

# RESPONSE LEVELS FOR ON-SITE LEARNING

A guide to help school districts determine health risks for on-site learning in relation to community spread of COVID-19.

**ARKANSAS**  
READY  FOR LEARNING



DIVISION OF ELEMENTARY  
& SECONDARY EDUCATION

# PURPOSE

Schools are fundamental to child and adolescent development and well-being. Schools provide a safe place for academic instruction, reliable nutrition, physical/speech and mental health therapy, opportunities for physical activity, and social/emotional skill development, among other benefits. The purpose of this guidance is to support local school districts, in collaboration with the Department of Education (ADE) and Department of Health (ADH), in making decisions that foster the overall health of students, staff, and communities and are based on available evidence. The ADE will continue to rely upon the most current Centers for Disease Control (CDC) and ADH guidance for decisions made at the state level affecting the public school system in Arkansas. It is strongly advocated that all considerations for the coming school year should start with a goal of having students physically present in school, but districts must also be prepared to shift to other instructional delivery methods should the need arise.

The purpose of this document is to guide school administrators in assessing the health risk for staff and students when the increase in community spread cases of COVID-19 may impact delivery of on-site instruction and special services.

# DETERMINING LEVEL OF RESPONSE

Schools should be prepared for COVID-19 outbreaks in their local communities and for individual exposure events to occur in their facilities. The Overall Level of Community Spread (active cases per population) as determined by the ADH will be an important factor in making response determinations. The [ADH COVID-19 Case Update](#) lists the metrics for each county and the number of active cases.

The level of virus transmission within the school will also be an important consideration when determining how to respond to school outbreaks. The level of school spread will be determined by examining:

- Student and staff absentee levels and trends
- Student and staff active cases (per school census)
- Evidence and severity of spread within the school community (active transmission within school setting vs unlinked cases)

Schools will consult with the ADH for guidance when determining the level of response.

The information below provides recommendations that may be used to assist district leaders in determining what level of response is most appropriate for the current situation. Some of the terminology used in the table below specifically related to the COVID-19 Public Health Emergency have been defined and included on pages 7-8. In an effort to create and maintain a safe environment, many safety precautions are strongly recommended regardless of the level of community spread. Those precautions include without limitation:

- physical distancing to the extent possible,
- face covering for all students and staff including children under the age of 10 when appropriate (under no circumstances should a mask be placed on a child under the age of 2),
- promoting good hand hygiene, and
- disinfecting frequently touched surfaces.

When used together, these precautions have a cumulative effect in mitigating risks for exposure. Practices and policies must be flexible and districts must be willing to refine approaches when specific protocols are not working. Developing strategies that can be revised and adapted depending on the level of viral transmission is critically important.

# LIMITED RESPONSE

Confirmed case(s) in a school building, but limited spread within the school and/or community, as determined by ADH. At this level, the percentage of staff and students affected will not alter the delivery of district-wide on-site instruction and special services. Leadership should determine whether a grade span, school, department, a single classroom, etc. needs to briefly pivot to remote operations while contact tracing and disinfecting take place. Closing the entire district is not needed at this level of response.

## Initial Actions After Notification

Districts should initiate appropriate procedures which include without limitation:

- District Point of Contact calls school hotline
- District compiles a list of Probable Close Contacts with contact information and shares with ADH Contact Tracer upon request
- District notifies Probable Close Contacts to self-quarantine immediately for 14 days from the last date of contact with the positive case

## Considerations for Closure

A district-wide or school-wide closure is not anticipated at this level of response, but a partial closure may be necessary on a short-term basis. Considerations for a brief closure may include without limitation:

- Time of day school personnel receives notification of positive case(s)
- Time required to identify and notify Probable Close Contacts
- Time needed to clean and disinfect affected areas
- Time to secure substitutes
- Extent of affected area(s) (i.e. a classroom, lab, maintenance shop)

## Recommendations for Continued On-Site School Operations

Ready for Learning Team should refer to the district's plan for re-entry, current [guidance from ADH](#), and the [Planning for Re-engagement](#) document. Recommendations for additional safety measures to reduce the spread of the virus may include without limitation:

- Postpone non-critical gatherings and events within the affected location(s)
- Eliminate the use of lockers, cubbies or any space that promotes congregating
- Encourage the use of available safe outdoor spaces during instructional time when weather permits
- Repurpose unused spaces or modify existing spaces to allow for maximum distancing of students/staff
- Modify schedules to further decrease transitions
- Encourage alternative modes of transportation for students who have options other than riding a bus
- Reinforce the use of cloth face coverings

# MODERATE RESPONSE

Confirmed case(s) within the district, with moderate community spread and increasing levels of student and staff active cases, including evidence of linked cases within the school setting, as determined by ADH. At this level, the percentage of staff and students affected may alter the delivery of on-site instruction and special services to the extent that school closure is warranted. District leadership will work in conjunction with ADH/ADE to determine when it is safe to reopen.

