READY TO ACHIEVE!
2022–2023
SCHOOL OPERATIONAL GUIDELINES

UPDATED AUGUST 12, 2022
This document is primarily to supply ECE and K-12 leaders with supportive guidance for COVID-19 as well as meet federal requirements for receiving COVID stimulus funds.
This document is provisional and subject to change based on available CDC recommendations, COVID-19 community transmission, and vaccination rates in relevant age groups. This document serves as guidance for school systems to develop COVID mitigation plans based on community input and consultation with regional medical directors. This document is not considered policy or mandatory requirements.

This guidance can help K-12 school and ECE program administrators support safe, in-person learning for K-12 schools, and keep ECE programs open, while managing the spread of COVID-19. Based on COVID-19 Community Levels, this guidance provides flexibility so schools and ECE programs can adapt to changing local situations, including periods of increased community health impacts from COVID-19.

**LOUISIANA DEPARTMENT OF HEALTH RECOMMENDATIONS FOR ALL COVID-19 COMMUNITY LEVELS**

- Immunization planning resources can be found on the Louisiana Department of Health website.
- Anyone with COVID-19 symptoms, regardless of vaccination status, should be tested for COVID-19.
  - If a rapid antigen test is negative, a symptomatic person should seek confirmatory PCR testing.
    - If confirmatory testing is negative, they can return to school as long as they meet return-to-school requirements (e.g., 24 hours fever-free without the use of fever-reducing medication).
    - If confirmatory testing is positive, the symptomatic person has COVID-19 and should complete at-home isolation.
- Anyone who tests positive by viral test (antigen or PCR) for COVID-19, regardless of vaccination status, should complete at-home isolation.
- Anyone who is identified as a close contact to a COVID-19 case should follow the appropriate masking and quarantine guidance.
- Schools and ECE programs should teach and reinforce proper handwashing to lower the risk of spreading viruses. Hand hygiene should be monitored and reinforced during key times in the day (e.g., before and after eating and after recess).
- Schools and ECE programs should teach and reinforce covering coughs and sneezes to help keep individuals from getting and spreading infectious diseases.
- Schools and ECE programs should clean surfaces at least once a day to reduce the risk of germs spreading by touching surfaces. If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, the space should be cleaned and disinfected. Additionally, ECE programs should follow recommended procedures for cleaning, sanitizing, and disinfection in their setting such as after diapering, feeding, and exposure to bodily fluids.
- Schools can consider screening testing for high-risk activities such as indoor sports and extracurricular activities.
LOUISIANA DEPARTMENT OF HEALTH RECOMMENDATIONS FOR MEDIUM AND HIGH COVID-19 COMMUNITY LEVELS OR DURING OUTBREAKS

LOUISIANA DEPARTMENT OF HEALTH MASKING RECOMMENDATIONS

Wearing a well-fitted mask consistently and correctly reduces the risk of spreading the virus that causes COVID-19. Universal indoor mask use is recommended at a high COVID-19 Community Level and when experiencing a COVID-19 outbreak. People at risk for getting very sick with COVID-19 should also wear masks or respirators that provide greater protection, such as N95s or KN95s.

At a medium COVID-19 Community Level, people who are immunocompromised or at risk for getting very sick with COVID-19 should talk to their healthcare provider about the need to wear a mask.

School systems should consult with their regional LDH for appropriate masking levels. Anyone who chooses to wear a mask should be supported in their decision to do so at any COVID-19 Community Level, including low.

HIGH-RISK ACTIVITIES

Due to increased and forceful exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others at increased risk for getting and spreading the virus that causes COVID-19. Close contact sports and indoor sports are particularly risky. Similar risks may exist for other extracurricular activities, such as band, choir, theater, and other school clubs that meet indoors and entail increased exhalation.

Schools and ECE programs may consider temporarily stopping these activities to control a school or program-associated outbreak, or during periods of high COVID-19 Community Level.
K-12 schools should report weekly aggregate case counts and core group outbreaks to the LDH COVID-19 Reporting Portal. If school systems need to be enrolled in the LDH COVID-19 Reporting Portal, information on how to do so can be found in the LDH School Reporting Guidelines.

Early Care and Education (ECE) programs should report outbreaks to their regional epidemiologist.

**LOUISIANA DEPARTMENT OF HEALTH DEFINITIONS**

**Core Group Outbreak:** at least three (3) student, teacher, or staff cases within a specified core group with symptom onset or positive test results within 14 days of each other, and no likely known exposure to a case outside of the school setting (e.g., household)

**Core group:** includes but is not limited to extracurricular activity, classroom, cohort group, before/after school care, etc.

**School-wide outbreak:** 5% or more students, teachers, and staff with confirmed or suspected COVID-19 over a 14-day period

**Outbreak Conclusion:** outbreak is considered over when there have been 14 days without any new cases

Use the below tool for each core group where multiple cases have been identified to determine if you have an outbreak(s).

### DETERMINING IF YOU HAVE AN OUTBREAK IN A CORE GROUP

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many cases have been identified in the core group?</td>
<td></td>
<td>• If 3 or more cases, continue to question 2.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If less than 3 cases, this is not an outbreak.</td>
</tr>
<tr>
<td>2. Do cases have a symptom onset or positive test result within 14 days</td>
<td>Yes</td>
<td>• If no, remove the cases that don’t meet this criterion from your case count.</td>
</tr>
<tr>
<td>of each other?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. Do any of the cases have a known exposure to a case outside of the</td>
<td>Yes</td>
<td>• If yes, remove from your case count the cases with exposure outside of the</td>
</tr>
<tr>
<td>school setting? (Note: if exposure to another case outside of the school</td>
<td>No</td>
<td>school setting.</td>
</tr>
<tr>
<td>setting is unknown, the case should be counted toward the school-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>associated outbreak.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. After removing cases that don’t meet the criteria in questions 2 and</td>
<td>Yes</td>
<td>• If yes, this is a Core group outbreak.</td>
</tr>
<tr>
<td>3, are there still at least 3 cases in the core group?</td>
<td>No</td>
<td>• If no, this is not considered a Core group outbreak.</td>
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