have a school calendar specific to DNO and will be registered in 6 classes per his/her academic plan.
- DNO students are expected to log into Edgenuity daily, make progress in their courses, and participate in successful two-way meaningful communication with their teachers in order to be marked present.
- Attendance for DNO students will be checked by assigned teachers and entered into Infinite Campus by those teachers.
- All attendance requirements and policies in effect for traditional students also apply to DNO students.

- In order to complete coursework by the end of the semester, students must stay on target with pacing guidelines provided in Edgenuity.
- A parent/teacher conference will be required for any student who is in jeopardy of not receiving credit.

Provisional Semester:

- High school students enrolling in Douglas Nevada Online for the first time, and at the beginning of a semester, will be required to complete a "provisional semester," defined as the successful completion of six 1/2 credit courses in 90 school days or less. Students in grades 4th through 8th grade shall complete four 1/2 credit courses in 90 school days or less.
- During the provisional semester, students will need to show successful academic progress and participation.
- During the first two weeks (10 school days) of a student's provisional semester, he/she will be monitored closely, and his/her academic plan may be adjusted and/or the student may be returned to the zoned school if adequate academic progress has not been made.

Grade Calculation/Policy

- **Finals are mandatory for 6th-12th grade students and will be scheduled in-person during the last two weeks of the semester at ASPIRE Academy High School.**
- Participation grades will not be awarded to students. Grades will reflect academic performance.
- All assignments not completed by semester-end will be graded as "0's" and factored into final average.
- There are three grades reported in Edgenuity:
 - o The *Overall Grade* only reflects completed work and is not an indicator of course completion.
 - o The *Actual Grade* is the overall grade adjusted for progress if a student is behind. This score doesn't assume zeros for uncompleted work; simply penalizes for falling behind. This is the grade that will be used for 6 week progress reports.
 - o The *Relative Grade* is the grade that a student would receive if she/he stopped working and received 0% for all unscored, counted activities. This is the grade that will be used for the final report card/transcripts.

Extracurricular Activities

- Remote learning students will be eligible to participate in extracurricular/co-curricular activities such as athletics, clubs, JROTC, band, etc. during the semester they are enrolled in DNO unless participation requires an in-school course for participation.

Returning to the Zoned School

- Enrollment in DNO is a year-long commitment. Students may elect to return to their zoned school at the start of the 2022-2023 school year.
- Requests to return to the zoned school after enrolling in DNO, but before the end of the school year will be considered based on student progress/course enrollment and must be approved by the principal of the in-person school along with the Executive Director of Education Services – Area 3.

Parent/Student Acknowledgement

I have read and understand the information above regarding Douglas Nevada Online and accept any consequences as detailed in regards to my/my child's participation in this option.

Student Name (Print)

Student Signature

Date

Parent Name (Print)

Parent Signature

Date

DOUGLAS COUNTY SCHOOL DISTRICT

Parent Guide – Commitments

www.dcsd.k12.nv.us



Parents and guardians will play a critical role in ensuring Douglas County School District schools remain open during the 2021-22 school year. In an effort to keep our students and staff safe and our schools open, we need parents to commit to do the following:



Check the temperature of your child(ren) at home every morning before they leave for school. If they have a fever of $>100.4^{\circ}\text{F}$ at rest, keep your child(ren) home from school.



Complete the DCSD COVID-19 Daily Self-Screening Tool every morning before your child(ren) leaves for school.



Please keep your child(ren) home if they or anyone in your household had any of these symptoms in the last 24 hours: has new respiratory symptoms (e.g. cough and/or shortness of breath), vomiting and/or diarrhea, a fever of $>100.4^{\circ}\text{F}$ at rest, loss of smell or tastes, or two or more of the following symptoms: sore throat, headache, muscle pain or body aches, chills, abdominal pain, or fatigue. Contact Carson City Health and Human Services at (775) 434-1988.



Face coverings will be required in accordance with federal, state, and local guidelines. If your child(ren) are required to wear a face-covering, ensure they have one to wear before they leave for school. Reinforce the importance of wearing face-coverings properly (over mouth and nose) at school to minimize risk to their peers, teachers, and other staff.



Open an account in Infinite Campus (IC) to ensure you can access student information and communication regarding your child(ren).



If your child(ren) test positive for COVID-19, please call the DCSD Chief Nurse, Jen Tyndall, at (775) 781-5159.



DOUGLAS COUNTY SCHOOL DISTRICT



COVID-19 Daily Screening Tool

Answer these screening questions **each time** a student or staff member is going to school.
If you answer “**Yes**” to any question, **the student or staff member should stay home.**

Overview

A student or staff member must not go to school if they:

- Test positive for COVID-19.
- Show symptoms of COVID-19.
- Have been designated a “close contact” by Carson City Health and Human Services (CCHHS).
- Show symptoms of COVID-19, and are waiting to get tested, or waiting for COVID-19 test results.
- Any household member tests positive for COVID-19.

If a student or staff member has symptoms of COVID-19 or tests positive for COVID-19, they must stay at home in isolation and away from others as much as possible for at least 10 days (counting from the day their symptoms first started or the day they were tested, whichever is the most recent), and until their symptoms get better and they have not had a fever or other COVID symptoms for 24 hours (without taking medicine to lower the fever). Even if they feel better, they must stay home for the full 10 days. These steps help to keep students and staff in schools.

Note: Students and staff may still need to stay home for other illnesses that have symptoms that are similar to COVID-19, such as influenza, strep throat, or stomach illness. Contact your health care provider or school for information on when a student or staff member can go back to school in these situations.

Screening Questions

1. Does the student or staff member have one or more of these symptoms?

- ☐ Documented fever of 100.4 degrees Fahrenheit or higher at rest
- ☐ Difficulty or trouble breathing (For individuals with asthma, a change from their baseline breathing)
- ☐ New cough or a cough that gets worse
- ☐ New loss of taste and/or smell

If a student or staff member has **one or more of these symptoms**, they must stay home and should stay away from others as much as possible, including family members. Parents, caregivers, or staff members should notify the school and consider calling their health care provider or the **Quad-County COVID-19 Hotline at (775) 434-1988**

If no symptoms, go to the next question.

2. Does the student or staff member have at least two of these symptoms?

- ☐ Sore throat
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Chills
- ☐ Muscle pain
- ☐ Excessive fatigue (extreme tiredness)
- ☐ New or severe headache
- ☐ New nasal congestion or runny nose

If a student or staff member has **at least two of these symptoms**, they must stay home and should stay away from others as much as possible, including family members. Parents, caregivers, or staff members should notify the school and consider calling their health care provider or the **Quad-County COVID-19 Hotline at (775) 434-1988**.

If no symptoms, go to the next question.

3. Has the student or staff member been diagnosed with COVID-19 since they last went to school?

No: The student or staff member can go to school.

Yes: The student or staff member must stay at home in isolation and away from others as much as possible for at least 10 days (counting from the day their symptoms first started or the day they were tested, whichever is the most recent), and until their symptoms get better and they have not had a fever or other COVID symptoms for 24 hours (without taking medicine to lower the fever). Even if they feel better, they must stay home for the full 10 days. If a student or staff member has tested positive for COVID-19 but has no symptoms, they can return 10 days after the date of their test results.

4. Has any member of the household tested positive for COVID-19?

No: The student or staff member can go to school.

Yes: The student or staff member must not go to school. The student or staff member who came in contact with someone infected by COVID-19 can return to school after 10 days, or 7 days if they tested negative starting on day 5 of the quarantine, as long as they have not developed symptoms or have not tested positive for COVID-19. Close contact means being 6 feet or less from a person who has tested positive for COVID-19 for a cumulative total of 15 minutes over a 24-hour period.

5. In the last 10 days, has Carson City Health and Human Services or doctor or other health care provider notified the student or staff member that they are a close contact (a student or staff member was within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone diagnosed with COVID-19?

No: The student or staff member can go to school.

Yes: The student or staff member must not go to school. The student or staff member who came in contact with someone infected by COVID-19 can return to school after 10 days, or 7 days if they tested negative starting on day 5 of the quarantine, as long as they have not developed symptoms or have not tested positive for COVID-19. Close contact means being 6 feet or less from a person who has tested positive for COVID-19 for a cumulative total of 15 minutes over a 24-hour period.

6. Is the student or staff member, or any other household member who is symptomatic (has symptoms consistent with COVID-19), currently waiting for COVID-19 test results, and cannot self-isolate in the home?

No: The student or staff member can go to school.

Yes: The student or staff member must stay at home until the household member gets their test results.

- If the test results are negative, the student or staff member can return to school.
- If the test results are positive, see #4 above.



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Linda Gilkerson
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Carey Kangas
 Vice President

Ross Chichester
 Clerk

Members

Doug Englekirk
 Heather Jackson
 Robbe Lehmann
 Tony Magnotta



Douglas County School District

1638 Mono Avenue • Minden, Nevada 89423

BOARD RESOLUTION

Whereas, on March 12, 2020, Governor Steve Sisolak issued a Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic; and

Whereas, on March 15, 2020, Governor Steve Sisolak issued a COVID-19 Declaration of Emergency Directive which ordered all kindergarten through 12th grade schools be closed to students effective March 16, 2020.

Whereas, on March 20, 2020, Governor Steve Sisolak issued a COVID-19 Declaration of Emergency Directive 005, which ordered all kindergarten through 12th grade schools be closed to students effective March 16, 2020.

Whereas, June 24, 2020, Governor Sisolak issued Emergency Directive 024, which required children older than nine years of age and all adults, with limited exceptions, to wear face coverings in public. Directive 024 also stated counties do not have authority to pass resolutions or create Local Plans that attempt to override this requirement. Children and adults must wear face coverings indoors and outdoors, except when actively eating or drinking; if an exemption can be applied under this same directive; or when actively exercising or participating in practices or competitions. If social distancing cannot be maintained during activity, players are strongly encouraged to wear face coverings to the extent practicable.

Whereas, on July 28, 2020, Governor Sisolak issued Emergency Directive 028, which required that all Kindergarten through 12th grade students and all school staff in county school district settings to wear face coverings while on school buses, in school buildings, or on school campuses, unless approved by an exemption. This requirement superseded the age exemptions of Directive 024.

Whereas, on October 3, 2020, Governor Sisolak issued Emergency Directive 034 which lifted restrictions on youth and non-professional adult sporting activities that are minimal-contact or non-contact. The sporting activities must adhere to the gathering restrictions applicable to venues with fixed seating capacity as set forth in Directive 033 and event organizers must ensure that all spectators maintain social distancing and wear a facial covering.

Whereas, on February 18, 2021, Governor Sisolak issued Emergency Directive 038, which allowed DCSD to adopt social distancing protocols with a minimum allowable distance of 3 feet between students and 6 feet between adults and students or other adults, to increase the occupancy of school buildings or facilities to the lesser of 250 students or 75% of maximum occupancy, and allowed transportation vehicles, including school buses, to operate at 66% capacity, provided social distancing is maintained to the maximum extent practicable. Directive 038 also clarified that students in school settings may remove their face covering when playing an instrument that requires use of their mouth. When singing, students must wear a face covering.



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Whereas, on March 29, 2021, Governor Sisolak issued Emergency Directive 042, which allows fullcontact and close-contact sports, as defined by Emergency Directive 039, to resume for practice and competitions beginning March 30, 2021, provided that competition hosts shall adopt a Preparedness and Safety Plan for all organized leagues, clubs, and other associations beginning competitions games, matches, or league play, and spectators shall maintain social distancing and wear facial coverings.

Whereas, on April 19, 2021, Governor Sisolak issued Emergency Directive 044, which suspended social distancing and sanitation guidelines from State Emergency Directives, provided local control of school transportation with a provision that all occupants must wear appropriate face coverings, suspended the requirement that all large gathering plans be reviewed and approved by the State of Nevada's Department of Business and Industry, delegated authority and the ability to determine capacity limits within school district facilities to school districts, and terminated the State's Directive related to youth and adult sports effective June 1, 2021.

Whereas, On May 3, 2021, Governor Sisolak issued Emergency Directive 045, which requires children older than nine years of age who are not exempt by Directive 024, 028, or guidance from Nevada Health Response to cover their nose and mouth with a face covering in a manner consistent with current guidance issued by the CDC.

Whereas, on May 13, 2021, the Centers for Disease Control and Prevention released guidance that "fully vaccinated people no longer need to wear a mask or physically distance in any setting, except where required by the federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance." Effective May 14, 2021, vaccinated individuals in the state of Nevada are not required to wear face coverings.

Whereas, the Board of Trustees of the Douglas County School District believes that the administration of public schools is best accomplished locally, by administrators and Board members most familiar with the strengths, weaknesses, wants and needs of the schools and the school community, and

Whereas, the Board of Trustees of the Douglas County School District is in the best position to quickly implement, remove, or revise COVID-19 mitigation strategies based on facts specific to the local region and school district.

Now, therefore, be it resolved that the Board of Trustees of the Douglas County School District unanimously exhorts Governor Sisolak and the Nevada Department of Education terminate all mandatory provisions within current Emergency Directives, and any additional supplemental guidance governing the mandatory use of face masks by all students, staff and visitors to a school building

Resolved, that all mandatory provisions be converted to non-mandatory guidance principles that can be considered and implemented by the Board of Trustees, in its sole discretion, given their knowledge and understanding of the impact of these provisions on the students and staff in their school district; and be it further



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Resolved, that this resolution be delivered to Governor Steve Sisolak and Superintendent of Public Instruction, Jhone Ebert.





DECLARATION OF EMERGENCY

DIRECTIVE 047

WHEREAS, on March 12, 2020, I, Steve Sisolak, Governor of the State of Nevada, issued a Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic; and

WHEREAS, on March 13, 2020, Donald J. Trump, President of the United States, declared a nationwide emergency pursuant to Sec. 501(6) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"); and

WHEREAS, the World Health Organization advises that the novel coronavirus that causes COVID-19 virus is highly contagious, and spreads through respiratory transmission, and direct and indirect contact with infected persons and surfaces; and

WHEREAS, the World Health Organization advises that transmission occurs through both droplet and airborne transmission, where droplet transmission occurs when a person is in close proximity to someone who is infected with COVID-19; and

WHEREAS, the World Health Organization advises that contact transmission occurs by direct contact with infected people or indirect contact with surfaces contaminated by the novel coronavirus; and

WHEREAS, on March 14, 2020, I formed a COVID-19 Medical Advisory Team to provide medical guidance and scientifically based recommendations on measures Nevada could implement to better contain and mitigate the spread of COVID-19; and

WHEREAS, in late December 2020, Nevada began distributing COVID-19 vaccines, but the supply of vaccines remains limited; and

WHEREAS, Nevada's hospitalization rate for suspected and confirmed COVID-19 cases has trended downward since mid-January 2021; and

WHEREAS, since mid-January 2021, the 14-day moving average test positivity rate has generally declined, but COVID-19 still poses a substantial threat to the public health; and

WHEREAS, on February 14, 2021, I issued Emergency Directive 037, which set forth a stepped approach to easing the restrictions on the size of gatherings, reduced capacity for bars, restaurants, and other businesses, that were implemented during the Statewide Pause; and

WHEREAS, Emergency Directive 037 provides that, beginning on May 1, 2021, it may be appropriate to transition the management of certain mitigation measures to the counties, if COVID-19 cases continue to decline; and

WHEREAS, Emergency Directive 041, issued on March 12, 2021, sets forth a process for counties to create a COVID-19 Local Mitigation and Enforcement Plan ("Local Plan") that will provide for local control and enforcement of certain COVID-19 mitigation measures; and

WHEREAS, on April 27, 2021, the national Centers for Disease Control and Prevention ("CDC") released updated guidance recommending that all persons, whether vaccinated or not, continue to wear a mask while indoors. The CDC guidance also outlines situations where there is a low risk of spreading COVID-19 and wearing a mask may not be necessary, depending on whether an individual is fully vaccinated or not; and

WHEREAS, many Nevadans will choose to continue to wear a face covering in situations where doing so is not required, based on their personal judgments about their own health risks and those of their household members; and

WHEREAS, infectious disease and public health experts advised that wearing a mask or other face covering remains an important and effective measure to reduce the spread of COVID-19; and

WHEREAS, new variants of the COVID-19 virus have been identified, and medical experts have determined that some of these variants are significantly more contagious than previously known variants; and

WHEREAS, on July 27, 2021, the CDC released updated guidance that all persons in counties with substantial or high transmission, whether vaccinated or not, continue to wear a mask while in public indoor spaces; and,

WHEREAS, CDC's July 27, 2021 updated guidance recommends universal masking in schools, for all students and staff, regardless of vaccination status, and regardless of the level of community transmission. The CDC explained that this is due to the large population of those that are ineligible for vaccination and the low level of vaccination rates nationally; and,

WHEREAS, on May 3, 2021, the Governor issued Emergency Directive 045, which provides, among other things, that the State of Nevada requires the wearing of masks in a manner consistent with current guidance from the CDC, including any subsequent guidance issued by the CDC; and,

WHEREAS, COVID-19 remains a statewide public health crisis and requires that certain mitigation measures and emergency management functions will continue to be managed at the state level to protect the overall health and safety of all Nevadans; and

WHEREAS, NRS 414.060 outlines powers and duties delegated to the Governor during the existence of a state of emergency, including without limitation, directing and controlling the conduct of the general public and the movement and cessation of movement of pedestrians and vehicular traffic during, before and after exercises or an emergency or disaster, public meetings or gatherings; and

NOW THEREFORE, by the authority vested in me as Governor by the Constitution and the laws of the State of Nevada and the United States, and pursuant to the March 12, 2020 Emergency Declaration,

IT IS HEREBY ORDERED THAT:

SECTION 1: The provisions of previous Directives are hereby superseded only by the explicit provisions of this Directive. Any provisions not addressed by this Directive shall remain in force as provided by previous Directives or regulations promulgated pursuant to the March 12, 2020 Declaration of Emergency.

SECTION 2: Effective immediately, Section 4 of Directive 045 is amended to read as follows:

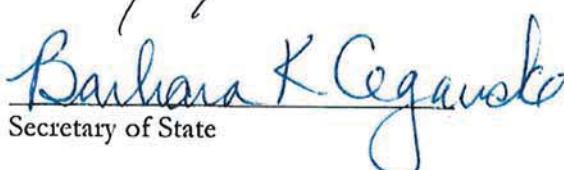
Effective at 12:01 a.m. on the third day following the CDC's release of any guidance related to face coverings, individuals not exempted by Directive 024, Directive 028, or guidance issued by the Nevada Health Response, shall be required to cover their nose and mouth with a mask or face covering in a manner consistent with the guidance issued by the CDC, and any subsequent guidance issued by the CDC. This Section does not apply to participants in certain activities or events, including but not limited to: athletes, performers, or musicians, to the extent other directives set forth less restrictive face covering requirements for those participants.

SECTION 3: The provisions of this Directive remain in effect until amended or terminated by a subsequent Directive promulgated pursuant to the March 12, 2020 Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic, or upon dissolution or termination of the Declaration of Emergency.



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed this 27th day of July, in the year two thousand twenty-one.