## Initial Actions After Notification

Districts should initiate appropriate procedures which include without limitation:

- District Point of Contact calls school hotline or is contacted by ADH
- District compiles a list of Probable Close Contacts with contact information and shares with ADH Contact Tracer upon request
- District notifies Probable Close Contacts to self-quarantine immediately for 14 days from the last date of contact with the positive case

## Considerations for Closure

A short-term closure may be necessary at this level of response for a building(s), multiple schools, or district-wide. Considerations include without limitation:

- Time of day school personnel receives notification of district-connected positive case(s)
- Time to identify and notify probable close contacts
- Time to clean and disinfect affected areas (e.g. bus, cafeteria, classrooms, restrooms, gym/dressing rooms)
- Time to secure substitutes
- Affected area is widespread throughout district, schools or in the local community

## Recommendations for Continued On-Site School Operations

Additional restrictions include without limitation:

- Utilize blended learning model for affected locations to limit interactions
- Cancel affected extracurricular events
- Reduce the number of students on buses
- Require face covering for all staff and students 10 and older, and those under 10 when appropriate, if not already in place
- Stagger individual student schedules to reduce number of students on campus
- Serve meals in the classroom
- Deny visitors entry into facilities

# CRITICAL RESPONSE

Multiple cases confirmed within the district due to substantial school and/or community spread, as determined by ADH. At this level, the percentage of staff and students affected substantially disrupts the delivery of on-site instruction and special services to the extent a district-wide closure may be expected for an extended period of time, but will be determined in collaboration with ADE and ADH. Greater restrictions must be imposed.

## Initial Actions for Critical Response

Districts should initiate appropriate procedures which include without limitation:

- District Point of Contact calls school hotline or is contacted by ADH
- District compiles a list of Probable Close Contacts with contact information and shares with ADH Contact Tracer upon request
- District notifies Probable Close Contacts to self-quarantine immediately for 14 days from the last date of contact with the positive case

## Considerations for Closure

Other considerations for extended closure and limited access should include without limitation:

- Increasing trend of positive cases among staff and students
- Active transmission within school setting (linked cases)
- Affected area is widespread throughout local community, county or state region
- Health and safety of staff and students
- Current CDC guidance and ADH directives

## Recommendations for Continued On-Site School Operations

At this level of response, districts may consider limited access. Based on guidance received from ADH regarding community spread of COVID-19, the district should consider the following without limitation:

- Coordinate with ADE and ADH
- Communicate clear rationale for decision-making with all stakeholders
- Pivot to remote learning
- If necessary, minimal small group on-site instruction and special services may be provided following restrictions
- Postpone/Cancel all school-sanctioned events