Governor of the State of Nevada


Secretary of State

Deputy Secretary of State



DECLARATION OF EMERGENCY

DIRECTIVE 048

WHEREAS, on March 12, 2020, I, Steve Sisolak, Governor of the State of Nevada, issued a Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic; and

WHEREAS, on March 13, 2020, Donald J. Trump, President of the United States, declared a nationwide emergency pursuant to Sec. 501(6) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"); and

WHEREAS, the World Health Organization advises that the novel coronavirus that causes COVID-19 virus is highly contagious, and spreads through respiratory transmission, and direct and indirect contact with infected persons and surfaces; and

WHEREAS, the World Health Organization advises that transmission occurs through both droplet and airborne transmission, where droplet transmission occurs when a person is in close proximity to someone who is infected with COVID-19; and

WHEREAS, the World Health Organization advises that contact transmission occurs by direct contact with infected people or indirect contact with surfaces contaminated by the novel coronavirus; and

WHEREAS, on March 14, 2020, I formed a COVID-19 Medical Advisory Team to provide medical guidance and scientifically based recommendations on measures Nevada could implement to better contain and mitigate the spread of COVID-19; and

WHEREAS, in late December 2020, Nevada began distributing COVID-19 vaccines; and

WHEREAS, Nevada's hospitalization rate for suspected and confirmed COVID-19 cases has trended downward after mid-January 2021; and

WHEREAS, since mid-January 2021, the 14-day moving average test positivity rate has generally declined, but COVID-19 still poses a substantial threat to the public health; and

WHEREAS, on February 14, 2021, I issued Emergency Directive 037, which set forth a stepped approach to easing the restrictions on the size of gatherings, reduced capacity for bars, restaurants, and other businesses, that were implemented during the Statewide Pause; and

WHEREAS, Emergency Directive 037 provides that, beginning on May 1, 2021, it may be appropriate to transition the management of certain mitigation measures to the counties, if COVID-19 cases continue to decline; and

WHEREAS, Emergency Directive 041, issued on March 12, 2021, sets forth a process for counties to create a COVID-19 Local Mitigation and Enforcement Plan ("Local Plan") that will provide for local control and enforcement of certain COVID-19 mitigation measures; and

WHEREAS, on April 27, 2021, the national Centers for Disease Control and Prevention ("CDC") released updated guidance recommending that all persons, whether vaccinated or not, continue to wear a mask while indoors. The CDC guidance also outlines situations where there is a low risk of spreading COVID-19 and wearing a mask may not be necessary, depending on whether an individual is fully vaccinated or not; and

WHEREAS, many Nevadans will choose to continue to wear a face covering in situations where doing so is not required, based on their personal judgments about their own health risks and those of their household members; and

WHEREAS, infectious disease and public health experts advised that wearing a mask or other face covering remains an important and effective measure to reduce the spread of COVID-19; and

WHEREAS, new variants of the COVID 19 virus have been identified, and medical experts have determined that some of these variants are significantly more contagious than previously known variants; and

WHEREAS, the CDC has identified the "delta" variant of COVID-19 and has deemed it a "variant of concern" due to its higher transmissibility; and

WHEREAS, COVID-19 cases in Nevada have trended upward since early July, 2021, the test positivity rate has climbed to over 15%, and most cases in Nevada have been identified as the delta variant; and

WHEREAS, on July 27, 2021, the CDC released updated guidance that all persons in counties with substantial or high transmission, whether vaccinated or not, continue to wear a mask while in indoor public spaces; and

WHEREAS, CDC's July 27, 2021 updated guidance recommends universal masking in schools, for all students and staff, regardless of vaccination status, and regardless of the level of community transmission. The CDC explained that this is due to the large population of children who are ineligible for vaccination and the low level of vaccination rates nationally; and

WHEREAS, on May 3, 2021, the Governor issued Emergency Directive 045, which provides, among other things, that the State of Nevada requires the wearing of masks in a manner consistent with current guidance from the CDC, including any subsequent guidance issued by the CDC; and

WHEREAS, in-person instruction and participation in sports and extracurricular activities is vitally important to the positive academic, emotional, and social development of students in kindergarten through 12th grade; and

WHEREAS, many children are not yet eligible to receive a vaccine against COVID-19 and it is therefore imperative that other mitigation measures be used to protect children and to prevent disruption to in-person learning; and

WHEREAS, Nevada's counties have differing characteristics, including geography and population density; and

WHEREAS, COVID-19 remains a statewide public health crisis and requires that certain mitigation measures and emergency management functions will continue to be managed at the state level to protect the overall health and safety of all Nevadans; and

WHEREAS, NRS 414.060 outlines powers and duties delegated to the Governor during the existence of a state of emergency, including without limitation, directing and controlling the conduct of the general public and the movement and cessation of movement of pedestrians and vehicular traffic during, before and after exercises or an emergency or disaster, public meetings or gatherings; and

NOW THEREFORE, by the authority vested in me as Governor by the Constitution and the laws of the State of Nevada and the United States, and pursuant to the March 12, 2020 Emergency Declaration,

IT IS HEREBY ORDERED THAT:

SECTION 1: The provisions of previous Directives are hereby superseded only by the explicit provisions of this Directive. Any provisions not addressed by this Directive shall remain in force as provided by previous Directives or regulations promulgated pursuant to the March 12, 2020 Declaration of Emergency.

SECTION 2: The term “indoor public setting” means any indoor area where people who are not members of the same household may be present. The term includes office buildings, breakrooms, hallways, cafeterias, meeting rooms, and other areas where people may interact, even though the public at large does not have access to the area.

SECTION 3: Notwithstanding anything to the contrary in Section 2 of Directive 047, for purposes of Nevada’s emergency directives, the level of community transmission of COVID-19 in a county (hereinafter “County Level”) will be determined as provided in this Section.

The CDC’s COVID Data Tracker (available at <https://covid.cdc.gov/covid-data-tracker/#county-view>) defines “low,” “moderate,” “substantial,” and “high” COVID transmission levels. The State will use the data and transmission levels from the CDC’s COVID Data Tracker, and may additionally use State data on testing, to determine the County Level for each county on a weekly basis, using a 14-day look-back period, as described below.

A county’s initial County Level is the transmission level indicated for that county by the CDC as of noon on Tuesday, July 27, 2021. Each Tuesday, the State will review the transmission level for each county based on data from the CDC’s COVID Data Tracker. If the CDC data show that a county’s transmission level has changed from its initial or prior level, and the county has remained within the new level for two consecutive weeks, the State will update the County Level to reflect that change.

Each Tuesday the State will notify each county of its current County Level, as determined pursuant to this Section, and its transmission level based on CDC data. If there is a change in the County Level, the corresponding requirements for face coverings as set forth in this and other Directives shall take effect at 12:01 a.m. on the Friday of that week.

SECTION 4: Section 7 of Directive 024 is hereby amended to read as follows:

The mandatory provisions of this Directive shall not apply to:

1. Except as otherwise provided in Section 5 of this Directive, children who are nine years of age or younger.
2. Individuals experiencing homelessness. Such individuals are encouraged to take protective measures to the greatest extent practicable.
3. Individuals who cannot wear a face covering due to a medical condition or disability, or who are unable to remove a mask without assistance. Persons exempted under this provision should wear a non-restrictive alternative, such as a face shield.

4. Individuals for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.
5. Individuals who are obtaining a service involving the nose or face for which the temporary removal of the face covering is necessary to perform that service.
6. Individuals who are at a restaurant or other establishment that offers food or beverage services, while they are actively eating or drinking.
7. Individuals who are incarcerated. Prisons and jails, as part of their mitigation plans, will have specific guidance on the wearing of face coverings or masks for both inmates and staff, which may be more stringent than the requirements of this Directive.

SECTION 5: Face coverings are required in county school district, charter school, and private school settings as provided in this Section.

In counties with a population of 100,000 or greater, all kindergarten through 12th grade students (regardless of whether they would be exempt from the face covering requirement based on their age) must wear face coverings while inside school buildings unless granted an exemption consistent with this Section. Face coverings are required indoors regardless of vaccination status.

Notwithstanding anything to the contrary in Directive 047, in counties with a population less than 100,000, each county school district, charter school, and private school shall adopt a face covering policy that addresses whether or under what circumstances face coverings will be required for students while in school buildings or on school campuses. Any such policy must not conflict with the provisions of this Directive or with any face covering requirements imposed by county governments or local health authorities.

In all school settings:

1. All school staff must wear face coverings while inside school buildings, regardless of vaccination status.
2. School building administrators may approve exemptions for:
 - a. Students who are medically fragile as documented per an existing Individualized Education Program or health-related 504 Plan; or,
 - b. Students or staff who provide documentation from a qualified Nevada-licensed medical professional that they are exempt in accordance with subsection 3 of section 7 of Directive 024.
3. Unless expressly granted exempted consistent with subsection (2) of this Section, all kindergarten through 12th grade students, and all school staff, must wear face coverings while on school buses.
4. Parents, vendors, volunteers, visitors, and guests who are unable or unwilling to wear face coverings under any circumstances or exemptions should not be allowed on school buses or inside school buildings.

Irrespective of any policy adopted by a county school district, charter school, or private school, if a school-wide outbreak of COVID-19 is identified by the applicable local health authority in any school, the use of face coverings for all students in the affected school building(s) is mandatory and must be immediately implemented. Additional mitigation measures may also be required by the local health authority for that school or school building(s). The face covering requirement and any other mitigation measures remain in effect until the local health authority determines that the outbreak is closed.

All school districts, charter schools, and private schools are strongly encouraged to require all students to wear face coverings while inside school buildings.

SECTION 6: All county school districts, charter schools, and private schools, regardless of county transmission level, shall implement a regular COVID-19 testing program for students and staff or volunteers, including but not limited to coaches, leaders, and advisors, who are not fully vaccinated and who are involved in activities that involve travelling to other schools or venues outside of the county for games, tournaments, competitions, concerts, meets, or similar events. Testing must occur at least once per week. If a student, staff member, or volunteer tests positive for COVID-19, current CDC recommendations for isolation and quarantine must be followed.

SECTION 7: The NIAA must promulgate a mandatory COVID-19 testing and mitigation plan for full-contact and close-contact sports. The plan must require at a minimum weekly testing of coaches, staff and athletes participating in these sports who are not fully vaccinated. The plan must include rules and guidance for the use of face coverings by student athletes while both actively and not actively participating in the sporting activity.

Prior to the commencement of competitions of full-contact and close-contact sports between schools in different counties, the individual schools must implement the NIAA testing and mitigation plan and begin the weekly testing protocols required by such.

SECTION 8: If county school districts, charter schools, or private schools require the use of public or private facilities outside of school grounds for educational purposes, including but not limited to instructional activities or administering assessments, such facilities are subject to the mitigation requirements included in this and other applicable Directives.

SECTION 9: The provisions of this Directive remain in effect until amended or terminated by a subsequent Directive promulgated pursuant to the March 12, 2020 Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic, or upon dissolution or termination of the Declaration of Emergency.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed this 4th day of August, in the year two thousand twenty-one.



Governor of the State of Nevada

Barbara K. Cegavske
Secretary of State

James C. Buehler
Deputy Secretary of State

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

Directive 048 Full Guidance

2021-22 COVID-19 GUIDELINES FOR PREVENTION AND OUTBREAK CONTROL IN SCHOOL SETTINGS

Background

Schools are an essential part of community infrastructure and have a critical role both in providing supportive learning environments and the health and wellbeing of students and staff. Schools also serve as employment for community members, while providing many parents, guardians, and caregivers the opportunity to work and support their households. According to multiple studies, the Nevada 2020-21 school year, and the Centers for Disease Control and Prevention (CDC) transmission rates within schools are typically lower than or similar to community transmission levels when layered prevention strategies are in place. As Nevada schools make plans for full in-person learning during the 2021-22 school year, it is important to expect and plan for occurrences of COVID-19 within the school communities. In order to accomplish full in-person learning, limited social distancing measures will be in place, as compared to the 2020-21 school year. This reduction in mitigation, along with low vaccination rates, and the emergence of Variants of Concern which have higher transmission rates, make the implementation of other mitigation measures, such as mask use, even more important.

Nevada schools should continue to focus on reducing the risk of COVID-19 for all students, especially those that are not eligible to be vaccinated prior to the start of the school year. The introduction of several SARS-CoV-2 Variants of Concern, which includes the highly infective Delta variant, changes the landscape going into the 2021-22 school year. The Delta variant is estimated to be approximately 50% more transmissible than the Alpha variant, which is estimated to be 50% more transmissible than the original pandemic virus. This increased transmissibility has the potential for exponential growth in outbreaks especially in communities and settings with low vaccination rates and limited mask use.

The Nevada Department of Health and Human Services (DHHS) supports full in-person learning with the proper prevention/mitigation measures in place, consistent with CDC's Guidance for COVID-19 Prevention in K-12 Schools and the American Academy of Pediatrics COVID-19 Guidance for Safe Schools.¹² This document is intended to provide guidance regarding important prevention measures recommended to be in place within routine school opening plans, as well as outbreak mitigation requirements should a school experience an outbreak.

This document will continue to be updated as more is learned about transmission within schools related to Variants of Concern and to align with any further guidance produced by CDC.

¹ CDC, K-12 Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

² American Academy of Pediatrics, COVID-19 Guidance for Safe Schools: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

Promoting Vaccination

Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full in-person operations.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. According to CDC, a growing body of evidence suggests that people who are fully vaccinated against COVID-19 are less likely to have a symptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated.

CDC continues to reinforce that vaccination is still the leading public health prevention strategy to end the COVID-19 pandemic:

- COVID-19 vaccines are safe and effective at preventing COVID-19, including severe illness and death.
- COVID-19 vaccines are effective against severe disease and death from variants of the virus that causes COVID-19 currently circulating in the United States, including the Delta variant.
- Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. When these infections occur among vaccinated people, they tend to be mild.
- If you are fully vaccinated and become infected with the Delta variant, you can spread the virus to others.
- People with weakened immune systems, including people who take immunosuppressive medications, may not be protected even if fully vaccinated.

At the time of the release of this guidance, people 12 years and older are eligible for COVID-19 vaccination. Schools should promote vaccinations among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

Mask Use

Note: Given new evidence on the B.1.617.2 (Delta) variant, CDC has updated the guidance for fully vaccinated people. **CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.** Children should return to full-time in-person learning in the fall with layered prevention strategies in place.

When teachers, staff, and students consistently and correctly wear a mask, they protect others as well as themselves. Consistent and correct mask use is especially important indoors and in crowded settings when physical distancing cannot be maintained.

- **Indoors:** Universal mask use is recommended for all adults and students regardless of vaccination status. Children under 2 years of age should not wear a mask.
- **Outdoors:** In general, people do not need to wear masks when outdoors. However, particularly in areas of high transmission, such as during a school outbreak, those who are not fully vaccinated should wear a mask if the outdoor setting is crowded or during activities that involve sustained close contact with other people who are not fully vaccinated.

Use of face coverings is required for all students and staff, regardless of vaccination status, in schools that meet the following criteria:

1. In counties whose population is equal to or greater than 100,000.³
2. In counties whose population is less than 100,000, if the school district or school has adopted a policy requiring use of face coverings.
3. During a school outbreak, until the outbreak is deemed to be over by the local public health authority.

³ <https://nvhealthresponse.nv.gov/state-information/governor-directives-and-declarations/>

Physical Distancing

To promote full in-person learning, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms. This reduction from 6 feet of physical distancing should also be combined with universal indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as universal indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk. Mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

COVID-19 Testing

Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing.

DHHS recommends that testing of all those that are unvaccinated, both staff and students occur at least weekly to be effective. In schools where testing of all staff and students is not feasible, schools may consider multiple testing strategies, for example, testing a random sample of at least 10% of staff and students who are not fully vaccinated.

Weekly testing of those involved in school-based extracurricular activities, including athletics, must occur for those that are not fully vaccinated. Those that should be included in the testing program include: student athletes, participants, coaches, trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Any activities with elevated risk such as those that involve singing, shouting, band, and exercise that could lead to increased exhalation should be included. If community transmission reaches CDC's substantial transmission level (orange), screening for this group should increase to twice weekly. Once community transmission reaches the high transmission level (red), sports and extracurricular activities should be canceled or held virtually to protect in-person learning, unless all participants are fully vaccinated.

The below table produced by CDC outlines the testing recommendations:

Testing Recommendations: K-12 Schools Operational Strategy

Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
All schools implement 5 key prevention strategies: masks required; physical distancing; handwashing and respiratory etiquette; cleaning and maintaining healthy facilities; contact tracing in combination with quarantine and isolation Diagnostic testing: ¹ symptomatic students, teachers, and staff and close contacts referred for diagnostic testing			
Screening testing ² Screening testing of teachers and staff offered at least once per week			
No screening testing for students		Screening testing for students offered at least once per week ³	
Testing for high-risk sports: testing recommended at least once per week ⁴ Testing for low and intermediate-risk sports: testing recommended at least once per week		Testing for high-risk sports: testing recommended twice per week Testing for low and intermediate-risk sports: testing recommended at least once per week	

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 [NCAA Transmission Risk Summary](#).



Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, including wearing a well-fitting face mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the Heating, Ventilation, and Air Conditioning (HVAC) or air filtration systems.

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

Hand Washing and Respiratory Etiquette

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Schools should avoid or minimize shared items between students and staff. Shared items must be disinfected frequently.

Stay Home When Sick

Students, teachers, and staff who have symptoms of infectious illness, such as influenza or COVID-19, should stay home and be referred to their health care provider for testing and care. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. It is also essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19. Schools should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level and provide excused absences for students who are sick. Employers should ensure that workers are aware of and understand these policies.

CDC guidance provides that people who are fully vaccinated and have had close contact to someone with COVID-19 should get tested 3-5 days after the exposure, even if they do not have symptoms. They should also wear a mask indoors in public for 14 days following exposure or until their test result is negative. Schools should educate teachers, staff, and families about when they and their children should stay home and when they can return to school. During the COVID-19 pandemic it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested. Schools should ensure parents know how to report excused absences when their child has COVID-19 symptoms and/or a COVID-19 exposure.

Getting tested for COVID-19 when symptoms are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread at schools. Any individual who tests positive for COVID-19, regardless of whether they are symptomatic and regardless of whether they are vaccinated, must isolate at home for 10 days.

Case Reporting, Contact Tracing and Quarantine

Any instances of students or staff having tested positive for COVID-19 must be reported to the appropriate public health authority immediately. In addition, any increase or clusters of students or staff reporting symptoms consistent with COVID-19 in the absence of being tested, should also be reported to the appropriate public health authority immediately:

- Southern Nevada Health District (SNHD): (702) 759-0925 (24 hours), or schoolcovid@snhd.org
- Washoe County Health District (WCHD): (775) 328-2447 (24 hours), Fax (775) 328-3764, or epicenter@washoecounty.us
- Carson City Health and Human Services (CCHS) which also includes the quad counties (Carson, Lyon, Douglas and Storey): (775)-887-2190 (24 hours)
- Nevada Division of Public and Behavioral Health (DPBH): (775) 684-5911 (M-F 8:00 AM to 5:00 PM); (775) 400-0333 (after hours), Fax (775) 684-5999, or outbreak@health.nv.gov (All other counties)

Daily illness reports to the appropriate public health authority may be requested and required throughout the duration of the disease/outbreak investigation.

Prompt reporting allows identifying which students, teachers, and staff with positive COVID-19 test results must isolate, and which close contacts must quarantine. School officials should also notify, teachers, staff, and families of students who were close contacts as soon as possible (within the same day if possible) after they are notified that someone in the school has tested positive.

An added exception to the close contact definition has been published by CDC due to the reduction of 3 feet of social distancing among students⁴:

Close Contact Through Proximity and Duration of Exposure: Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

- **Exception:** In the **K–12 indoor classroom** setting, the close contact definition ***excludes* students** who were within **3 to 6 feet of an infected student** (laboratory-confirmed or a clinically compatible illness) where
 - o both students were engaged in **consistent and correct use of well-fitting masks; and**
 - o other K-12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the **K–12 school setting**.

This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

Public Health Recommendations:

Except in certain circumstances, people who have been in close contact with someone who has COVID-19 should quarantine. However, the following people with recent exposure may NOT need to quarantine:

- People who have been fully vaccinated
- People who were previously diagnosed with COVID-19 within the last three months

Quarantine of unvaccinated close contacts: Those that meet CDC’s close contact definition must quarantine consistent with CDC guidelines. Those identified as close contacts must quarantine and can resume normal activities after day 10 with no symptoms, or 7 days if they tested negative starting on day 5 of the quarantine with no symptoms. **Note,** quarantine ends *after* day 10 or day 7, with a negative test on or after day 5. This means exposed individuals would be able to return to school on day 11 or day 8. This includes, but is not limited to, at home quarantine, in a hotel or dormitory room, or in a group quarantine facility. The individual should continue to self-monitor for symptoms for the full 14 days following exposure. In the case symptoms develop during these 14 days, the person should get (re)tested and quarantine until their test results come back. If their result is positive, they should follow the isolation instructions detailed below. If their result is negative, they should discuss when they can safely return to school with their health care provider because it could be a different infectious disease. The Technical Bulletin for the updated quarantine period can be found [here](#).

Quarantine of persons who tested positive for COVID-19 in the past 3 months: In the school setting, persons that tested positive for COVID-19 in the past 3 months, with no COVID-like symptoms do not need to quarantine, be restricted from work, or tested following an exposure to someone with suspected or confirmed COVID-19, as their risk of infection is low. However, they should still monitor for symptoms of COVID-19 for 14 days following last exposure. If symptoms develop, they should be clinically evaluated and self isolate.

Quarantine of vaccinated close contacts: In the school setting, fully vaccinated people who have been in close contact with someone with suspected or confirmed COVID-19 should get tested 3-5 days after the exposure, even if they don’t have symptoms. They should also wear a mask indoors in public for 14 days following an exposure or until their test result is negative. If symptoms develop, they should be clinically evaluated and tested for COVID-19 if indicated.

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html>

Symptom Reporting

School staff obtaining Incoming Reports of Absence

When a report of absence is received it is important for staff documenting the absence to inquire if the absence is related to illness. **If the absence is related to illness, it is essential for staff to inquire about specific symptoms.** This is a vital step in early identification of COVID-19 to ensure that sick students are isolated appropriately. It is recommended to follow a script so that symptom information is collected in a systematic fashion throughout the schools. While the individual taking the report is not expected to diagnose any specific condition, it is expected that the symptoms are logged, and basic exclusion criteria conveyed to the person reporting at the initial point of contact.

The key to successful ascertainment is staff training. Once symptoms information is gathered, the reports also need to be reviewed and tabulated by symptoms. If it is determined there is an increase in any predominant symptoms, a report needs to be made to Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH) or appropriate local health authority listed above. The following is an example of a script:

School Script for Symptom Ascertainment

Date: _____

Name of Student: _____ Grade/Teacher _____

Date and Time Symptoms Started: _____

Specific Symptoms:

- | | | |
|---|-----|----|
| • Do symptoms include fever? | Yes | No |
| • Do symptoms include shortness of breath? | Yes | No |
| • Do symptoms include cough? | Yes | No |
| • Do symptoms include fatigue? | Yes | No |
| • Do symptoms include chills? | Yes | No |
| • Do symptoms include nausea or vomiting? | Yes | No |
| • Do symptoms include diarrhea? | Yes | No |
| • Do symptoms include headache? | Yes | No |
| • Do symptoms include loss of taste and/or smell? | Yes | No |
| • Do symptoms include sore throat? | Yes | No |
| • Do symptoms include congestion or runny nose? | Yes | No |
| • Do symptoms include muscle or body aches? | Yes | No |

Exclusion and Re-Admittance Criteria:

EXCLUSION CRITERIA: If a student or staff member develops signs of COVID-19 as evaluated by the school nurse or clinical aide, (see list under Health Check below), separate the symptomatic person away from others, with supervision at a distance of at least six feet (6') until the ill person can leave.

- While waiting to leave school, the individual with symptoms should continue to wear a cloth face covering or mask if tolerated.
- Circulate the air and clean and disinfect the areas where the person was after they leave.
- Contact DHHS-DPBH as soon as possible.
- Create a list of all (students and staff) who could have been exposed (contacts).

RE-ADMITTANCE CRITERIA: A student or staff member who had signs of suspected or laboratory confirmed COVID-19 can return to the school when:

- At least 24 hours have passed since recovery – meaning that it has been 24 hours of the individual having no fever (measured temperature of 100.4 F or greater) *without* the use of medications and an improvement in respiratory symptoms like cough and shortness of breath; **AND**
- At least 10 days have passed since the individual first displayed symptoms of COVID-19 **OR** It has been at least 24 hours since recovery **AND** a health care provider has certified that the student does not have suspected or confirmed COVID-19.

Isolation of Ill Students and Staff:

Students and staff with any of the symptoms of COVID-19 should be isolated. The school's current illness management policy should be followed to minimize transmission to others and optimize learning opportunities. The exclusion and readmission criteria outlined above should be followed.

Students who meet the exclusion criteria must be immediately isolated in a separate area, and their parent(s)/guardian(s) immediately called to pick up the student, with supervision at a distance of at least six feet (6') until the ill student can leave.

Health Check:

School staff should be reminded to look for symptoms of illness and send symptomatic students to the school nurse or clinical aide for evaluation. The school nurse should report illnesses to the chief nurse, or school district or charter school designee for tracking and instructions in a timely manner. During a school outbreak, the chief nurse should report all illnesses and exclusions to DHHS-DPBH staff through the line list method (complete with all data elements) for each ill/excluded student or staff by the close of each day school is in session and the outbreak is ongoing.

In a school outbreak situation, staff must actively ask parent(s)/guardian(s) when students are dropped off (or ask students when they arrive at school) to ensure students have no signs or symptoms.

Individuals with COVID-19 have reported a wide variety of symptoms, which range from mild to severe illness. Symptoms may appear 2-14 days after exposure to the virus and may include:

- | | |
|---|------------------------------|
| • Fever and Chills | • New loss of taste or smell |
| • Cough | • Sore throat |
| • Shortness of breath or difficulty breathing | • Congestion or runny nose |
| • Fatigue | • Nausea or vomiting |
| • Muscle or body aches | • Diarrhea |
| • Headache | |

Cleaning and Disinfecting:

Every Day

Daily cleaning and disinfecting is usually enough to sufficiently remove potential virus that may be on surfaces. Please refer to the CDC document *Cleaning and Disinfecting your Facility* (<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>).

When Someone is Sick:

Close off areas used by the individuals with COVID-19 and wait as long as practical and ideally 24 hours before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces (e.g. doorknobs, drinking faucets, keyboards, touchscreens, and hallway handrails).

Staff/personnel should ensure that desk surfaces are cleared of items at the end of the day to facilitate janitorial staff's ability to rapidly disinfect surfaces without having to remove student and teachers' possessions.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

- For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>. **Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).**
- Additionally, diluted household bleach solutions can be used, if appropriate, to disinfect surfaces. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing **½ cup of bleach per one gallon of water.**
- Avoid using splash-less, color-fast, or bleach with fragrance as those include additives that make them unsafe for food contact surfaces as some districts and schools may be using classrooms for nutrition services.

Closure of Rooms and School Buildings:

During outbreaks, closure of rooms and school buildings may be necessary to reduce the risk of spread of illness. Rooms are closed based on the need to sanitize and eliminate close contact exposures. If several rooms are affected in a building, the entire building may be closed. If there is substantial risk of spread of contagion or severe illness, the school building may be closed. The requirement to close and the extent and length of closure of a room or school depends on the specific illness and measures that must be taken to control the spread of illness and ensure the safety of students, staff, their families, and the community. The following applies:

- **Closure of Rooms** – For any vomiting or fecal incidents in a classroom or other areas, the classroom or area shall also be closed and sanitized prior to being reoccupied. During outbreaks, rooms may be closed by DHHS or the school district superintendent if cases are linked to room occupancy or if the layout of the room does not allow for adherence to CDC guidelines to control and prevent the spread of infection. In all cases, rooms must be sanitized following protocol for the specific illness.
- **Closure of School Buildings** – For any infectious disease, a school building may be closed as necessary to control the spread of illness throughout the school site. School buildings shall be closed under the following criteria:
 - Directives from the Governor of the State of Nevada, Nevada DHHS, or determinations by the school district superintendent or charter school leader.
 - Indeterminate or high risk of school-wide exposures to highly infectious diseases or diseases with high risk of serious illness such as COVID-19, Pertussis, or Norovirus. Schools may also be closed for uncontrolled outbreaks exceeding 30 days.

For outbreaks such as COVID-19, levels of school building closure may depend on the ability to occupy the school site at a limited occupancy and ensure the required social distancing is adhered to.

Sanitizing protocols will be implemented in sections of the school that are open during an outbreak. As a supplemental measure to sanitizing affected rooms and areas, increase of airflow is recommended and can be accomplished by opening doors and windows and changing filters in the HVAC system. If a room is closed, change all air filters in that room's HVAC system and if a building is closed, all air filters in the buildings. The length of closure will be determined by potential exposures as indicated by case reports and contact tracing.

During a school building closure, it may be necessary for some staff and students to occupy buildings. Such occupancy is allowable as long as protocols to reduce exposure and spread of illness are being followed. The closure of school buildings will likely be followed by the suspension of athletic events and school gatherings both on and off campus to control for person-to-person spread. Communication with families and the community is crucial to ensure that they understand the reason for the closure and what is being done to address the outbreak.

Outbreak Closures:

The public health authority within the school's jurisdiction will monitor school outbreaks daily and compile the line list data daily to determine if the spread of COVID-19 is slowing or has discontinued within the school. Outbreaks will be declared over by the public health authority when baseline of COVID-19 illness has been achieved for two incubation periods (28 days). DHHS-DPBH will compile this data across the state and it will be reflected on the public facing [COVID-19 K-12 School Dashboard](#) for schools.



DOUGLAS COUNTY SCHOOL DISTRICT

Face Covering Policy

Per Declaration of Emergency Directive 048, which was issued by Governor Steve Sisolak on August 4, 2021, Douglas County School District is required to adopt a *Face Covering Policy* that addresses whether or under what circumstances face coverings will be required for students while in Douglas County School District buildings, on school campuses, or when using district transportation. This policy may not conflict with the provisions of Directive 048 or with any face covering requirements imposed by county governments or local health authorities.

Given new evidence on the B.1.617.2 (Delta) variant, CDC has updated the guidance for fully vaccinated people. CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full time in-person learning in the fall with layered prevention strategies in place.

When teachers, staff, and students consistently and correctly wear a mask, they protect others as well as themselves. Consistent and correct mask use is especially important indoors and in crowded settings when physical distancing cannot be maintained.

- It is highly recommended that all Kindergarten through 12th grade students wear face coverings while inside school buildings, regardless of vaccination status.
- All school staff must wear face coverings while inside school buildings, regardless of vaccination status. School staff are not required in the following situations:
 - When staff can produce documentation from a qualified Nevada-licensed medical professional that they are exempt in accordance with subsection 3 of section 7 of Directive 024.
 - When actively eating, drinking, and physically active.
 - When alone in the classroom or office space.
- All kindergarten through 12th grade students, and all school staff, must wear face coverings while on school buses, as required by the Centers for Disease Control and Prevention (CDC) order.
- Parents, vendors, volunteers, visitors, and guests must wear face coverings inside school buildings and on school buses.
 - Parents, vendors, volunteers, visitors, and guests who are unable or unwilling to wear face coverings under any circumstances or exemptions will not be allowed on school buses, in school buildings, or on school campuses.
- Irrespective of any policy adopted by a county school district, charter school, or private school, if a school-wide outbreak of COVID-19 is identified by the applicable local health authority in any school, a universal face covering policy SHALL be implemented immediately for ALL students in the school building where the outbreak occurred until the local health authority determines that the outbreak is closed. Additional mitigation measures may be required by the local health authority for that school as deemed necessary by the local health authority.
- For purposes of this guidance, a SCHOOL-WIDE OUTBREAK is defined as any outbreak that extends beyond one classroom or isolated setting. Local health authorities will make outbreak determinations

based upon the findings of case investigation and contact tracing and relative to the specific local setting. The CDC COVID-19 outbreak definition will be utilized in making these outbreak determinations.

- Students will be required to comply with the DCSD Face Covering Policy, including wearing face coverings on all DCSD transportation and in the event of declared school-wide outbreak.



DOUGLAS COUNTY SCHOOL DISTRICT

SPECIAL EDUCATION MEMO

Douglas County School District (DCSD) strongly believes that all students must have equitable access to effective instruction and standards-based grade level learning.

The following information applies to students K through 12+ that require an Individualized Education Plan (IEP) and for students that require alternative curriculum as part of their IEP with the intent to participate in the educational environment through DCSD's distance education model.

Expectations for participation, attendance, and work completion will be similar to the district's in-person option available to all students. Students will participate in five, full school days each week (unless the calendar allows for a holiday). This option will require a significant commitment from both parents/guardians and students.

All students grade 4 through 12+ enrolled in DCSD have the option of participating virtually through DNO using the Edgenuity platform. Students that require specially designed instruction and related services through an IEP and participate in state required grade level assessments will be assigned a special education teacher as their case manager.

Students grades 4 through 12+ who access and are assessed alternate on alternative curriculum standards, will have the option of accessing the alternative curriculum virtually through a classroom and will receive specially designed instruction on a flexible schedule from a licensed special education teacher/case manager. This instruction may include access virtually to specialized instruction that is occurring in a brick and mortar school. These students will register at the school they would attend (not necessarily the zoned school due to the availability of specialized programming, i.e. CLS programs) and the virtual case manager will facilitate the curriculum and instruction.

Students K-3 with a documented medical condition will be offered virtual instruction through Edgenuity through the homebound instructional model.

Students K -3 who have a documented medical condition and require an alternate curriculum will receive curriculum and instruction through the homebound instructional model from a virtual special education teacher/case manager.

For all students participating in distance educational services and require accommodated and modified curriculum, the 2021-2022 Douglas Nevada Online Learning Contract criteria applies. The following also applies:

- Students in grades 3, 5-8, and 11 who are instructed using alternative curriculum must participate in the Nevada Alternate Assessment (NAA) in person at a school site.
- Students who are participating in a distance education model accessing alternate curriculum are expected to make progress in their assignments, and participate in successful two-way meaningful communication with their teachers in order to be marked present.
- Attendance for students participating in a distance education model will be checked by assigned teachers and entered into Infinite Campus by those teachers. All attendance requirements and policies in effect for traditional students also apply to the distance education students.
- An IEP meeting will be required for any student who is not adhering to the attendance policy, not participating in the virtual format, or is not completing assigned coursework.
- Participation grades will not be awarded to students. Grades will reflect completion of assignments.
- Enrollment in distance education is a year- long commitment. Students may elect to return to their zoned school at the start of the 2022 -2023 school year.
- Requests to return to the zoned school after enrolling in distance education, but before the end of the school year will be considered based on student progress and the IEP team.

All questions should be referred to DCSD's Office of Inclusive Education at 775-265-5262 or jdwyer@dcsd.k12.nv.us

Jeannie Dwyer
Executive Director of Inclusive Education

NEVADA K-12 SCHOOL SETTING SUMMARY GUIDANCE

Updated August 4, 2021

FACE COVERINGS

Given new evidence on the B.1.617.2 (Delta) variant, CDC has updated the guidance for fully vaccinated people. **CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.** Children should return to full-time in-person learning in the fall with layered prevention strategies in place.

When teachers, staff, and students consistently and correctly wear a mask, they protect others as well as themselves. Consistent and correct mask use is especially important indoors and in crowded settings when physical distancing cannot be maintained.

Below is a summary of masking and testing requirements and recommendations for K-12 county school district, charter school and private school settings within Nevada:

FACE COVERING REQUIREMENTS FOR ALL COUNTY SCHOOL DISTRICT, CHARTER SCHOOL AND PRIVATE SCHOOL SETTINGS WITHIN NEVADA:

- **All school staff** MUST wear face coverings while inside school buildings, regardless of vaccination status.
- All kindergarten through 12th grade students, and all school staff, **MUST wear face coverings while on school buses**, as required by the [Centers for Disease Control and Prevention \(CDC\) Order](#). CDC's Order applies to all public transportation conveyances including school buses. Regardless of the mask policy at school, passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order.
- **Parents, vendors, volunteers, visitors, and guests** MUST wear face coverings inside school buildings and on school buses.
 - *Parents, vendors, volunteers, visitors, and guests who are unable or unwilling to wear face coverings under any circumstances or exemptions should not be allowed on school buses, in school buildings, or on school campuses.*

School building administrators **may approve exemptions** for:

- Students who are medically fragile as documented per an existing Individualized Education Program or health-related 504 Plan; or,
- Students or staff who can produce documentation from a qualified Nevada-licensed medical professional that they are exempt in accordance with subsection 3 of section 7 of [Directive 024](#):
 - *"Individuals who cannot wear a face covering due to a medical condition or disability, or who are unable to remove a mask without assistance. Persons exempted under this provision should wear a non-restrictive alternative, such as a face shield."*

FACE COVERING REQUIREMENTS FOR COUNTY SCHOOL DISTRICT, CHARTER SCHOOL AND PRIVATE SCHOOL SETTINGS IN COUNTIES WITH A POPULATION OF 100,000 OR GREATER (Clark County and Washoe County)

- **ALL kindergarten through 12th grade students** (regardless of whether they would be exempt from a face covering requirement based on their age) **MUST** wear face coverings while inside school buildings unless granted an exemption consistent with this guidance and [Directive 048](#). Face coverings are required indoors regardless of vaccination status.

FACE COVERING REQUIREMENTS FOR COUNTY SCHOOL DISTRICT, CHARTER SCHOOL AND PRIVATE SCHOOL SETTINGS IN COUNTIES WITH A POPULATION LESS THAN 100,000

- Each county school district, charter school, and private school **shall adopt a face covering policy** that addresses whether or under what circumstances face coverings will be required for students while inside school buildings, or on school campuses. Any such policy may be more stringent than this and any other applicable State or local health directives, but may not be more permissive.

Irrespective of any policy adopted by a county school district, charter school, or private school, **if a school-wide outbreak of COVID-19 is identified by the applicable local health authority in any school, a universal face covering policy SHALL be implemented immediately for ALL students in the school building where the outbreak occurred** until the local health authority determines that the outbreak is closed. Additional mitigation measures may be required by the local health authority for that school as deemed necessary by the local health authority.

For purposes of this guidance, a **SCHOOL-WIDE OUTBREAK** is defined as any outbreak that extends beyond one classroom or isolated setting. Local health authorities will make outbreak determinations based upon the findings of case investigation and contact tracing and relative to the specific local setting. The CDC COVID-19 outbreak definition will be utilized in making these outbreak determinations.

All school districts, charter schools, and private schools are strongly encouraged to require all students to wear face coverings while inside school buildings.

TESTING

TESTING REQUIREMENTS FOR ALL COUNTY SCHOOL DISTRICT, CHARTER SCHOOL AND PRIVATE SCHOOL SETTINGS WITHIN NEVADA:

Required regular testing for **UNVACCINATED** students, staff & volunteers participating in activities that involve travelling to schools outside of their county:

- All county school districts, charter schools, and private schools, regardless of county transmission level, shall implement a regular COVID-19 testing program for **students and staff or volunteers**, including but not limited to coaches, leaders, and advisors, who are not fully vaccinated and who are involved in travelling to other schools or venues outside of the county for athletics and activities such as games, tournaments, competitions, concerts, meets, or similar events.
- **Testing must occur at least once per week.** If a student, staff member, or volunteer tests positive for COVID-19, current CDC recommendations for isolation and quarantine must be followed.
- **This applies to students, staff and volunteers involved in athletics activities.** The Nevada Interscholastic Activities Association (NIAA) must promulgate a mandatory COVID-19 testing and mitigation plan for full-contact and close-contact sports. The plan **MUST** require at a minimum weekly testing of coaches, staff and athletes participating in these sports who are not fully vaccinated. The plan must include rules and guidance for the use of face coverings by student athletes while both actively and not actively participating in the sporting activity.
 - Prior to the commencement of competitions of full-contact and close-contact sports between separate schools, the individual schools must implement the NIAA testing and mitigation plan and begin the weekly testing protocols required by such.

CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing. However, testing should be made available to fully vaccinated individuals participating in extracurricular and athletic activities.

TESTING RECOMMENDATIONS:

The Nevada Department of Health and Human Services (DHHS) recommends that testing of all those that are unvaccinated, both staff and students occur at least weekly to be effective. In schools where testing of all staff and students is not feasible, schools may consider multiple testing strategies, for example, testing a random sample of at least 10% of staff and students who are not fully vaccinated.

*****If county school districts, charter schools, or private schools require the use of public or private facilities outside of school grounds for educational purposes, including but not limited to instructional activities or administering assessments, such facilities are subject to the mitigation requirements included in this guidance and Directive 048*****

For more detailed guidance on COVID-19 mitigation strategies within K-12 school settings, please reference the Nevada Department of Health and Human Services [2021-22 COVID-19 GUIDELINES FOR PREVENTION AND OUTBREAK CONTROL IN SCHOOL SETTINGS](#).

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



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Directive 048 Full Guidance 2021-22 COVID-19 GUIDELINES FOR PREVENTION AND OUTBREAK CONTROL IN SCHOOL SETTINGS

Updated 8/18/2021 (Mask Use Section)

Updated 9/21/2021 (Close contact exception to include some outdoor settings & public health recommendations, pg. 6)

Background

Schools are an essential part of community infrastructure and have a critical role both in providing supportive learning environments and the health and wellbeing of students and staff. Schools also serve as employment for community members, while providing many parents, guardians, and caregivers the opportunity to work and support their households. According to multiple studies, the Nevada 2020-21 school year, and the Centers for Disease Control and Prevention (CDC) transmission rates within schools are typically lower than or similar to community transmission levels when layered prevention strategies are in place. As Nevada schools make plans for full in-person learning during the 2021-22 school year, it is important to expect and plan for occurrences of COVID-19 within the school communities. In order to accomplish full in-person learning, limited social distancing measures will be in place, as compared to the 2020-21 school year. This reduction in mitigation, along with low vaccination rates, and the emergence of Variants of Concern which have higher transmission rates, make the implementation of other mitigation measures, such as mask use, even more important.

Nevada schools should continue to focus on reducing the risk of COVID-19 for all students, especially those that are not eligible to be vaccinated prior to the start of the school year. The introduction of several SARS-CoV-2 Variants of Concern, which includes the highly infective Delta variant, changes the landscape going into the 2021-22 school year. The Delta variant is estimated to be approximately 50% more transmissible than the Alpha variant, which is estimated to be 50% more transmissible than the original pandemic virus. This increased transmissibility has the potential for exponential growth in outbreaks especially in communities and settings with low vaccination rates and limited mask use.

The Nevada Department of Health and Human Services (DHHS) supports full in-person learning with the proper prevention/mitigation measures in place, consistent with CDC's Guidance for COVID-19 Prevention in K-12 Schools and the American Academy of Pediatrics COVID-19 Guidance for Safe Schools.¹² This document is intended to provide guidance regarding important prevention measures recommended to be in place within routine school opening plans, as well as outbreak mitigation requirements should a school experience an outbreak.