# School Communication Flow Chart: COVID-19

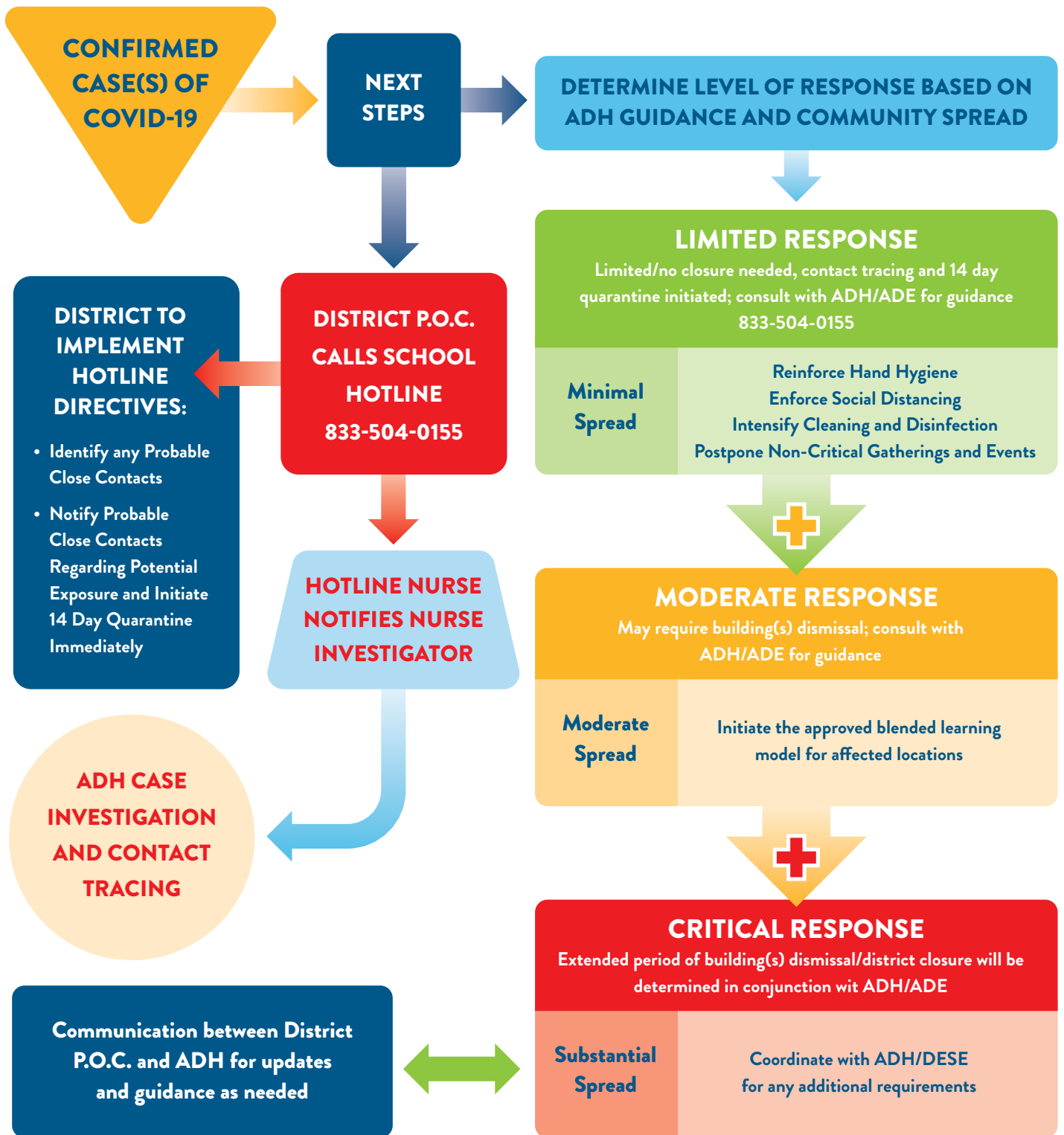


Diagram adapted using CDC guidelines and current pathways for the ADH/DESE School Hotline - School Communication Flow Chart: COVID-19

# Understanding the Terminology

**Point of Contact (P.O.C.)** - A district employee appointed by the Superintendent to be responsible for contacting the School Hotline when a Confirmed Positive is identified within the district. This person will work with other school personnel to identify Probable Close Contacts within the district and share information with and be the liaison between the school district and ADH. This person must be accessible after hours and weekends.

**Probable Close Contact** - District identified individuals that have likely been within 6 feet for 15 cumulative minutes or longer within a 24-hour period to a person who has tested positive for COVID-19, regardless of the use of a face covering. This person(s) will be expected to self-quarantine immediately for 14 days from the last date of contact with the positive case and await their Close Contact status to be confirmed by ADH Contact Tracing. A quick response to identify and quarantine will slow the possible transmission of the virus.

**Close Contact** - An individual confirmed by ADH Contact Tracing who was within 6 feet for 15 cumulative minutes or longer within a 24-hour period a person who has tested positive for COVID-19 during the infectious period, regardless of face covering. The Close Contact will be required to self-quarantine for 14 days from the last date of contact with the infected person. It is highly recommended that all close contacts get tested for COVID-19, but individuals must complete the 14 days of quarantine even when the results are negative. They will be in contact with ADH for the duration of the quarantine period.

**Secondary Contact** - An individual who has had contact with someone identified as a Close Contact to a person who has tested positive for COVID-19. These individuals do not require quarantine.

**Quarantine** - Required for someone identified as a Close Contact to a positive case of COVID-19. This person must remain at home and avoid all public activities for 14 days from the last date of contact with the positive case, even if they receive a negative test result. The incubation period in which symptoms of COVID-19 may develop is considered 14 days.

**Isolation** - Required for someone who has tested positive for COVID-19. This person must attempt to completely separate themselves from others for a minimum of 10 days; however, other criteria may apply when the person is either symptomatic or asymptomatic. The ADH Case Investigator will issue an official ADH letter of release when the individual is ready to return to work or school.

# Understanding the Terminology

**Case Investigator** - A nurse from the Arkansas Department of Health (ADH) will be assigned to the case of the confirmed positive. This nurse will maintain communication with the positive case throughout the isolation period, and issue an official ADH letter of release when the individual is ready to return to work or school.

**Contact Tracing** - ADH Contact Tracers reach out to COVID-19 patients shortly after a positive test result is confirmed in order to identify the patient's close contacts. The P.O.C. will work with other school personnel to identify Probable Close Contacts within the district and share that information with the ADH Contact Tracer.

**Incubation Period** - The period between exposure to an infection and the appearance of the first symptom.

**Infectious Period** - The two days prior to symptom onset (or when symptoms start) until the individual is isolated.

**Symptomatic** - Exhibiting or involving symptoms of an illness. Symptoms for COVID-19 may appear 2-14 days after exposure to the virus.

**Asymptomatic** - Testing positive, but not producing any symptoms. COVID-19 transmission in the absence of symptoms reinforces the value of measures that prevent the spread by infected persons who may not exhibit symptoms despite being infectious.

**Community Spread** - People have been infected with the virus in an area, including some who are not sure how or where they became infected. The level of community spread within the State of Arkansas will be determined by the ADH. Factors used in determination may include active cases or growth rate within the community or region. Schools are encouraged to consult with ADH for guidance when determining a response level.