This document will continue to be updated as more is learned about transmission within schools related to Variants of Concern and to align with any further guidance produced by CDC.

¹ CDC, K-12 Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

² American Academy of Pediatrics, COVID-19 Guidance for Safe Schools: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

Promoting Vaccination

Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full in-person operations.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. According to CDC, a growing body of evidence suggests that people who are fully vaccinated against COVID-19 are less likely to have a symptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated.

CDC continues to reinforce that vaccination is still the leading public health prevention strategy to end the COVID-19 pandemic:

- COVID-19 vaccines are safe and effective at preventing COVID-19, including severe illness and death.
- COVID-19 vaccines are effective against severe disease and death from variants of the virus that causes COVID-19 currently circulating in the United States, including the Delta variant.
- Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. When these infections occur among vaccinated people, they tend to be mild.
- If you are fully vaccinated and become infected with the Delta variant, you can spread the virus to others.
- People with weakened immune systems, including people who take immunosuppressive medications, may not be protected even if fully vaccinated.

At the time of the release of this guidance, people 12 years and older are eligible for COVID-19 vaccination. Schools should promote vaccinations among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

Mask Use

Note: Given new evidence on the B.1.617.2 (Delta) variant, CDC has updated the guidance for fully vaccinated people. **CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.** Children should return to full-time in-person learning in the fall with layered prevention strategies in place.

When teachers, staff, and students consistently and correctly wear a mask, they protect others as well as themselves. Consistent and correct mask use is especially important indoors and in crowded settings when physical distancing cannot be maintained.

- **Indoors:** Universal mask use is recommended for all adults and students regardless of vaccination status. Children under 2 years of age should not wear a mask.
- **Outdoors:** In general, people do not need to wear masks when outdoors. However, particularly in areas of high transmission, such as during a school outbreak, those who are not fully vaccinated should wear a mask if the outdoor setting is crowded or during activities that involve sustained close contact with other people who are not fully vaccinated.

Pursuant to Directive 048, use of face coverings is required for all staff in all schools regardless of vaccination status.

Use of face coverings is required for all students, regardless of vaccination status, in schools that meet the following criteria:

1. In counties whose population is equal to or greater than 100,000.³
2. In counties whose population is less than 100,000, if the school district or school has adopted a policy requiring use of face coverings.

³ <https://nvhealthresponse.nv.gov/state-information/governor-directives-and-declarations/>

3. During a school outbreak, until the outbreak is deemed to be over by the local public health authority.

Physical Distancing

To promote full in-person learning, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms. This reduction from 6 feet of physical distancing should also be combined with universal indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as universal indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk. Mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

COVID-19 Testing

Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing.

DHHS recommends that testing of all those that are unvaccinated, both staff and students occur at least weekly to be effective. In schools where testing of all staff and students is not feasible, schools may consider multiple testing strategies, for example, testing a random sample of at least 10% of staff and students who are not fully vaccinated.

Weekly testing of those involved in school-based extracurricular activities, including athletics, must occur for those that are not fully vaccinated. Those that should be included in the testing program include: student athletes, participants, coaches, trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Any activities with elevated risk such as those that involve singing, shouting, band, and exercise that could lead to increased exhalation should be included. If community transmission reaches CDC's substantial transmission level (orange), screening for this group should increase to twice weekly. Once community transmission reaches the high transmission level (red), sports and extracurricular activities should be canceled or held virtually to protect in-person learning, unless all participants are fully vaccinated.

The below table produced by CDC outlines the testing recommendations:

Testing Recommendations: K-12 Schools Operational Strategy

Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
All schools implement 5 key prevention strategies: masks required; physical distancing; handwashing and respiratory etiquette; cleaning and maintaining healthy facilities; contact tracing in combination with quarantine and isolation Diagnostic testing: ¹ symptomatic students, teachers, and staff and close contacts referred for diagnostic testing			
Screening testing ² Screening testing of teachers and staff offered at least once per week			
No screening testing for students		Screening testing for students offered at least once per week ³	
Testing for high-risk sports: testing recommended at least once per week ⁴ Testing for low and intermediate-risk sports: testing recommended at least once per week		Testing for high-risk sports: testing recommended twice per week Testing for low and intermediate-risk sports: testing recommended at least once per week	

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 [NCAA Transmission Risk Summary](#).



Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, including wearing a well-fitting face mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the Heating, Ventilation, and Air Conditioning (HVAC) or air filtration systems.

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

Hand Washing and Respiratory Etiquette

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Schools should avoid or minimize shared items between students and staff. Shared items must be disinfected frequently.

Stay Home When Sick

Students, teachers, and staff who have symptoms of infectious illness, such as influenza or COVID-19, should stay home and be referred to their health care provider for testing and care. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. It is also essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19. Schools should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level and provide excused absences for students who are sick. Employers should ensure that workers are aware of and understand these policies.

CDC guidance provides that people who are fully vaccinated and have had close contact to someone with COVID-19 should get tested 3-5 days after the exposure, even if they do not have symptoms. They should also wear a mask indoors in public for 14 days following exposure or until their test result is negative. Schools should educate teachers, staff, and families about when they and their children should stay home and when they can return to school. During the COVID-19 pandemic it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested. Schools should ensure parents know how to report excused absences when their child has COVID-19 symptoms and/or a COVID-19 exposure.

Getting tested for COVID-19 when symptoms are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread at schools. Any individual who tests positive for COVID-19, regardless of whether they are symptomatic and regardless of whether they are vaccinated, must isolate at home for 10 days.

Case Reporting, Contact Tracing and Quarantine

Any instances of students or staff having tested positive for COVID-19 must be reported to the appropriate public health authority immediately. In addition, any increase or clusters of students or staff reporting symptoms consistent with COVID-19 in the absence of being tested, should also be reported to the appropriate public health authority immediately:

- Southern Nevada Health District (SNHD): (702) 759-0925 (24 hours), or schoolcovid@snhd.org
- Washoe County Health District (WCHD): (775) 328-2447 (24 hours), Fax (775) 328-3764, or epicenter@washoecounty.us
- Carson City Health and Human Services (CCHS) which also includes the quad counties (Carson, Lyon, Douglas and Storey): (775)-887-2190 (24 hours)
- Nevada Division of Public and Behavioral Health (DPBH): (775) 684-5911 (M-F 8:00 AM to 5:00 PM); (775) 400-0333 (after hours), Fax (775) 684-5999, or outbreak@health.nv.gov (All other counties)

Daily illness reports to the appropriate public health authority may be requested and required throughout the duration of the disease/outbreak investigation.

Prompt reporting allows identifying which students, teachers, and staff with positive COVID-19 test results must isolate, and which close contacts must quarantine. School officials should also notify, teachers, staff, and families of students who were close contacts as soon as possible (within the same day if possible) after they are notified that someone in the school has tested positive.

An added exception to the close contact definition has been published by CDC due to the reduction of 3 feet of social distancing among students⁴:

Close Contact Through Proximity and Duration of Exposure: Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

- **Exception:** In the **K–12 indoor classroom** setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition **excludes students** who were between **3 to 6 feet of an infected student** (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

Public Health Recommendations:

People who are identified as a close contact will need to take steps to manage their exposure according to CDC guidelines. Recommendations for close contacts to quarantine, get tested, and wear a mask after an exposure to COVID-19 will vary depending on vaccination status and history of prior COVID-19 diagnosis within the past 90 days. Follow the recommendations below based on vaccination status or history of prior infection in the past 90 days.

- People who are unvaccinated or not fully vaccinated should quarantine and get tested immediately after being identified as a close contact. If the test is negative, they should get tested again 5–7 days after last exposure and continue to quarantine. If symptoms develop during quarantine, they should isolate and get tested immediately.
- People who are fully vaccinated should get tested 3-5 days after coming into close contact with someone with COVID-19 and wear a mask indoors in public for 14 days or until they test negative. If symptoms develop, they should isolate and get tested immediately.
- People who have had COVID-19 within the past 90 days and recovered should wear a mask indoors in public for 14 days after exposure, monitor for symptoms, and consult with a healthcare professional for testing recommendations if they develop new symptoms.

Quarantine of unvaccinated close contacts: Those that meet CDC’s close contact definition must quarantine consistent with CDC guidelines. Those identified as close contacts must quarantine and can resume normal activities after day 10 with no symptoms, or 7 days if they tested negative starting on day 5 of the quarantine with no symptoms. **Note**, quarantine ends *after* day 10 or day 7, with a negative test on or after day 5. This means exposed individuals would be able to return to school on day 11 or day 8. This includes, but is not limited to, at home quarantine, in a hotel or dormitory room, or in a group quarantine facility. The individual should continue to self-monitor for symptoms for the full 14 days following exposure. In the case symptoms develop during these 14 days, the person should get (re)tested and quarantine until their test results come back. If their result is positive, they should follow the isolation instructions detailed below. If their result is negative, they should discuss when they can safely return to school with their health care provider because it could be a different infectious disease. The Technical Bulletin for the updated quarantine period can be found [here](#).

Quarantine of persons who tested positive for COVID-19 in the past 3 months: In the school setting, persons

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html>

that tested positive for COVID-19 in the past 3 months, with no COVID-like symptoms do not need to quarantine, be restricted from work, or tested following an exposure to someone with suspected or confirmed COVID-19, as their risk of infection is low. However, they should still monitor for symptoms of COVID-19 for 14 days following last exposure. If symptoms develop, they should be clinically evaluated and self isolate.

Quarantine of vaccinated close contacts: In the school setting, fully vaccinated people who have been in close contact with someone with suspected or confirmed COVID-19 should get tested 3-5 days after the exposure, even if they don't have symptoms. They should also wear a mask indoors in public for 14 days following an exposure or until their test result is negative. If symptoms develop, they should be clinically evaluated and tested for COVID-19 if indicated.

Symptom Reporting

School staff obtaining Incoming Reports of Absence

When a report of absence is received it is important for staff documenting the absence to inquire if the absence is related to illness. **If the absence is related to illness, it is essential for staff to inquire about specific symptoms.** This is a vital step in early identification of COVID-19 to ensure that sick students are isolated appropriately. It is recommended to follow a script so that symptom information is collected in a systematic fashion throughout the schools. While the individual taking the report is not expected to diagnose any specific condition, it is expected that the symptoms are logged, and basic exclusion criteria conveyed to the person reporting at the initial point of contact.

The key to successful ascertainment is staff training. Once symptoms information is gathered, the reports also need to be reviewed and tabulated by symptoms. If it is determined there is an increase in any predominant symptoms, a report needs to be made to Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH) or appropriate local health authority listed above. The following is an example of a script:

School Script for Symptom Ascertainment

Date: _____

Name of Student: _____ Grade/Teacher _____

Date and Time Symptoms Started: _____

Specific Symptoms:

- | | | |
|---|-----|----|
| • Do symptoms include fever? | Yes | No |
| • Do symptoms include shortness of breath? | Yes | No |
| • Do symptoms include cough? | Yes | No |
| • Do symptoms include fatigue? | Yes | No |
| • Do symptoms include chills? | Yes | No |
| • Do symptoms include nausea or vomiting? | Yes | No |
| • Do symptoms include diarrhea? | Yes | No |
| • Do symptoms include headache? | Yes | No |
| • Do symptoms include loss of taste and/or smell? | Yes | No |
| • Do symptoms include sore throat? | Yes | No |
| • Do symptoms include congestion or runny nose? | Yes | No |
| • Do symptoms include muscle or body aches? | Yes | No |

Exclusion and Re-Admittance Criteria:

EXCLUSION CRITERIA: If a student or staff member develops signs of COVID-19 as evaluated by the school nurse or clinical aide, (see list under Health Check below), separate the symptomatic person away from others, with supervision at a distance of at least six feet (6') until the ill person can leave.

- While waiting to leave school, the individual with symptoms should continue to wear a cloth face covering or mask if tolerated.
- Circulate the air and clean and disinfect the areas where the person was after they leave.
- Contact DHHS-DPBH as soon as possible.
- Create a list of all (students and staff) who could have been exposed (contacts).

RE-ADMITTANCE CRITERIA: A student or staff member who had signs of suspected or laboratory confirmed COVID-19 can return to the school when:

- At least 24 hours have passed since recovery – meaning that it has been 24 hours of the individual having no fever (measured temperature of 100.4 F or greater) *without* the use of medications and an improvement in respiratory symptoms like cough and shortness of breath; **AND**
- At least 10 days have passed since the individual first displayed symptoms of COVID-19 **OR** It has been at least 24 hours since recovery **AND** a health care provider has certified that the student does not have suspected or confirmed COVID-19.

Isolation of Ill Students and Staff:

Students and staff with any of the symptoms of COVID-19 should be isolated. The school's current illness management policy should be followed to minimize transmission to others and optimize learning opportunities. The exclusion and readmission criteria outlined above should be followed.

Students who meet the exclusion criteria must be immediately isolated in a separate area, and their parent(s)/guardian(s) immediately called to pick up the student, with supervision at a distance of at least six feet (6') until the ill student can leave.

Health Check:

School staff should be reminded to look for symptoms of illness and send symptomatic students to the school nurse or clinical aide for evaluation. The school nurse should report illnesses to the chief nurse, or school district or charter school designee for tracking and instructions in a timely manner. During a school outbreak, the chief nurse should report all illnesses and exclusions to DHHS-DPBH staff through the line list method (complete with all data elements) for each ill/excluded student or staff by the close of each day school is in session and the outbreak is ongoing.

In a school outbreak situation, staff must actively ask parent(s)/guardian(s) when students are dropped off (or ask students when they arrive at school) to ensure students have no signs or symptoms.

Individuals with COVID-19 have reported a wide variety of symptoms, which range from mild to severe illness. Symptoms may appear 2-14 days after exposure to the virus and may include:

- | | |
|---|------------------------------|
| • Fever and Chills | • New loss of taste or smell |
| • Cough | • Sore throat |
| • Shortness of breath or difficulty breathing | • Congestion or runny nose |
| • Fatigue | • Nausea or vomiting |
| • Muscle or body aches | • Diarrhea |
| • Headache | |

Cleaning and Disinfecting:

Every Day

Daily cleaning and disinfecting is usually enough to sufficiently remove potential virus that may be on surfaces. Please refer to the CDC document *Cleaning and Disinfecting your Facility* (<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>).

When Someone is Sick:

Close off areas used by the individuals with COVID-19 and wait as long as practical and ideally 24 hours before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces (e.g. doorknobs, drinking faucets, keyboards, touchscreens, and hallway handrails).

Staff/personnel should ensure that desk surfaces are cleared of items at the end of the day to facilitate janitorial staff's ability to rapidly disinfect surfaces without having to remove student and teachers' possessions.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

- For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>. **Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).**
- Additionally, diluted household bleach solutions can be used, if appropriate, to disinfect surfaces. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing **½ cup of bleach per one gallon of water.**
- Avoid using splash-less, color-fast, or bleach with fragrance as those include additives that make them unsafe for food contact surfaces as some districts and schools may be using classrooms for nutrition services.

Closure of Rooms and School Buildings:

During outbreaks, closure of rooms and school buildings may be necessary to reduce the risk of spread of illness. Rooms are closed based on the need to sanitize and eliminate close contact exposures. If several rooms are affected in a building, the entire building may be closed. If there is substantial risk of spread of contagion or severe illness, the school building may be closed. The requirement to close and the extent and length of closure of a room or school depends on the specific illness and measures that must be taken to control the spread of illness and ensure the safety of students, staff, their families, and the community. The following applies:

- **Closure of Rooms** – For any vomiting or fecal incidents in a classroom or other areas, the classroom or area shall also be closed and sanitized prior to being reoccupied. During outbreaks, rooms may be closed by DHHS or the school district superintendent if cases are linked to room occupancy or if the layout of the room does not allow for adherence to CDC guidelines to control and prevent the spread of infection. In all cases, rooms must be sanitized following protocol for the specific illness.
- **Closure of School Buildings** – For any infectious disease, a school building may be closed as necessary to control the spread of illness throughout the school site. School buildings shall be closed under the following criteria:
 - Directives from the Governor of the State of Nevada, Nevada DHHS, or determinations by the school district superintendent or charter school leader.
 - Indeterminate or high risk of school-wide exposures to highly infectious diseases or diseases with high risk of serious illness such as COVID-19, Pertussis, or Norovirus. Schools may also be closed for uncontrolled outbreaks exceeding 30 days.

For outbreaks such as COVID-19, levels of school building closure may depend on the ability to occupy the school site at a limited occupancy and ensure the required social distancing is adhered to.

Sanitizing protocols will be implemented in sections of the school that are open during an outbreak. As a supplemental measure to sanitizing affected rooms and areas, increase of airflow is recommended and can be accomplished by opening doors and windows and changing filters in the HVAC system. If a room is closed, change all air filters in that room's HVAC system and if a building is closed, all air filters in the buildings. The length of closure will be determined by potential exposures as indicated by case reports and contact tracing.

During a school building closure, it may be necessary for some staff and students to occupy buildings. Such occupancy is allowable as long as protocols to reduce exposure and spread of illness are being followed. The closure of school buildings will likely be followed by the suspension of athletic events and school gatherings both on and off campus to control for person-to-person spread. Communication with families and the community is crucial to ensure that they understand the reason for the closure and what is being done to address the outbreak.

Outbreak Closures:

The public health authority within the school's jurisdiction will monitor school outbreaks daily and compile the line list data daily to determine if the spread of COVID- 19 is slowing or has discontinued within the school. Outbreaks will be declared over by the public health authority when baseline of COVID-19 illness has been achieved for two incubation periods (28 days). DHHS-DPBH will compile this data across the state and it will be reflected on the public facing [COVID-19 K-12 School Dashboard](#) for schools.

Steve Sisolak
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Updated 8/18/2021 (Mask Use Section)

Updated 9/21/2021 (Close contact exception to include some outdoor settings & public health recommendations, pg. 6)

Updated 10/18/2021 (Quarantine section, pg. 6-7)

Background

Schools are an essential part of community infrastructure and have a critical role both in providing supportive learning environments and the health and wellbeing of students and staff. Schools also serve as employment for community members, while providing many parents, guardians, and caregivers the opportunity to work and support their households. According to multiple studies, the Nevada 2020-21 school year, and the Centers for Disease Control and Prevention (CDC) transmission rates within schools are typically lower than or similar to community transmission levels when layered prevention strategies are in place. As Nevada schools make plans for full in-person learning during the 2021-22 school year, it is important to expect and plan for occurrences of COVID-19 within the school communities. In order to accomplish full in-person learning, limited social distancing measures will be in place, as compared to the 2020-21 school year. This reduction in mitigation, along with low vaccination rates, and the emergence of Variants of Concern which have higher transmission rates, make the implementation of other mitigation measures, such as mask use, even more important.

Nevada schools should continue to focus on reducing the risk of COVID-19 for all students, especially those that are not eligible to be vaccinated prior to the start of the school year. The introduction of several SARS-CoV-2 Variants of Concern, which includes the highly infective Delta variant, changes the landscape going into the 2021-22 school year. The Delta variant is estimated to be approximately 50% more transmissible than the Alpha variant, which is estimated to be 50% more transmissible than the original pandemic virus. This increased transmissibility has the potential for exponential growth in outbreaks especially in communities and settings with low vaccination rates and limited mask use.

The Nevada Department of Health and Human Services (DHHS) supports full in-person learning with the proper prevention/mitigation measures in place, consistent with CDC's Guidance for COVID-19 Prevention in K-12 Schools and the American Academy of Pediatrics COVID-19 Guidance for Safe Schools.¹² This document is intended to provide guidance regarding important prevention measures recommended to be in place within routine school opening plans, as well as outbreak mitigation requirements should a school experience an outbreak.

This document will continue to be updated as more is learned about transmission within schools related to Variants of Concern and to align with any further guidance produced by CDC.

¹ CDC, K-12 Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

² American Academy of Pediatrics, COVID-19 Guidance for Safe Schools: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

Promoting Vaccination

Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full in-person operations.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. According to CDC, a growing body of evidence suggests that people who are fully vaccinated against COVID-19 are less likely to have a symptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated.

CDC continues to reinforce that vaccination is still the leading public health prevention strategy to end the COVID-19 pandemic:

- COVID-19 vaccines are safe and effective at preventing COVID-19, including severe illness and death.
- COVID-19 vaccines are effective against severe disease and death from variants of the virus that causes COVID-19 currently circulating in the United States, including the Delta variant.
- Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. When these infections occur among vaccinated people, they tend to be mild.
- If you are fully vaccinated and become infected with the Delta variant, you can spread the virus to others.
- People with weakened immune systems, including people who take immunosuppressive medications, may not be protected even if fully vaccinated.

At the time of the release of this guidance, people 12 years and older are eligible for COVID-19 vaccination. Schools should promote vaccinations among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

Mask Use

Note: CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place.

When teachers, staff, and students consistently and correctly wear a mask, they protect others as well as themselves. Consistent and correct mask use is especially important indoors and in crowded settings when physical distancing cannot be maintained.

- **Indoors:** Universal mask use is recommended for all adults and students regardless of vaccination status. Children under 2 years of age should not wear a mask.
- **Outdoors:** In general, people do not need to wear masks when outdoors. However, particularly in areas of high transmission, such as during a school outbreak, those who are not fully vaccinated should wear a mask if the outdoor setting is crowded or during activities that involve sustained close contact with other people who are not fully vaccinated.

Pursuant to Directive 048, use of face coverings is required for all staff in all schools regardless of vaccination status.

Use of face coverings is required for all students, regardless of vaccination status, in schools that meet the following criteria:

1. In counties whose population is equal to or greater than 100,000.³
2. In counties whose population is less than 100,000, if the school district or school has adopted a policy requiring use of face coverings.
3. During a school outbreak, until the outbreak is deemed to be over by the local public health authority.

³ <https://nvhealthresponse.nv.gov/state-information/governor-directives-and-declarations/>

Physical Distancing

To promote full in-person learning, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms. This reduction from 6 feet of physical distancing should also be combined with universal indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as universal indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk. Mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

COVID-19 Testing

Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing.

DHHS recommends that testing of all those that are unvaccinated, both staff and students occur at least weekly to be effective. In schools where testing of all staff and students is not feasible, schools may consider multiple testing strategies, for example, testing a random sample of at least 10% of staff and students who are not fully vaccinated.

Weekly testing of those involved in school-based extracurricular activities, including athletics, must occur for those that are not fully vaccinated. Those that should be included in the testing program include: student athletes, participants, coaches, trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Any activities with elevated risk such as those that involve singing, shouting, band, and exercise that could lead to increased exhalation should be included. If community transmission reaches CDC's substantial transmission level (orange), screening for this group should increase to twice weekly. Once community transmission reaches the high transmission level (red), sports and extracurricular activities should be canceled or held virtually to protect in-person learning, unless all participants are fully vaccinated.

The below table produced by CDC outlines the testing recommendations:

Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases	Preventing Infectious Disease Threats by Strengthening U.S. Health Departments
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Testing Recommendations: K-12 Schools Operational Strategy

Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
All schools implement 5 key prevention strategies: masks required; physical distancing; handwashing and respiratory etiquette; cleaning and maintaining healthy facilities; contact tracing in combination with quarantine and isolation Diagnostic testing: ¹ symptomatic students, teachers, and staff and close contacts referred for diagnostic testing			
Screening testing ²			
Screening testing of teachers and staff offered at least once per week			
No screening testing for students	Screening testing for students offered at least once per week ³		
Testing for high-risk sports: testing recommended at least once per week ⁴ Testing for low and intermediate-risk sports: testing recommended at least once per week		Testing for high-risk sports: testing recommended twice per week Testing for low and intermediate-risk sports: testing recommended at least once per week	

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 [NCAA Transmission Risk Summary](#).



Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, including wearing a well-fitting face mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the Heating, Ventilation, and Air Conditioning (HVAC) or air filtration systems.

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

Hand Washing and Respiratory Etiquette

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Schools should avoid or minimize shared items between students and staff. Shared items must be disinfected frequently.

Stay Home When Sick

Students, teachers, and staff who have symptoms of infectious illness, such as influenza or COVID-19, should stay home and be referred to their health care provider for testing and care. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. It is also essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19. Schools should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level and provide excused absences for students who are sick. Employers should ensure that workers are aware of and understand these policies.

CDC guidance provides that people who are fully vaccinated and have had close contact to someone with COVID-19 should get tested 3-5 days after the exposure, even if they do not have symptoms. They should also wear a mask indoors in public for 14 days following exposure or until their test result is negative. Schools should educate teachers, staff, and families about when they and their children should stay home and when they can return to school. During the COVID-19 pandemic it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested. Schools should ensure parents know how to report excused absences when their child has COVID-19 symptoms and/or a COVID-19 exposure.

Getting tested for COVID-19 when symptoms are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread at schools. Any individual who tests positive for COVID-19, regardless of whether they are symptomatic and regardless of whether they are vaccinated, must isolate at home for 10 days.

Case Reporting, Contact Tracing and Quarantine

Any instances of students or staff having tested positive for COVID-19 must be reported to the appropriate public health authority immediately. In addition, any increase or clusters of students or staff reporting symptoms consistent with COVID-19 in the absence of being tested, should also be reported to the appropriate public health authority immediately:

- Southern Nevada Health District (SNHD): (702) 759-0925 (24 hours), or schoolcovid@snhd.org
- Washoe County Health District (WCHD): (775) 328-2447 (24 hours), Fax (775) 328-3764, or epicenter@washoecounty.us
- Carson City Health and Human Services (CCHS) which also includes the quad counties (Carson, Lyon, Douglas and Storey): (775)-887-2190 (24 hours)
- Nevada Division of Public and Behavioral Health (DPBH): (775) 684-5911 (M-F 8:00 AM to 5:00 PM); (775) 400-0333 (after hours), Fax (775) 684-5999, or outbreak@health.nv.gov (All other counties)

Daily illness reports to the appropriate public health authority may be requested and required throughout the duration of the disease/outbreak investigation.

Prompt reporting allows identifying which students, teachers, and staff with positive COVID-19 test results must isolate, and which close contacts must quarantine. School officials should also notify, teachers, staff, and families of students who were close contacts as soon as possible (within the same day if possible) after they are notified that someone in the school has tested positive. An added exception to the close contact definition has been published by CDC due to the reduction of 3 feet of social distancing among students⁴:

Close Contact Through Proximity and Duration of Exposure: Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

- **Exception:** In the **K–12 indoor classroom** setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition **excludes students** who were between **3 to 6 feet of an infected student** (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

Public Health Recommendations:

People who are identified as a close contact will need to take steps to manage their exposure according to CDC guidelines. Recommendations for close contacts to quarantine, get tested, and wear a mask after an exposure to COVID-19 will vary depending on vaccination status and history of prior COVID-19 diagnosis within the past 90 days. Follow the recommendations below based on vaccination status or history of prior infection in the past 90 days.

- People who are unvaccinated or not fully vaccinated should quarantine and get tested immediately after being identified as a close contact. If the test is negative, they should get tested again 5–7 days after last exposure and continue to quarantine. If symptoms develop during quarantine, they should isolate and get tested immediately.
- People who are fully vaccinated should get tested 5-7 days after coming into close contact with someone with COVID-19 and wear a mask indoors in public for 14 days or until they test negative. If symptoms develop, they should isolate and get tested immediately.
- People who have had COVID-19 within the past 90 days and recovered should wear a mask indoors in public for 14 days after exposure, monitor for symptoms, and consult with a healthcare professional for testing recommendations if they develop new symptoms.

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html>

Quarantine of unvaccinated close contacts: Those that meet CDC’s close contact definition must quarantine consistent with CDC guidelines. Those identified as close contacts must quarantine and can resume normal activities:

- after day 10 following their **last exposure** to the positive person as long as the close contact does not develop symptoms during that time period, **OR**
- after day 7 following their **last exposure** to the positive person if the close contact tested negative on or after day 5 of the quarantine and did not develop symptoms during that time period.

Note, quarantine ends *after* day 10 without a test, or day 7, with a negative test on or after day 5. This means exposed individuals would be able to return to school on day 11 or day 8. This includes, but is not limited to, at home quarantine, in a hotel or dormitory room, or in a group quarantine facility. The individual should continue to self-monitor for symptoms for the full 14 days following exposure. In the case symptoms develop during these 14 days, the person should get (re)tested and quarantine until their test results come back. If their result is positive, they should follow the isolation instructions detailed below. If their result is negative, they should discuss when they can safely return to school with their health care provider because it could be a different infectious disease. The Technical Bulletin for the updated quarantine period can be found [here](#).

Quarantine of persons who tested positive for COVID-19 in the past 3 months: In the school setting, persons that tested positive for COVID-19 in the past 3 months, with no COVID-like symptoms do not need to quarantine, be restricted from work, or tested following an exposure to someone with suspected or confirmed COVID-19, as their risk of infection is low. However, they should still monitor for symptoms of COVID-19 for 14 days following last exposure. If symptoms develop, they should be clinically evaluated and self-isolate.

Quarantine of vaccinated close contacts: In the school setting, fully vaccinated people who have been in close contact with someone with suspected or confirmed COVID-19 should get tested 5-7 days after the exposure, even if they don’t have symptoms. They should also wear a mask indoors in public for 14 days following their last exposure to a positive person or until their test result is negative. If symptoms develop, they should be clinically evaluated and tested for COVID-19 if indicated.

Symptom Reporting

School staff obtaining Incoming Reports of Absence

When a report of absence is received it is important for staff documenting the absence to inquire if the absence is related to illness. **If the absence is related to illness, it is essential for staff to inquire about specific symptoms.** This is a vital step in early identification of COVID-19 to ensure that sick students are isolated appropriately. It is recommended to follow a script so that symptom information is collected in a systematic fashion throughout the schools. While the individual taking the report is not expected to diagnose any specific condition, it is expected that the symptoms are logged, and basic exclusion criteria conveyed to the person reporting at the initial point of contact.

The key to successful ascertainment is staff training. Once symptoms information is gathered, the reports also need to be reviewed and tabulated by symptoms. If it is determined there is an increase in any predominant symptoms, a report needs to be made to Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH) or appropriate local health authority listed above. The following is an example of a script:

School Script for Symptom Ascertainment

Date: _____

Name of Student: _____ Grade/Teacher _____

Date and Time Symptoms Started: _____

Specific Symptoms:

- | | | |
|---|-----|----|
| • Do symptoms include fever? | Yes | No |
| • Do symptoms include shortness of breath? | Yes | No |
| • Do symptoms include cough? | Yes | No |
| • Do symptoms include fatigue? | Yes | No |
| • Do symptoms include chills? | Yes | No |
| • Do symptoms include nausea or vomiting? | Yes | No |
| • Do symptoms include diarrhea? | Yes | No |
| • Do symptoms include headache? | Yes | No |
| • Do symptoms include loss of taste and/or smell? | Yes | No |
| • Do symptoms include sore throat? | Yes | No |
| • Do symptoms include congestion or runny nose? | Yes | No |
| • Do symptoms include muscle or body aches? | Yes | No |

Exclusion and Re-Admittance Criteria:

EXCLUSION CRITERIA: If a student or staff member develops signs of COVID-19 as evaluated by the school nurse or clinical aide, (see list under Health Check below), separate the symptomatic person away from others, with supervision at a distance of at least six feet (6') until the ill person can leave.

- While waiting to leave school, the individual with symptoms should continue to wear a cloth face covering or mask if tolerated.
- Circulate the air and clean and disinfect the areas where the person was after they leave.
- Contact DHHS-DPBH as soon as possible.
- Create a list of all (students and staff) who could have been exposed (contacts).

RE-ADMITTANCE CRITERIA: A student or staff member who had signs of suspected or laboratory confirmed COVID-19 can return to the school when:

- At least 24 hours have passed since recovery – meaning that it has been 24 hours of the individual having no fever (measured temperature of 100.4 F or greater) *without* the use of medications and an improvement in respiratory symptoms like cough and shortness of breath; **AND**
- At least 10 days have passed since the individual first displayed symptoms of COVID-19 **OR** It has been at least 24 hours since recovery **AND** a health care provider has certified that the student does not have suspected or confirmed COVID-19.

Isolation of Ill Students and Staff:

Students and staff with any of the symptoms of COVID-19 should be isolated. The school's current illness management policy should be followed to minimize transmission to others and optimize learning opportunities. The exclusion and readmission criteria outlined above should be followed.

Students who meet the exclusion criteria must be immediately isolated in a separate area, and their parent(s)/

guardian(s) immediately called to pick up the student, with supervision at a distance of at least six feet (6') until the ill student can leave.

Health Check:

School staff should be reminded to look for symptoms of illness and send symptomatic students to the school nurse or clinical aide for evaluation. The school nurse should report illnesses to the chief nurse, or school district or charter school designee for tracking and instructions in a timely manner. During a school outbreak, the chief nurse should report all illnesses and exclusions to DHHS-DPBH staff through the line list method (complete with all data elements) for each ill/excluded student or staff by the close of each day school is in session and the outbreak is ongoing.

In a school outbreak situation, staff must actively ask parent(s)/guardian(s) when students are dropped off (or ask students when they arrive at school) to ensure students have no signs or symptoms.

Individuals with COVID-19 have reported a wide variety of symptoms, which range from mild to severe illness. Symptoms may appear 2-14 days after exposure to the virus and may include:

- Fever and Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Cleaning and Disinfecting:

Every Day

Daily cleaning and disinfecting is usually enough to sufficiently remove potential virus that may be on surfaces. Please refer to the CDC document *Cleaning and Disinfecting your Facility* (<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>).

When Someone is Sick:

Close off areas used by the individuals with COVID-19 and wait as long as practical and ideally 24 hours before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces (e.g. doorknobs, drinking faucets, keyboards, touchscreens, and hallway handrails).

Staff/personnel should ensure that desk surfaces are cleared of items at the end of the day to facilitate janitorial staff's ability to rapidly disinfect surfaces without having to remove student and teachers' possessions.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

- For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>. **Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).**
- Additionally, diluted household bleach solutions can be used, if appropriate, to disinfect surfaces. Follow

manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing **½ cup of bleach per one gallon of water**.

- Avoid using splash-less, color-fast, or bleach with fragrance as those include additives that make them unsafe for food contact surfaces as some districts and schools may be using classrooms for nutrition services.

Closure of Rooms and School Buildings:

During outbreaks, closure of rooms and school buildings may be necessary to reduce the risk of spread of illness. Rooms are closed based on the need to sanitize and eliminate close contact exposures. If several rooms are affected in a building, the entire building may be closed. If there is substantial risk of spread of contagion or severe illness, the school building may be closed. The requirement to close and the extent and length of closure of a room or school depends on the specific illness and measures that must be taken to control the spread of illness and ensure the safety of students, staff, their families, and the community. The following applies:

- **Closure of Rooms** – For any vomiting or fecal incidents in a classroom or other areas, the classroom or area shall also be closed and sanitized prior to being reoccupied. During outbreaks, rooms may be closed by DHHS or the school district superintendent if cases are linked to room occupancy or if the layout of the room does not allow for adherence to CDC guidelines to control and prevent the spread of infection. In all cases, rooms must be sanitized following protocol for the specific illness.
- **Closure of School Buildings** – For any infectious disease, a school building may be closed as necessary to control the spread of illness throughout the school site. School buildings shall be closed under the following criteria:
 - Directives from the Governor of the State of Nevada, Nevada DHHS, or determinations by the school district superintendent or charter school leader.
 - Indeterminate or high risk of school-wide exposures to highly infectious diseases or diseases with high risk of serious illness such as COVID-19, Pertussis, or Norovirus. Schools may also be closed for uncontrolled outbreaks exceeding 30 days.

For outbreaks such as COVID-19, levels of school building closure may depend on the ability to occupy the school site at a limited occupancy and ensure the required social distancing is adhered to.

Sanitizing protocols will be implemented in sections of the school that are open during an outbreak. As a supplemental measure to sanitizing affected rooms and areas, increase of airflow is recommended and can be accomplished by opening doors and windows and changing filters in the HVAC system. If a room is closed, change all air filters in that room's HVAC system and if a building is closed, all air filters in the buildings. The length of closure will be determined by potential exposures as indicated by case reports and contact tracing.

During a school building closure, it may be necessary for some staff and students to occupy buildings. Such occupancy is allowable as long as protocols to reduce exposure and spread of illness are being followed. The closure of school buildings will likely be followed by the suspension of athletic events and school gatherings both on and off campus to control for person-to-person spread. Communication with families and the community is crucial to ensure that they understand the reason for the closure and what is being done to address the outbreak.

Outbreak Closures:

The public health authority within the school's jurisdiction will monitor school outbreaks daily and compile the line list data daily to determine if the spread of COVID- 19 is slowing or has discontinued within the school. Outbreaks will be declared over by the public health authority when baseline of COVID-19 illness has been achieved for two incubation periods (28 days). DHHS-DPBH will compile this data across the state and it will be reflected on the public facing [COVID-19 K-12 School Dashboard](#) for schools.

Revised CDC COVID-19 Isolation and Quarantine Guidance

If You Test POSITIVE for COVID-19, Regardless of Vaccination Status

Day 1 - 5



Stay Home

Day 6 - 10



If you have no symptoms, or your symptoms are resolving, you can leave your house, **BUT** continue to wear a mask around others

If you have a fever, continue to stay home until your fever resolves!

If You Were a CLOSE CONTACT to Someone Who Tested POSITIVE FOR COVID-19 & Have Received a Booster Shot

Day 1

Day 5

Day 10



Wear a mask around others for 10 days and monitor your symptoms
Test on day 5, if possible.

If you develop symptoms, get a COVID-19 test and stay home.

If You Were a CLOSE CONTACT to Someone Who Tested POSITIVE FOR COVID-19 & are NOT Vaccinated OR Vaccinated 6 or more months ago with Pfizer or Moderna; or 2 or more months ago with Janssen

Day 1-5

Day 5

Day 6-10



Stay Home



Test if Possible



Continue to wear a mask around others

If you develop symptoms, get a COVID-19 test and stay home.

Directrices Revisadas de Cuarentena y Aislamiento de COVID-19 de los CDC

Si la prueba es **POSITIVA** para COVID-19, independientemente del estado de vacunación

Día 1 - 5



Quedarse en casa

Día 6 - 10



Si no tiene síntomas, o sus síntomas se están resolviendo, puede salir de su casa, **PERO** continuar usando una máscara alrededor de otras personas.

Si tiene fiebre, ¡continúe quedándose en casa hasta que desaparezca!

Si Estuvo Cerca de Alguien que dio Positivo en la Prueba de COVID-19 y Recibió una Vacuna de Refuerzo

Día 1

Día 5

Día 10



Use una máscara alrededor de otras personas durante 10 días y controle sus síntomas
Prueba el día 5, si es posible.

Si presenta síntomas, hágase una prueba de COVID-19 y quédese en casa.

Si estuvo cerca de alguien que dio POSITIVO a la prueba de COVID-19 y NO está vacunado O vacunado hace 6 meses o más con Pfizer o Moderna; o hace 2 o más meses con Janssen

Día 1-5

Día 5

Día 6-10



Quedarse en casa



Prueba si es posible



Continuar usando una máscara alrededor de otras personas.

Si presenta síntomas, hágase una prueba de COVID-19 y quédese en casa.

[GetHealthyCarsonCity.org](https://www.gethealthycarsoncity.org)



Directive 048 Full Guidance 2021-22 COVID-19 GUIDELINES FOR PREVENTION AND OUTBREAK CONTROL IN SCHOOL SETTINGS

Updated 8/18/2021 (Mask Use Section, pg. 2)

Updated 9/21/2021 (Close contact exception to include some outdoor settings & public health recommendations, pg. 6)

Updated 10/18/2021 (Quarantine section, pg. 6-7)

Updated 1/6/2022 (Promoting Vaccination & Mask Use Section, pg. 2 & isolation and quarantine guidance, pg. 4-7 & 9)

Updated 1/13/2022 (Updated Booster dose recommendations for quarantine, pg. 2 & 5, combined health check and contact tracing sections, pg. 7-8, added Test to Stay section, pg. 8-9, added guidance for isolation and quarantine of school health care personnel, pg. 7)

Updated 2/2/2022 (Exposure changes in masked settings, pg. 2 & pg. 5-6, 12-17 y/o booster requirements, pg. 6)

Background

Schools are an essential part of community infrastructure and have a critical role both in providing supportive learning environments and the health and wellbeing of students and staff. Schools also serve as employment for community members, while providing many parents, guardians, and caregivers the opportunity to work and support their households. According to multiple studies, the Nevada 2020-21 school year, and the Centers for Disease Control and Prevention (CDC) transmission rates within schools are typically lower than or similar to community transmission levels when layered prevention strategies are in place. As Nevada schools continue to provide full in-person learning during the 2021-22 school year, it is important to expect and plan for occurrences of COVID-19 within the school communities. In order to accomplish full in-person learning, limited social distancing measures will be in place, as compared to the 2020-21 school year. This reduction in mitigation, along with low vaccination rates, and the emergence of Variants of Concern which have higher transmission rates, make the implementation of other mitigation measures, such as mask use, even more important.

Nevada schools should continue to focus on reducing the risk of COVID-19 for all students, especially those that are not eligible to be vaccinated. The introduction of several SARS-CoV-2 Variants of Concern, which now includes the highly transmissible Omicron variant and the Delta variant, changes the landscape of the 2021-22 school year. This increased transmissibility has the potential for exponential growth in outbreaks especially in communities and settings with low vaccination rates and limited mask use.

The Nevada Department of Health and Human Services (DHHS) supports full in-person learning with the proper prevention/mitigation measures in place, consistent with CDC's Guidance for COVID-19 Prevention in K-12 Schools and the American Academy of Pediatrics (AAP) COVID-19 Guidance for Safe Schools.¹² This document is intended to provide guidance regarding important prevention measures recommended to be in place within routine school

¹ CDC, K-12 Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

² American Academy of Pediatrics, COVID-19 Guidance for Safe Schools: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

opening plans, as well as outbreak mitigation requirements should a school experience an outbreak.

This document will continue to be updated as more is learned about transmission within schools and to align with any further guidance produced by CDC and AAP.

Promoting Vaccination

Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely maintain full in-person operations.

Vaccination is currently the leading public health prevention strategy to manage the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. According to CDC, a growing body of evidence suggests that people who are fully vaccinated against COVID-19 are less likely to have a symptomatic infection or transmit COVID-19 to others compared to people who are not fully vaccinated.

CDC continues to reinforce that vaccination is still the leading public health prevention strategy to manage the COVID-19 pandemic. COVID-19 vaccines are safe and effective at preventing COVID-19, especially severe illness and death. The CDC provides resources to assist schools with promoting vaccine: <https://www.cdc.gov/vaccines/covid-19/planning/school-located-clinics/how-schools-can-support.html>

Individuals who are 5 years of age and older are eligible for COVID-19 vaccination. At this time, only the Pfizer-BioNTech COVID-19 vaccine is authorized and recommended for children aged 5-11. Schools should promote vaccinations among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible. Additionally, for some immunocompromised children aged 5-11, CDC now recommends an additional dose of the Pfizer-BioNTech COVID-19 vaccine to complete the primary series, a total of three doses. Also, the CDC now recommends booster shots 5 months after the completion of the primary series of Moderna and Pfizer-BioNTech COVID-19 vaccine for those aged 12 and older. Vaccine appointments can be scheduled online at: <https://www.nvcovidfighter.org/> or by phone at 800-401-0946.

Mask Use

CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. The American Academy of Pediatrics (AAP), Nevada Chapter advises that in most cases, a child who is unable to wear a mask safely for medical reasons should not attend school in-person, especially in an outbreak setting or in a community with substantial or high transmission. Full guidance on mask exemptions from AAP, Nevada Chapter can be found here: <https://nvhealthresponse.nv.gov/wp-content/uploads/2021/12/Mask-Exemptions-in-Children-and-Adolescents.pdf>

If individuals wear face masks properly to cover their nose and mouth, they are effective in preventing the spread of COVID-19. Masks should meet CDC [recommendations](#) in terms of use and quality.

In an effort to reduce the overall burden of contact tracing on K-12 schools while ensuring high-risk exposures are prioritized, the DHHS will no longer consider **masked** contact in a K-12 setting as an exposure regardless of distancing. This pivot will allow schools to focus resources on identifying high-risk, indoor, unmasked exposures most likely to result in transmission. More details can be found in the [quarantine](#) section below. Additionally, schools can only participate in a [Test to Stay](#) Program if the school has universal masking among staff and students as described above.

When teachers, staff, and students consistently and correctly wear a facemask, they protect others as well as themselves. Consistent and correct facemask use is especially important indoors and in crowded settings when physical distancing cannot be maintained.

- **Indoors:** Universal mask use is recommended for all adults and students regardless of vaccination status. According to CDC, children under 2 years of age should not wear a mask.

- **Outdoors:** In general, people do not need to wear masks when outdoors. However, particularly in areas of high transmission, such as during a school outbreak, those who are not fully vaccinated should wear a mask if the outdoor setting is crowded or during activities that involve sustained close contact with other people who are not fully vaccinated.

Pursuant to [Directive 048](#), use of face coverings is required for all staff in all schools regardless of vaccination status.

Use of face coverings is required for all students, regardless of vaccination status, in schools that meet the following criteria:

1. In counties whose population is equal to or greater than 100,000.³
2. In counties whose population is less than 100,000, if the school district or school has adopted a policy requiring use of face coverings.
3. During a school outbreak, until the outbreak is deemed to be over by the local public health authority.

Physical Distancing

To promote full in-person learning, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms. This reduction from 6 feet of physical distancing should also be combined with universal indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as universal indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk. Mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

COVID-19 Testing

Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing.

DHHS recommends that testing of all those that are unvaccinated, both staff and students occur at least weekly to be effective. In schools where testing of all staff and students is not feasible, schools may consider multiple testing strategies, for example, testing a random sample of at least 10% of staff and students who are not fully vaccinated.

Weekly testing of those involved in school-based extracurricular activities, including athletics, must occur for those that are not fully vaccinated. Those that should be included in the testing program include student athletes, participants, coaches, trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Any activities with elevated risk such as those that involve singing, shouting, band, and exercise that could lead to increased exhalation should be included. If community transmission reaches CDC's substantial transmission level (orange), screening for this group should increase to twice weekly. Once community transmission reaches the high transmission level (red), sports and extracurricular activities should be canceled or held virtually to protect in-person learning, unless all participants are fully vaccinated.

The below table produced by CDC outlines the testing recommendations:

³ <https://nvhealthresponse.nv.gov/state-information/governor-directives-and-declarations/>

Table 1. Screening Testing Recommendations for K–12 Schools by Level of Community Transmission

	Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports ² and extracurricular activities ³ at least once per week.		Recommend screening testing for high-risk sports and extracurricular activities twice per week.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning.
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. ²	Recommend screening testing for low- and intermediate-risk sports at least once per week.		

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.

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

Reference: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, including wearing a well-fitting facemask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the Heating, Ventilation, and Air Conditioning (HVAC) or air filtration systems.

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

Hand Washing and Respiratory Etiquette

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Schools should avoid or minimize shared items between students and staff. Shared items must be disinfected frequently.

Stay Home When Sick

Students, teachers, and staff who have symptoms of infectious illness, such as influenza or COVID-19, should stay home. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. Schools should allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level and provide excused absences for students who are sick. Employers should ensure that workers are aware of and understand these policies.

Schools should educate teachers, staff, and families about when they and their children should stay home and when they can return to school. During the COVID-19 pandemic it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested. Schools should ensure parents know how to report excused absences when their child has COVID-19 symptoms and/or a COVID-19 exposure.

Quarantine

On January 4, 2022 CDC updated COVID-19 isolation and quarantine recommendations with shorter isolation (for asymptomatic and mildly ill people) and quarantine periods of 5 days to focus on the period when a person is most infectious, followed by continued masking. On February 1, 2022, DHHS modified the exposure definition as follows:

Masked contact in a K-12 setting is no longer considered an exposure regardless of distancing. The focus should be on identifying high-risk, indoor, unmasked exposures most likely to result in transmission. Schools that have implemented universal masking among staff and students will continue to perform contact tracing for exposures that occur during indoor unmasked exposures like snack or lunch breaks, unmasked indoor extracurricular encounters, and sports. Schools should consider the development of stable lunch cohorts (table groups, lunch bunches and other group situations). If a case occurs within an indoor unmasked cohort, the entire cohort group may be considered exposed (ex: an assigned lunch or extracurricular group may all be considered exposed if a positive case occurs within the group). Stable cohorts significantly reduce the burden of contact tracing.

Schools that have implemented universal masking only among staff, will need to assess each exposure based upon masked status. For example, if a COVID-19 positive staff member that was appropriately wearing a mask was in contact with another masked staff member, that would no longer be considered an exposure. However, if that positive staff member was appropriately masked and had indoor contact with an unmasked student, that is considered an exposure and contact tracing and quarantine procedures must be followed.

The CDC close contact definition should be utilized for indoor unmasked exposures:

Close Contact Through Proximity and Duration of Exposure: Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

- **Exception:** In the **K–12 indoor classroom** setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition **excludes students** who were between **3 to 6 feet of an infected student** (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.
- ***This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.***

WHO NEEDS TO QUARANTINE:

People who have come into close contact with someone with COVID-19 and are in one of the following groups **need** to quarantine:

- People who are ages 18 and older and completed the [primary series](#) of recommended vaccine, but have not received a [recommended](#) booster shot when eligible.
- People who are 18 years and older who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a [recommended](#) booster shot.
- People who are not vaccinated or have not completed a [primary vaccine series](#).

Quarantine starts the day of last known contact to a positive individual (day 0) and lasts for five days. For example, if the last known exposure was Friday (day 0), the student or staff could return to school after five days, or on Thursday (day 6) if no symptoms have developed. Upon return the student or staff must wear a well-fitting mask for a minimum of five additional days within schools that have not implemented universal masking. Schools that require universal masking will already have continued mask use established. More information: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-tracing/about-quarantine.html>

WHO DOES NOT NEED TO QUARANTINE:

People who have come into close contact with someone with COVID-19 and are in one of the following groups **do not** need to quarantine:

- Age 18 or older and have received all [recommended vaccine doses](#), including [boosters](#) and [additional primary shots](#) for some immunocompromised people.
- Students 12-17 years old who have completed their [primary vaccine series](#) but have not yet received all [eligible boosters](#). This is to allow time for students to catch up with the [latest recommendations](#) and to minimize disruption to in-person learning.
- Age 5-11 years and completed the [primary series](#) of COVID-19 vaccines.
- Anyone who has had confirmed COVID-19 within the last 90 days (who tested positive using a [viral test](#), meaning a positive PCR or an antigen test. Antibody tests do not count).
- Students or staff who are participating in a school-sponsored [Test to Stay Program](#).

These individuals should wear a [well-fitting mask](#) around others for 10 days from the date of the last close contact with someone with COVID-19 (the date of last close contact is considered day 0). [Get tested](#) at least 5 days after they last had close contact with someone with COVID-19. If they test positive or develop COVID-19 symptoms, they should follow the isolation instructions below.

Isolation:

ISOLATION (FOR THOSE THAT TEST POSITIVE FOR COVID-19):

Any individual who tests positive for COVID-19, regardless of whether they are symptomatic and regardless of whether they are vaccinated or boosted, must isolate at home for a minimum of 5 days. If they are asymptomatic or have resolving symptoms* after 5 days, they can discontinue isolation but must continue to wear a [well-fitting mask](#) around others for 5 additional days within schools that have not implemented universal masking. Schools that require universal masking will already have continued mask use established. **CDC states that if students or staff are unable or unwilling to wear a mask when around others after day 5, they should continue to isolate for a full 10 days.**

***DHHS defines resolving symptoms as:**

At least 24 hours have passed with no fever and without the use of fever-reducing medicine; and Other symptoms are improving (loss of taste and smell might last for weeks or months after recovery but should not delay ending isolation).

When does Isolation start?

- If you are asymptomatic (never develop [symptoms](#)), day 0 is the day you were tested (not the day you received your positive test result), and day 1 is the first full day following the day you were tested. People who never develop symptoms should isolate for a full 5 days after their first positive COVID-19 test (i.e., days 0 through 5). Wear a [well-fitting mask](#) for 10 days following your positive test result (if asymptomatic) to limit spread when around others at home and in public. If you develop symptoms soon (i.e., within a week) after your positive test result, the clock restarts at day 0 on the day of symptom onset. **CDC states that if students or staff are unable or unwilling to wear a mask when around others after day 5, they should continue to isolate for a full 10 days.**
- If you have symptoms, day 0 of isolation is the day of symptom onset, regardless of when you tested positive, and day 1 is the first full day following the day your symptoms started. Persons with symptoms should isolate for a full 5 days after symptom onset (i.e., days 0 through 5) and until symptoms have improved. If you continue to have fever or your other symptoms have not improved after 5 days of isolation, you should wait to end your isolation until you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. Wear a [well-fitting mask](#) for 10 days following your onset of symptoms to limit spread to others in the home or other close contacts.

***Health care personnel within schools, such as, school nurses and clinical aides may utilize CDC's isolation and quarantine recommendations specific to health care personnel to address staffing challenges:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

Exclusion

EXCLUSION CRITERIA FOR SYMPTOMATIC PERSONS THAT HAVE NOT TESTED POSITIVE FOR COVID-19: If a student or staff member develops [signs of COVID-19](#) while at school, separate the symptomatic person away from others at a distance of at least six feet (6') until the ill person can leave. Ensure students have proper supervision.

- While waiting to leave school, the individual with symptoms should continue to wear a cloth face covering or mask if tolerated.
- Circulate the air and clean and disinfect the areas where the person was after they leave.
- Create a list of all (students and staff) who could have been exposed (contacts).

After exclusion for symptoms, the student or staff member should be tested for COVID-19. If the test returns positive, [isolation guidance](#) should be followed. If a COVID-19 test was not performed OR there is a negative lab result the student or staff can return to the school when:

- At least 24 hours have passed without a fever (measured temperature of 100.4 F or greater) and *without* the use of fever reducing medications and an improvement of other symptoms. **AND**
- At least 5 days have passed since the individual first displayed symptoms of COVID-19
- At least 5 days of well-fitted masking should be employed following recovery defined by the above scenarios.

Case Reporting and Contact Tracing

Any instances of students or staff having tested positive for COVID-19 must be put on isolation and reported to the appropriate public health authority immediately. In addition, **any increase or clusters of students or staff reporting symptoms consistent with COVID-19 in the absence of being tested, should also be put on isolation and reported to the appropriate public health authority immediately:**

- Southern Nevada Health District (SNHD): (702) 759-0925 (24 hours), or schoolcovid@snhd.org
- Washoe County Health District (WCHD): (775) 328-2447 (24 hours), Fax (775) 328-3764, or epicenter@washoecounty.us
- Carson City Health and Human Services (CCHS) which also includes the quad counties (Carson, Lyon, Douglas and Storey): (775)-887-2190 (24 hours)
- Nevada Division of Public and Behavioral Health (DPBH): (775) 684-5911 (M-F 8:00 AM to 5:00 PM); (775) 400-0333 (after hours), Fax (775) 684-5999, or dpbhepi@health.nv.gov (All other counties)

Daily illness reports to the appropriate public health authority may be requested and required throughout the duration of the disease/outbreak investigation.

Symptom Ascertainment and Health Checks

Asking about Illness When Absences are Reported

When a report of absence is received it is important for staff documenting the absence to inquire if the absence is related to illness. **If the absence is related to illness, it is essential for staff to inquire about specific symptoms.** This is a vital step in early identification of COVID-19 to ensure that sick students are isolated appropriately. It is recommended to follow a script so that symptom information is collected in a systematic fashion throughout the schools. While the individual taking the report is not expected to diagnose any specific condition, it is expected that the symptoms are logged, and basic exclusion criteria conveyed to the person reporting at the initial point of contact.

The key to successful ascertainment is staff training. Once symptoms information is gathered, the reports also need to be reviewed and tabulated by symptoms. If it is determined there is an increase in any predominant symptoms, a report needs to be made to Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH) or appropriate local health authority listed above. An [example script](#) is below.

Ascertaining Illness While Students and Staff are in School

School staff should be reminded to look for symptoms of illness and send symptomatic students to the school nurse or clinical aide for evaluation. The school nurse should report illnesses to the chief nurse, or school district or charter school designee for tracking and instructions in a timely manner. During a school outbreak, the chief nurse should report all illnesses and exclusions to DHHS-DPBH staff or appropriate local health authority listed above through the line list method (complete with all data elements) for each ill/excluded student or staff by the close of each day school is in session and the outbreak is ongoing.

In a school outbreak situation, staff must actively ask parent(s)/guardian(s) when students are dropped off (or ask students when they arrive at school) to ensure students have no signs or symptoms.

Individuals with COVID-19 have reported a wide variety of symptoms, which range from mild to severe illness. Symptoms may appear 2-14 days after exposure to the virus and may include:

Example School Script for Symptom Ascertainment

Date: _____

Name of Student: _____ Grade/Teacher _____

Date and Time Symptoms Started: _____

Specific Symptoms:

Do symptoms include fever?	Yes	No
Do symptoms include shortness of breath?	Yes	No
Do symptoms include cough?	Yes	No
Do symptoms include fatigue?	Yes	No
Do symptoms include chills?	Yes	No
Do symptoms include nausea or vomiting?	Yes	No
Do symptoms include diarrhea?	Yes	No
Do symptoms include headache?	Yes	No
Do symptoms include loss of taste and/or smell?	Yes	No
Do symptoms include sore throat?	Yes	No
Do symptoms include congestion or runny nose?	Yes	No
Do symptoms include muscle or body aches?	Yes	No

Test to Stay

Test to Stay (TTS) is a practice comprised of contact tracing and serial testing (testing that is sequentially repeated) to allow school-associated close contacts who are not fully vaccinated to continue in-person learning during their quarantine period. Contact tracing, testing, and masking of contacts during the full in-school quarantine period are integral to minimize risk of transmission. On December 17, 2021, the Centers for Disease Control and Prevention (CDC) released updated guidance to allow for TTS programs in conjunction with layered prevention strategies.⁴

Nevada schools may choose to implement a TTS program for students, teachers, and staff if the following required criteria are met:

⁴ https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html

- The close contact exposure must occur within the school setting only (ex: the school campus, school buses, and school based extracurricular activities, etc). Individuals with household exposures are not eligible to participate in TTS.
- Both the index case and school-based close contact had to be correctly and consistently masked⁵ during the entire exposure.
- The close contact must adhere to correct and consistent use of wearing a mask in the school setting (indoors, outdoors, and on school buses) while participating in TTS.
- The close contact must remain asymptomatic to attend in-person school while participating in TTS.
- Close contacts must agree to quarantine at home when not in school and adhere to CDC's quarantine guidance outside of the K-12 school setting.
- All students and staff within the school must adhere to physical distancing when feasible.
- Testing for close contacts is recommended to occur every other day (on days 1, 3, and 5 after exposure). If this is not feasible, testing must occur as soon as possible after the exposure and again on day 5. If testing is unavailable because day 5 is not a school day, testing must occur on the next scheduled school day.

TST programs are not meant to replace any other mitigation measures and should be utilized as an additional layer in conjunction with all other prevention measures. Any failure to adhere to the required criteria will result in discontinuation of TTS and resumption of quarantine measures. In the event of an uncontrolled outbreak, the local public health authority may determine that TTS must be discontinued in order to reduce disease transmission and control the outbreak.

TTS programs are implemented and overseen at the school level by designated school staff. Several considerations must be made when determining if implementation is feasible for each individual school or district:

- Availability of testing: School districts were provided CDC funding to stand up school-based testing programs through the Epidemiology and Laboratory Capacity (ELC) grant. School districts must ensure they have the appropriate testing resources and funding needed to implement a TTS program.
- Staffing: Determining which students both meet the criteria for TTS and choose this approach in lieu of standard quarantine, and the continuous follow-up on test accessibility, timing of testing and results may result in significant staff time. School districts must consider this and ways to increase staffing if needed to accomplish TTS implementation.

Cleaning and Disinfecting

Every Day

Daily cleaning and disinfecting is usually enough to sufficiently remove potential virus that may be on surfaces. Please refer to the CDC document Cleaning and Disinfecting your Facility (<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>).

When Someone is Sick:

Close off areas used by the individuals with COVID-19 and wait as long as practical and ideally 24 hours before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. The areas should be cleaned before it is put into use. Open outside doors and windows to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces (e.g. doorknobs, drinking faucets, keyboards, touchscreens, and hallway handrails).

Staff/personnel should ensure that desk surfaces are cleared of items at the end of the day to facilitate janitorial staff's ability to rapidly disinfect surfaces without having to remove student and teachers' possessions.

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

- For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>. **Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).**
- Additionally, diluted household bleach solutions can be used, if appropriate, to disinfect surfaces. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing **½ cup of bleach per one gallon of water.**
- Avoid using splash-less, color-fast, or bleach with fragrance as those include additives that make them unsafe for food contact surfaces as some districts and schools may be using classrooms for nutrition services.

Closure of Rooms and School Buildings

During outbreaks, closure of rooms and school buildings may be necessary to reduce the risk of spread of illness. Rooms are closed based on the need to sanitize and eliminate close contact exposures. If several rooms are affected in a building, the entire building may be closed. If there is substantial risk of spread of contagion or severe illness, the school building may be closed. The requirement to close and the extent and length of closure of a room or school depends on the specific illness and measures that must be taken to control the spread of illness and ensure the safety of students, staff, their families, and the community. The following applies:

- **Closure of Rooms** – For any vomiting or fecal incidents in a classroom or other areas, the classroom or area shall also be closed and sanitized prior to being reoccupied. During outbreaks, rooms may be closed by DHHS or the school district superintendent if cases are linked to room occupancy or if the layout of the room does not allow for adherence to CDC guidelines to control and prevent the spread of infection. In all cases, rooms must be sanitized following protocol for the specific illness.
- **Closure of School Buildings** – For any infectious disease, a school building may be closed as necessary to control the spread of illness throughout the school site. School buildings shall be closed under the following criteria:
 - Directives from the Governor of the State of Nevada, Nevada DHHS, or determinations by the school district superintendent or charter school leader.
 - Indeterminate or high risk of school-wide exposures to highly infectious diseases or diseases with high risk of serious illness such as COVID-19, Pertussis, or Norovirus. Schools may also be closed for uncontrolled outbreaks exceeding 30 days.

For outbreaks such as COVID-19, levels of school building closure may depend on the ability to occupy the school site at a limited occupancy and ensure the required social distancing is adhered to.

Sanitizing protocols will be implemented in sections of the school that are open during an outbreak. As a supplemental measure to sanitizing affected rooms and areas, increase of airflow is recommended and can be accomplished by opening doors and windows and changing filters in the HVAC system. If a room is closed, change all air filters in that room's HVAC system and if a building is closed, all air filters in the buildings. The length of closure will be determined by potential exposures as indicated by case reports and contact tracing.

During a school building closure, it may be necessary for some staff and students to occupy buildings. Such occupancy is allowable as long as protocols to reduce exposure and spread of illness are being followed. The closure of school buildings will likely be followed by the suspension of athletic events and school gatherings both on and off campus to control for person-to-person spread. Communication with families and the community is crucial to ensure that they understand the reason for the closure and what is being done to address the outbreak.

Outbreak Closures

The public health authority within the school's jurisdiction will monitor school outbreaks daily and compile the line list data daily to determine if the spread of COVID- 19 is slowing or has discontinued within the school. Outbreaks will be declared over by the public health authority when baseline of COVID-19 illness has been achieved for two incubation periods (28 days). DHHS-DPBH will compile this data across the state and it will be reflected on the public facing [COVID-19 K-12 School Dashboard](#) for schools.



DECLARATION OF EMERGENCY

DIRECTIVE 052

WHEREAS, on March 12, 2020, I, Steve Sisolak, Governor of the State of Nevada, issued a Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic; and

WHEREAS, on March 13, 2020, then-President of the United States, Donald J. Trump, declared a nationwide emergency pursuant to Sec. 501(6) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"); and

WHEREAS, the World Health Organization advises that the novel coronavirus that causes COVID-19 virus is highly contagious, and spreads through respiratory transmission, and direct and indirect contact with infected persons and surfaces; and

WHEREAS, the World Health Organization advises that transmission occurs through both droplet and airborne transmission, where droplet transmission occurs when a person is in close proximity to someone who is infected with COVID-19; and

WHEREAS, in late December 2020, Nevada began distributing COVID-19 vaccines, and there is now an abundant supply of vaccines; and

WHEREAS, Nevada is receiving regular supplies of monoclonal antibodies and other therapeutics to treat those who contract COVID-19; and

WHEREAS, the CDC has identified the "Omicron" variant of COVID-19 and has deemed it a "variant of concern" due to its higher transmissibility; and

WHEREAS, beginning in November 2021, Nevada experienced a surge of COVID-19 cases, and nearly all of those cases are suspected to be the Omicron variant; and

WHEREAS, the number of COVID-19 cases have fallen dramatically in recent weeks; and

WHEREAS, based on the trajectory of case trends and lower COVID-19 detection in wastewater monitoring, the state expects the number of COVID-19 cases to continue to rapidly decline; and

WHEREAS, the number of hospitalizations related to COVID-19 is decreasing; and

WHEREAS, on May 3, 2021, the Governor issued Emergency Directive 045, which provides, among other things, that the State of Nevada requires the wearing of masks in a manner consistent with current guidance from the CDC, including any subsequent guidance issued by the CDC; and

WHEREAS, COVID-19 remains a statewide public health crisis and requires that certain mitigation measures and emergency management functions will continue to be managed at the state level to protect the overall health and safety of all Nevadans; and

WHEREAS, Article 5, Section 1 of the Nevada Constitution provides: "The supreme executive power of this State, shall be vested in a Chief Magistrate who shall be Governor of the State of Nevada;"

NOW THEREFORE, by the authority vested in me as Governor by the Constitution and the laws of the State of Nevada and the United States, and pursuant to the March 12, 2020 Emergency Declaration,

IT IS HEREBY ORDERED THAT:

SECTION 1: The provisions of previous Directives are superseded only by the explicit provisions of this Directive. Any provisions not addressed by this Directive shall remain in force as provided by previous Directives or regulations promulgated pursuant to the March 12, 2020 Declaration of Emergency.

SECTION 2: Directives 24, 45, 47, 50, and 51 are hereby terminated.

SECTION 3: Sections 2 through 5, inclusive, of Directive 048 are hereby terminated. Section 4 of Directive 028 is hereby terminated.

SECTION 4: Each county school district, charter school, and private school shall adopt a COVID-19 mitigation plan. The plan must include:

1. A policy on whether or under what circumstances face coverings will be required for students and staff while in school buildings or on school campuses;
2. A regular COVID-19 testing program for students and staff or volunteers, including but not limited to coaches, leaders, and advisors. If a student, staff member, or volunteer tests positive for COVID-19, current CDC recommendations for isolation and quarantine must be followed;
3. A method for detecting school-wide outbreaks of COVID-19 and a plan for responding to and mitigating the outbreak.

The plan must not conflict with any face covering requirements or other COVID-19 mitigation measures imposed by county governments or local health authorities.

The plan must be submitted to the local health authority. The plan does not become effective unless it is approved, in writing, by the local health authority.

Effective at 12:01 a.m. on February 27, 2022, if the plan is approved in writing by the local health authority, the provisions of Section 6 of Directive 048 no longer apply to the entity that submitted the approved plan.

Irrespective of any plan adopted by a county school district, charter school, or private school pursuant to this Section, if a local health authority determines that a school-wide outbreak of COVID-19 is occurring and is not being adequately mitigated by the school district, charter school, or private school, the applicable local health authority may require the mandatory and immediate use of face coverings for all students and staff in the affected school building(s) and any additional mitigation measures deemed necessary by the local health authority for that school or school building(s). In such an event, the face covering requirement and any other mitigation measures remain in effect until the local health authority determines that the outbreak is closed.

SECTION 5: Section 7 of Directive 048 expires at 12:01 a.m. on February 27, 2022.

SECTION 6: Nothing in this Directive shall be interpreted to prohibit any local health authority, local government entity, school district, charter or private school, private business or employer, or other person or entity from enacting a policy that requires the use of face coverings.

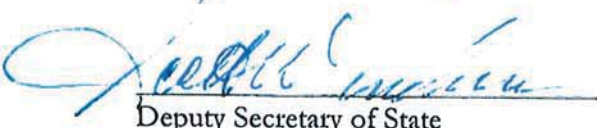
SECTION 7: The provisions of this Directive are effective immediately and shall remain in effect until amended or terminated by a subsequent Directive promulgated pursuant to the March 12, 2020 Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic, or upon dissolution or termination of the Declaration of Emergency.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed this 10th day of February, in the year two thousand twenty-two.




Governor of the State of Nevada


Secretary of State


Deputy Secretary of State



2021-22 COVID-19 GUIDELINES FOR PREVENTION AND OUTBREAK CONTROL IN SCHOOL SETTINGS

Updated 2/17/2022 (District plans & background, pg. 1; mask use, pg. 2-3; COVID-19 testing, pg. 3; CDC and DHHS contact definition, pg. 6; exclusion, pg. 8; case reporting, pg. 9; outbreaks, pg. 12)

Note: All previous updates are noted at the end of the document

School District Plans

In February 2022, the Governor announced new rules for school districts to follow in order to mitigate COVID-19. Per Section 4 [Directive 052](#) each county school district, charter school, and private school shall adopt a COVID-19 mitigation plan. The plan must include:

1. A policy on whether and under what circumstances face coverings will be required for students and staff while in school buildings or on school campuses
2. A regular COVID-19 testing program for students and staff or volunteers, including but not limited to coaches, leaders, and advisors. If a student, staff member, or volunteer tests positive for COVID-19, current CDC recommendations for isolation and quarantine must be followed; and
3. A method for detecting school-wide outbreaks of COVID-19 and a plan for responding to and mitigating the outbreak.

In addition, guidance has been provided by the Nevada Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH) and the Nevada Department of Education (NDE) outlining the three major areas that all plans should address:

- CDC Prevention Strategies
- Positive Case Reporting
- Outbreaks

This guidance document is meant to assist school districts in developing their plans.

Background

Schools are an essential part of community infrastructure and have a critical role both in providing supportive learning environments and the health and wellbeing of students and staff. Schools also serve as employment for community members, while providing many parents, guardians, and caregivers the opportunity to work and support their households. According to multiple studies, the Nevada 2020-21 school year, and the Centers for Disease Control and Prevention (CDC) transmission rates within schools are typically lower than or similar to community transmission levels when layered prevention strategies are in place.

Nevada schools should continue to focus on reducing the risk of COVID-19 for all students, especially those that are

not eligible to be vaccinated. The introduction of several COVID-19 variants of concern, including the highly transmissible Omicron variant and the Delta variant, changed the landscape of the 2021-22 school year. Future variants with increased transmissibility have the potential for exponential growth in outbreaks especially in communities and settings with low vaccination rates and limited mask use. Therefore, Nevada school districts should expect and plan for occurrences of COVID-19 within school communities.

DHHS supports full in-person learning with the proper prevention and mitigation measures in place, consistent with CDC's Guidance for COVID-19 Prevention in K-12 Schools and the American Academy of Pediatrics (AAP) COVID-19 Guidance for Safe Schools.¹² This document is intended to provide guidance regarding important prevention measures recommended to be in place for routine school opening plans. As noted above, district plans should also include detailed outbreak mitigation strategies that will be put into place should a school experience an outbreak.

This document will continue to be updated as more is learned about transmission within schools and to align with any further guidance produced by CDC and AAP.

Promoting Vaccination

Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely maintain in-person operations.

Vaccination is currently the leading public health prevention strategy to manage the COVID-19 pandemic. People who are fully vaccinated and boosted against COVID-19 are at low risk of symptomatic or severe infection. According to CDC, a growing body of evidence suggests that people who are fully vaccinated and boosted against COVID-19 are less likely to have a symptomatic infection or transmit COVID-19 to others compared to people who are not fully vaccinated.³

CDC continues to reinforce that vaccination is still the leading public health prevention strategy to manage the COVID-19 pandemic. COVID-19 vaccines are safe and effective at preventing COVID-19, especially severe illness and death. The CDC provides resources to assist schools with promoting vaccine: <https://www.cdc.gov/vaccines/covid-19/planning/school-located-clinics/how-schools-can-support.html>

Individuals who are 5 years of age and older are eligible for COVID-19 vaccination. At this time, only the Pfizer-BioNTech COVID-19 vaccine is authorized and recommended for children aged 5-11. Schools should promote vaccinations among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible. Additionally, for some immunocompromised children aged 5-11, CDC now recommends an additional dose of the Pfizer-BioNTech COVID-19 vaccine to complete the primary series, a total of three doses. Also, the CDC now recommends booster shots 5 months after the completion of the primary series of Moderna and Pfizer-BioNTech COVID-19 vaccine for those aged 12 and older. Vaccine recommendations are rapidly changing, the latest CDC guidelines can be access here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

Vaccine appointments can be scheduled online at: <https://www.nvcovidfighter.org/> or by phone at 800-401-0946.

Mask Use

CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. The American Academy of Pediatrics (AAP), Nevada Chapter advises that in most cases, a child who is unable to wear a mask safely for medical reasons should not attend school in-person, especially in an outbreak setting or in a community with substantial or high transmission. Full guidance on mask exemptions from AAP, Nevada Chapter can

¹ CDC, K-12 Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

² American Academy of Pediatrics, COVID-19 Guidance for Safe Schools: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

³ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/why-measure-effectiveness/breakthrough-cases.html>

be found here: <https://nvhealthresponse.nv.gov/wp-content/uploads/2021/12/Mask-Exemptions-in-Children-and-Adolescents.pdf>

If individuals wear face masks properly to cover their nose and mouth, they are effective in helping prevent the spread of COVID-19. Masks should meet CDC [recommendations](#) in terms of use and quality.

In an effort to reduce the overall burden of contact tracing on K-12 schools while ensuring high-risk exposures are prioritized, DHHS will no longer consider **masked** contact in a K-12 setting as an exposure regardless of distancing. This pivot allows schools to focus resources on identifying high-risk, indoor, unmasked exposures most likely to result in transmission. More details can be found in the [quarantine](#) section below. Additionally, schools can only participate in a [Test to Stay](#) Program if the school has universal masking among staff and students as described above.

When teachers, staff, and students consistently and correctly wear a facemask, they protect others as well as themselves. Consistent and correct facemask use is especially important indoors and in crowded settings when physical distancing cannot be maintained.

Pursuant to [Directive 052](#), use of face coverings is not required within the school setting, unless the school is experiencing an outbreak of COVID-19. Schools that are experiencing an outbreak must implement appropriate mitigation measures, including universal masking for the duration of the outbreak. Masking must also occur for anyone who has COVID-19 and is following the shortened isolation and quarantine periods, which allow for 5 days of masking after 5 days of either isolation or quarantine as outlined later in the document. Use of face coverings is required on public transportation pursuant to the [CDC order](#) issued on January 29, 2021. This includes all passengers and all personnel operating public transportation vehicles, which includes school buses.

Physical Distancing

To promote full in-person learning, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms. This reduction from 6 feet of physical distancing should also be combined with universal indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully reopen while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as universal indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk. Mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

COVID-19 Testing

Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing.

DHHS recommends that testing of all those that are unvaccinated, both staff and students occur at least weekly to be effective. In schools where testing of all staff and students is not feasible, schools may consider multiple testing strategies, for example, testing a random sample of at least 10% of staff and students who are not fully vaccinated.

Weekly testing of those involved in school-based extracurricular activities, including athletics, should occur for those that are not fully vaccinated. Those that should be included in the testing program include student athletes, participants, coaches, trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Any activities with elevated risk such as those that involve singing, shouting, band, and exercise that could lead to increased exhalation should be included. If community transmission reaches CDC's

substantial transmission level (orange), screening for this group should increase to twice weekly. Once community transmission reaches the high transmission level (red), sports and extracurricular activities should be canceled or held virtually to protect in-person learning, unless all participants are fully vaccinated.

The following table produced by CDC outlines school testing recommendations. While school districts might not choose to follow these exact recommendations, schools should consider mitigation and testing measures that may need to be adjusted based on increased or decreased community transmission. One emphasis is on sports and extracurricular activities that have increased risk of transmission such as choir, band, and high-impact sports where masking is not feasible. Please note the fourth bullet point below the table which states: ‘At a minimum screening testing should be offered to people who are not fully vaccinated.’

Table 1. Screening Testing Recommendations for K–12 Schools by Level of Community Transmission

	Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students ⁴ at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff ⁴ at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports ² and extracurricular activities ³ at least once per week.		Recommend screening testing for high-risk sports and extracurricular activities twice per week.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning.
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. ²	Recommend screening testing for low- and intermediate-risk sports at least once per week.		

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.

⁴ At a minimum, screening testing should be offered to people who are not fully vaccinated.

Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, including wearing a well-fitting facemask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the Heating, Ventilation, and Air Conditioning (HVAC) or air filtration systems. More information can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html>

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

Hand Washing and Respiratory Etiquette

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses, including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Schools should avoid or minimize shared items between students and staff. Shared items must be disinfected frequently.

More information can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html>

Stay Home When Sick

Students, teachers, and staff who have symptoms of infectious illness, such as influenza or COVID-19, should stay home. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. Schools should allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level and provide excused absences for students who are sick. Employers should ensure that workers are aware of and understand these policies.

Schools should educate teachers, staff, and families about when they and their children should stay home and when they can return to school. During the COVID-19 pandemic it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested. Schools should ensure parents know how to report excused absences when their child has COVID-19 symptoms and/or a COVID-19 exposure.

Quarantine

On January 4, 2022 CDC updated COVID-19 isolation and quarantine recommendations with shorter isolation (for asymptomatic and mildly ill people) and quarantine periods of 5 days to focus on the period when a person is most infectious, followed by continued masking. On February 1, 2022, DHHS modified the exposure definition as follows:

Masked contact in a K-12 setting is no longer considered an exposure regardless of distancing. The focus for contact tracing should be on identifying high-risk, indoor, unmasked exposures most likely to result in transmission. Schools that have implemented universal masking among staff and students will continue to

perform contact tracing for exposures that occur during indoor unmasked exposures like snack or lunch breaks, unmasked indoor extracurricular encounters, and sports. Schools should consider the development of stable lunch cohorts (table groups, lunch bunches and other group situations). If a case occurs within an indoor unmasked cohort, the entire cohort group may be considered exposed (e.g., an assigned lunch or extracurricular group may all be considered exposed if a positive case occurs within the group). Stable cohorts significantly reduce the burden of contact tracing.

Schools that have implemented universal masking only among staff, will need to assess each exposure based upon masked status. For example, if a COVID-19 positive staff member that was appropriately wearing a mask was in contact with another masked staff member, that would no longer be considered an exposure. However, if that positive staff member was appropriately masked and had indoor contact with an unmasked student, that would be considered an exposure and contact tracing and quarantine procedures must be followed.

The CDC close contact definition is below, **which can be superseded by the updated DHHS exposure definition (as outlined above) for those that meet the criteria to do so:**

Close Contact Through Proximity and Duration of Exposure: Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

Exception: In the K–12 indoor classroom setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition *excludes* students who were between 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

WHO NEEDS TO QUARANTINE:

People who have come into close contact with someone with COVID-19 and are in one of the following groups **need** to quarantine:

- People who are ages 18 and older and completed the [primary series](#) of recommended vaccine, but have not received a [recommended](#) booster shot when eligible.
- People who are 18 years and older who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a [recommended](#) booster shot.
- People who are not vaccinated or have not completed a [primary vaccine series](#).

Quarantine starts the day of last known contact to a positive individual (day 0) and lasts for five days. For example, if the last known exposure was Friday (day 0), the student or staff could return to school after five days, or on Thursday (day 6) if no symptoms have developed. Upon return, the student or staff must wear a well-fitting mask for a minimum of five additional days within schools that have not implemented universal masking, or continue wearing the mask in schools that require universal masking. More information: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-tracing/about-quarantine.html>

WHO DOES NOT NEED TO QUARANTINE:

People who have come into close contact with someone with COVID-19 and are in one of the following groups **do not** need to quarantine:

- Age 18 or older and have received all [recommended vaccine doses](#), including [boosters](#) and [additional primary shots](#) for some immunocompromised people.
- Students 12-17 years old who have completed their [primary vaccine series](#) but have not yet received all [eligible boosters](#). This is to allow time for students to catch up with the [latest recommendations](#) and to minimize disruption to in-person learning.
- Age 5-11 years and completed the [primary series](#) of COVID-19 vaccines.
- Anyone who has had confirmed COVID-19 within the last 90 days (who tested positive using a [viral test](#), meaning a positive PCR or an antigen test. Antibody tests do not count).
- Students or staff who are participating in a school-sponsored [Test to Stay Program](#).

These individuals should wear a [well-fitting mask](#) around others for 10 days from the date of the last close contact with someone with COVID-19 (the date of last close contact is considered day 0). They should also [get tested](#) at least 5 days after they last had close contact with someone with COVID-19 unless they had confirmed COVID-19 in the last 90 days and subsequently recovered. If they test positive or develop COVID-19 symptoms, they should follow the isolation instructions below.

Isolation:

ISOLATION (FOR THOSE THAT TEST POSITIVE FOR COVID-19):

Any individual who tests positive for COVID-19, regardless of whether they are symptomatic and regardless of whether they are vaccinated or boosted, must isolate at home for a minimum of 5 days. If they are asymptomatic or have resolving symptoms* after 5 days, they can discontinue isolation but must continue to wear a [well-fitting mask](#) around others for 5 additional days within schools that have not implemented universal masking, or continue wearing the mask in schools that require universal masking. **CDC states that if students or staff are unable or unwilling to wear a mask when around others after day 5, they should continue to isolate for a full 10 days.**⁴

***DHHS defines resolving symptoms as:**

At least 24 hours have passed with no fever and without the use of fever-reducing medicine; and other symptoms are improving (loss of taste and smell might last for weeks or months after recovery but should not delay ending isolation).

When does Isolation start?

- If you are asymptomatic (never develop [symptoms](#)), day 0 is the day you were tested (not the day you received your positive test result), and day 1 is the first full day following the day you were tested. People who never develop symptoms should isolate for a full 5 days after their first positive COVID-19 test (i.e., days 0 through 5). Wear a [well-fitting mask](#) for 10 days following your positive test result (if asymptomatic) to limit spread when around others at home and in public. If you develop symptoms soon (i.e., within a week) after your positive test result, the clock restarts at day 0 on the day of symptom onset. **CDC states that if students or staff are unable or unwilling to wear a mask when around others after day 5, they should continue to isolate for a full 10 days.**
- If you have symptoms, day 0 of isolation is the day of symptom onset, regardless of when you tested positive, and day 1 is the first full day following the day your symptoms started. Persons with symptoms should isolate for a full 5 days after symptom onset (i.e., days 0 through 5) and until symptoms have improved. If you

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

continue to have fever or your other symptoms have not improved after 5 days of isolation, you should wait to end your isolation until you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. Wear a [well-fitting mask](#) for 10 days following your onset of symptoms to limit spread to others in the home or other close contacts.

***Health care personnel within schools, such as school nurses and clinical aides, may utilize CDC's isolation and quarantine recommendations specific to health care personnel to address staffing challenges: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

Exclusion

EXCLUSION CRITERIA FOR SYMPTOMATIC PERSONS THAT HAVE NOT TESTED POSITIVE FOR COVID-19: If a student or staff member develops [signs of COVID-19](#) while at school, separate the symptomatic person away from others at a distance of at least six feet (6') until the ill person can leave. Ensure students have proper supervision.

- While waiting to leave school, the individual with symptoms should wear a well-fitting mask if tolerated.
- Circulate the air and clean and disinfect the areas where the person was after they leave.
- Create a list of all (students and staff) who could have been exposed (contacts).

After exclusion for symptoms, the student or staff member should be tested for COVID-19. If the test returns positive, [isolation guidance](#) should be followed.

The following are guidelines for when a student or staff member can return to school for situations that may arise if it is not possible to do a COVID-19 test OR there is a negative lab result:

1. A person that is symptomatic and does not have a COVID-19 test can return to school if:
 - At least 24 hours have passed without a fever (measured temperature of 100.4 F or greater) and *without* the use of fever reducing medications and an improvement of other symptoms. **AND**
 - At least 5 days have passed since the individual first displayed symptoms of COVID-19 **AND**
 - At least 5 days of well-fitted masking should be employed following recovery defined by the above scenarios.
2. A person that is symptomatic and has a different lab-confirmed diagnosis (e.g., RSV, flu, other) with either a negative COVID-19 test or COVID-19 testing was not performed can return to school if:
 - They follow protocol for their diagnosed illness (if applicable) **AND:**
 - At least 24 hours have passed without a fever (measured temperature of 100.4 F or greater) and *without* the use of fever reducing medications and an improvement of other symptoms.

Case Reporting and Contact Tracing

Any instances of students or staff having tested positive for COVID-19 must be put in isolation and reported to the appropriate public health authority immediately. In addition, **any increase or clusters of students or staff reporting symptoms consistent with COVID-19 in the absence of being tested, should also be put on isolation and reported to the appropriate public health authority immediately:**

- Southern Nevada Health District (SNHD): (702) 759-0925 (24 hours), or schoolcovid@snhd.org
- Washoe County Health District (WCHD): (775) 328-2447 (24 hours), Fax (775) 328-3764, or epicenter@washoecounty.us

- Carson City Health and Human Services (CCHS) which also includes the quad counties (Carson, Lyon, Douglas and Storey): (775)-887-2190 (24 hours)
- Nevada Division of Public and Behavioral Health (DPBH): (775) 684-5911 (M-F 8:00 AM to 5:00 PM); (775) 400-0333 (after hours), Fax (775) 684-5999, or dpbhschoolcases@health.nv.gov (All other counties)

Any COVID-19 outbreak declarations must be reported to your local public health authority immediately.

Symptom Ascertainment and Health Checks

Asking about Illness When Absences are Reported

When a report of absence is received it is important for staff documenting the absence to inquire if the absence is related to illness. **If the absence is related to illness, it is essential for staff to inquire about specific symptoms.** This is a vital step in early identification of COVID-19 to ensure that sick students are isolated appropriately. It is recommended to follow a script so that symptom information is collected in a systematic fashion throughout the schools. While the individual taking the report is not expected to diagnose any specific condition, it is expected that the symptoms are logged, and basic exclusion criteria conveyed to the person reporting at the initial point of contact.

The key to successful ascertainment is staff training. Once symptoms information is gathered, the reports also need to be reviewed and tabulated by symptoms. If it is determined there is an increase in any predominant symptoms, a report needs to be made to Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH) or appropriate local health authority listed above. An [example script](#) is below.

Ascertaining Illness While Students and Staff are in School

School staff should be reminded to look for symptoms of illness and send symptomatic students to the school nurse or clinical aide for evaluation. The school nurse should report illnesses to the chief nurse, or school district or charter school designee for tracking and instructions in a timely manner. During a school outbreak, the chief nurse should report all illnesses and exclusions to DHHS-DPBH staff or appropriate local health authority listed above through the line list method (complete with all data elements) for each ill/excluded student or staff by the close of each day school is in session and the outbreak is ongoing.

In a school outbreak situation, staff must actively ask parent(s)/guardian(s) when students are dropped off (or ask students when they arrive at school) to ensure students have no signs or symptoms.

Individuals with COVID-19 have reported a wide variety of symptoms, which range from mild to severe illness. Symptoms may appear 2-14 days after exposure to the virus and may include:

Example School Script for Symptom Ascertainment

Date: _____

Name of Student: _____ Grade/Teacher _____

Date and Time Symptoms Started: _____

Specific Symptoms:

Do symptoms include fever?	Yes	No
Do symptoms include shortness of breath?	Yes	No

Do symptoms include cough?	Yes	No
Do symptoms include fatigue?	Yes	No
Do symptoms include chills?	Yes	No
Do symptoms include nausea or vomiting?	Yes	No
Do symptoms include diarrhea?	Yes	No
Do symptoms include headache?	Yes	No
Do symptoms include loss of taste and/or smell?	Yes	No
Do symptoms include sore throat?	Yes	No
Do symptoms include congestion or runny nose?	Yes	No
Do symptoms include muscle or body aches?	Yes	No

Test to Stay

Test to Stay (TTS) is a practice comprised of contact tracing and serial testing (testing that is sequentially repeated) to allow school-associated close contacts who are not fully vaccinated to continue in-person learning during their quarantine period. Contact tracing, testing, and masking of contacts during the full in-school quarantine period are integral to minimize risk of transmission. On December 17, 2021, the Centers for Disease Control and Prevention (CDC) released updated guidance to allow for TTS programs in conjunction with layered prevention strategies.⁵

Nevada schools may choose to implement a TTS program for students, teachers, and staff. The following criteria are recommended to be met in order to participate in TTS:

- The close contact exposure must occur within the school setting only (ex: the school campus, school buses, and school based extracurricular activities, etc). Individuals with household exposures are not eligible to participate in TTS.
- Both the index case and school-based close contact had to be correctly and consistently masked⁶ during the entire exposure.
- The close contact must adhere to correct and consistent use of wearing a mask in the school setting (indoors, outdoors, and on school buses) while participating in TTS.
- The close contact must remain asymptomatic to attend in-person school while participating in TTS.
- Close contacts must agree to quarantine at home when not in school and adhere to CDC's quarantine guidance outside of the K-12 school setting.
- All students and staff within the school must adhere to physical distancing when feasible.
- Testing for close contacts is recommended to occur every other day (on days 1, 3, and 5 after exposure). If this is not feasible, testing must occur as soon as possible after the exposure and again on day 5. If testing is unavailable because day 5 is not a school day, testing must occur on the next scheduled school day.

Schools should work with their local public health authorities to design an appropriate test to stay that both reduces the risk of transmission and suits the unique needs and resource availability at a local level.

TST programs are not meant to replace any other mitigation measures and should be utilized as an additional layer in conjunction with all other prevention measures. In the event of an uncontrolled outbreak, the local public health authority may determine that TTS should be discontinued in order to reduce disease transmission and control the outbreak.

⁵ https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

TTS programs are implemented and overseen at the school level by designated school staff. Several considerations must be made when determining if implementation is feasible for each individual school or district:

- Availability of testing: School districts were provided CDC funding to stand up school-based testing programs through the Epidemiology and Laboratory Capacity (ELC) grant. School districts must ensure they have the appropriate testing resources and funding needed to implement a TTS program.
- Staffing: Determining which students both meet the criteria for TTS and choose this approach in lieu of standard quarantine, and the continuous follow-up on test accessibility, timing of testing and results may result in significant staff time. School districts must consider this and ways to increase staffing if needed to accomplish TTS implementation.

Cleaning and Disinfecting

Every Day

Daily cleaning and disinfecting is usually enough to sufficiently remove potential virus that may be on surfaces. Please refer to the CDC document Cleaning and Disinfecting your Facility (<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>).

When Someone is Sick:

Close off areas used by the individuals with COVID-19 and wait as long as practical and ideally 24 hours before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. The areas should be cleaned before it is put into use. Open outside doors and windows to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces (e.g. doorknobs, drinking faucets, keyboards, touchscreens, and hallway handrails).

Staff/personnel should ensure that desk surfaces are cleared of items at the end of the day to facilitate janitorial staff's ability to rapidly disinfect surfaces without having to remove student and teachers' possessions.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

- For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>. **Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).**
- Additionally, diluted household bleach solutions can be used, if appropriate, to disinfect surfaces. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing **½ cup of bleach per one gallon of water.**
- Avoid using splash-less, color-fast, or bleach with fragrance as those include additives that make them unsafe for food contact surfaces as some districts and schools may be using classrooms for nutrition services.

Closure of Rooms and School Buildings

During outbreaks, closure of rooms and school buildings may be necessary to reduce the risk of spread of illness. Rooms are closed based on the need to sanitize and eliminate close contact exposures. If several rooms are affected in a building, the entire building may be closed. If there is substantial risk of spread of contagion or severe illness, the school building may be closed. The requirement to close and the extent and length of closure of a room or school depends on

the specific illness and measures that must be taken to control the spread of illness and ensure the safety of students, staff, their families, and the community. The following applies:

- **Closure of Rooms** – For any vomiting or fecal incidents in a classroom or other areas, the classroom or area shall also be closed and sanitized prior to being reoccupied. During outbreaks, rooms may be closed by DHHS or the school district superintendent if cases are linked to room occupancy or if the layout of the room does not allow for adherence to CDC guidelines to control and prevent the spread of infection. In all cases, rooms must be sanitized following protocol for the specific illness.
- **Closure of School Buildings** – For any infectious disease, a school building may be closed as necessary to control the spread of illness throughout the school site. School buildings shall be closed under the following criteria:
 - Directives from the Governor of the State of Nevada, Nevada DHHS, or determinations by the school district superintendent or charter school leader.
 - Indeterminate or high risk of school-wide exposures to highly infectious diseases or diseases with high risk of serious illness such as COVID-19, Pertussis, or Norovirus. Schools may also be closed for uncontrolled outbreaks exceeding 30 days.

For outbreaks such as COVID-19, levels of school building closure may depend on the ability to occupy the school site at a limited occupancy and ensure the required social distancing is adhered to.

Sanitizing protocols will be implemented in sections of the school that are open during an outbreak. As a supplemental measure to sanitizing affected rooms and areas, increase of airflow is recommended and can be accomplished by opening doors and windows and changing filters in the HVAC system. If a room is closed, change all air filters in that room's HVAC system and if a building is closed, all air filters in the buildings. The length of closure will be determined by potential exposures as indicated by case reports and contact tracing.

During a school building closure, it may be necessary for some staff and students to occupy buildings. Such occupancy is allowable as long as protocols to reduce exposure and spread of illness are being followed. The closure of school buildings will likely be followed by the suspension of athletic events and school gatherings both on and off campus to control for person-to-person spread. Communication with families and the community is crucial to ensure that they understand the reason for the closure and what is being done to address the outbreak.

Outbreaks

Schools with COVID-19 mitigation plans that have been approved by their local health authority will be responsible to implement their own plans, declare outbreaks, implement the outbreak mitigation measures as defined in their approved plans, and determine when outbreaks are over. Schools without approved plans will continue to have the public health authority within the school's jurisdiction monitor the school outbreaks daily and compile the line list data daily to determine if the spread of COVID-19 is slowing or has discontinued within the school. In addition, outbreaks will be declared over by the public health authority when baseline of COVID-19 illness has been achieved for two incubation periods (28 days).

Per Directive 052, if the local public health authority becomes aware of a school that is experiencing an outbreak and has not implemented the agreed upon mitigation measures, the local public health authority may require the mandatory and immediate use of face covering for all students and staff in the affected school building(s) and any additional mitigation measures deemed necessary by the local health authority.

Previous updates to this document:

Updated 8/18/2021 (Mask Use Section, pg. 2)

Updated 9/21/2021 (Close contact exception to include some outdoor settings & public health recommendations, pg. 6)

Updated 10/18/2021 (Quarantine section, pg. 6-7)

Updated 1/6/2022 (Promoting Vaccination & Mask Use Section, pg. 2 & isolation and quarantine guidance, pg. 4-7 & 9)

Updated 1/13/2022 (Updated Booster dose recommendations for quarantine, pg. 2 & 5, combined health check and contact tracing sections, pg. 7-8, added Test to Stay section, pg. 8-9, added guidance for isolation and quarantine of school health care personnel, pg. 7)

Updated 2/1/2022 (Exposure changes in masked settings, pg. 2 & pg. 5-6, 12-17 y/o booster requirements, pg. 6)

Steve Sisolak
Governor

Jhone M. Ebert
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GUIDANCE MEMORANDUM 22-05

TO: School District Superintendents
Charter School Sponsors

FROM: Jhone M. Ebert, Superintendent of Public Instruction

DATE: May 19, 2022

SUBJECT: End of State of Emergency Declaration

A handwritten signature in black ink, appearing to read "Jhone M. Ebert".

This guidance supersedes all previous guidance issued by the Nevada Department of Education (NDE or Department) related to the COVID-19 State of Emergency.

Background and Purpose

The Governor's State of Emergency declaration, which has been in place since March 2020, provided flexibilities that allowed the State and local entities to respond to challenges quickly and effectively throughout the pandemic to ensure the health and safety of our communities. NDE recognizes the herculean efforts of school administrators, educators, and staff to support educational continuity and needed supports for students and families while navigating unprecedented challenges.

On May 6, 2022, Governor Steve Sisolak announced the end of the State of Emergency related to the COVID-19 pandemic effective May 20, 2022. This memo addresses the impact of the end of the State of Emergency declaration on local education agencies (LEAs) and school communities.

Reopening Plans and Distance Education

There is no requirement that districts or schools will offer distance learning for the 2022-23 school year. However, the federal American Rescue Plan (ARP) Act requires all LEAs receiving ARP Elementary and Secondary School Emergency Relief (ESSER) funds to maintain Plans for a Safe Return to In-Person Instruction and Continuity of Services (Plans).

Plans for a Safe Return to In-Person Instruction and Continuity of Services

LEAs must continue to review and update these federally required Plans every six months as well as have them available on their websites through September 30, 2023. The only change in plan expectations as a result of the end of the State of Emergency is that the Plans will no longer have to include information related to distance learning offerings.

The expectations detailing what an LEA's Plan must address can be found in the [federal register](#). Please note that while the Plans must include how the LEA will maintain the health and safety of students and the extent to which the LEA has adopted policies in accordance with the Centers for Disease Control and Prevention (CDC) recommendations, there is no requirement that LEAs adopt any specific policies around masking, social distancing, or any other measures.

Distance Education

The flexibilities enabling what NDE has referred to as "Path Forward Programs of Distance Education" are suspended upon the lifting of the State of Emergency. There is no expectation that districts will offer distance learning for the 2022-23 school year. School districts and charter schools can continue to provide distance education in accordance with Nevada Revised Statutes (NRS) 388.838, which is subject to the approval of the [Nevada Department of Education](#). If a school district or charter school wishes to continue providing distance education services affiliated with their Path Forward Plans that are not currently included in their approved distance education program, they can submit an amendment to the Office of Career Readiness, Adult Learning, and Education Options.

[Senate Bill \(SB\) 215](#) (2021) states that a school district or charter school that provides a program of distance education must:

- (a) Develop a plan for conducting a program of distance education.
- (b) Present the plan for conducting a program of distance education to the public at a public meeting or, if the plan was developed by the governing body of a university school for profoundly gifted pupils the sponsor of the university school **at least 45 days** before the first day of each school year.
- (c) Provide a copy of the plan for conducting a program of distance education to the school community, parents and employees of the school district or university school for profoundly gifted pupils.
- (d) On or before **December 31 of each year**, develop a plan to make technology available to all pupils and teachers or other school employees involved in a program of distance education. The plan must include, without limitation, an estimate of the cost to make technology available to the pupils and teachers or other school employees. The board of trustees of each school district and governing body of each university school for profoundly gifted pupils shall post the plan created pursuant to this paragraph on its Internet website.
- (e) On or before **August 1** of each year, implement the plan developed pursuant to paragraph (d).

Section 7 of SB 215 further specifies that the governing body of each charter school must "develop a plan for conducting a program of distance education for at least 10 school days in the event of an emergency that necessitates the closing of all public schools in this State."

If you have questions regarding *distance education programs and plans*, please contact Craig Statucki, Director of the Office of Career Readiness, Adult Learning, and Education Options at cstatucki@doe.nv.gov.

If you have questions regarding approved distance education *courses*, please contact Dave Brancamp, Director of the Office of Standards and Instructional Support, at dbrancamp@doe.nv.gov.

Assessments

All mandated State and federal assessments are expected to be administered in the 2022-23 school year. Under [Emergency Directive 05](#), the requirement to administer end of course exams (EOCs) was waived in the [2019-20 school year](#) and continued through the [2020-21](#) and 2021-22 school years. With the end of the State of Emergency, pursuant to NRS 390.700 and all accompanying regulations, the requirements to administer EOCs is reinstated for the 2022-23 school year.

If you have questions, please contact Peter Zutz, Director of the Office of Assessment, Data, and Accountability Management at pzutz@doe.nv.gov.

Emergency Substitute Teachers

With the lifting the State of Emergency, in accordance with [Regulation 028-21](#) adopted February 28, 2022, the Clark and Washoe County School Districts will be unable to hire emergency substitutes for the 2022-23 school year. As noted in the text of the regulation “a person employed pursuant to this subsection may serve as a teacher for the remainder of the school year in which the state of emergency or declaration of disaster is proclaimed, regardless of when the state of emergency or declaration of disaster is terminated.” This means that teachers may serve through the end of the current school year, including summer programming, but not in the 2022-23 school year.

In addition, any individuals in possession of an emergency substitute license will remain licensed up to one year from the date it was issued and are eligible to substitute in rural school districts. As always, districts and schools maintain discretion over the hiring and placement of staff and are never required to hire someone solely because they are licensed.

The [Commission on Professional Standards in Education](#) (COPS) maintains authority over educator licensure requirements and continues to explore flexibilities to address the educator workforce shortages being experienced across the State. Districts and schools are encouraged to review COPS [agendas](#) and participate in regulatory workshops related to policies that support efforts to recruit and retain staff.

For further information or if you have questions, please contact Jeff Briske, Director of the Office of Educator Development, Licensure, and Family Engagement at jjbriske@doe.nv.gov.

Regional Training Programs (RPDPs)

Following the lifting of the State of Emergency, the Regional Training Programs created by NRS 391A.120 (i.e., the Regional Professional Development Programs) will no longer report to the Superintendent of Public Instruction. The RPDPs return to being solely governed by their respective boards. NDE will continue to facilitate the work of the Statewide Council for the Coordination of Regional Training Programs.

In addition, Dave Brancamp, Director of the Office of Standards and Instructional Support, will remain on each of the Boards as a non-voting member and is included in upcoming meetings with the Governing Boards of the Regional Training Programs, as well as in the Regional Training Programs' quarterly directors meeting in order to meaningfully collaborate on Statewide work.

If there are further questions, please reach out to Dave Brancamp at dbrancamp@doe.nv.gov.

School Nursing and COVID-19 Tests

Under [Emergency Directive 048](#), districts and charter schools were required to implement regular COVID-19 testing programs for students, staff, and volunteers. Such requirements are suspended in accordance with the end of the State of Emergency.

The Division of Public and Behavioral Health of the State Department of Health and Human Services circulated guidance regarding next steps for school districts and school nurses related to administering COVID-19 tests on May 18, 2022, and will continue to share updates with the field as available.

If there are further questions, please reach out to Breana Taylor, School Nurse Coordinator, at taylorb@doe.nv.gov.

Next Steps

NDE remains committed to supporting districts and schools throughout our collective COVID-19 recovery and renewal. As additional information becomes available from State or federal partners, NDE will provide updates to the field and coordinate efforts to minimize any gaps in services.

If you have any questions related to this guidance, please contact Dr. Seng-Dao Yang Keo, Chief Strategy Officer, at skeo@doe.nv.gov or 775-430-0703.