3/16/2021

**Adaptive Pause and Metrics: Interim School Guidance for Local Health Departments**

**Purpose:**

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) and is largely based on the CDC's Interim Guidance for Administrators of US K-12 Schools and Child Care Programs. IDPH will update this document as needed, based on accrued experience, new information, and future guidance from the CDC. This guidance has been prepared for Local Health Departments (LHD) to support school officials in making decisions using current relevant information. LHD staff should monitor and track the County Level COVID-19 Risk Metrics available on the IDPH website to help guide decision making (https://www.dph.illinois.gov/countymetrics ). This guidance document should be used in conjunction with the previous guidance released by IDPH and the Illinois State Board of Education (ISBE) as well as IDPH/ISBE FAQs, which addresses key topics of significance for local school officials.

**Background:**

LHDs that are working collaboratively with school administration and local officials play an important role in slowing the spread of disease, protecting vulnerable students and staff, and helping to ensure that students have safe and healthy learning environments. Schools should consult the public health requirements included in the Part 3 Joint Transition Guidance: Starting the 2020-21 School Year and Revised Public Health Guidance for Schools to prevent the spread of COVID-19 among their students, teachers and staff. Schools should consistently work with LHDs, local government officials and local school officials to determine COVID-19 response strategies when reacting to a variety of scenarios that may arise over the course of the school year.

School preparations and plans should build on previous guidance released by IDPH and ISBE, include normal infection control practices (e.g., requiring hand hygiene, monitoring absenteeism, communicating routinely with parents and staff, sanitization) and include strategies for *before*, *during*, and *after* a possible outbreak.

Decisions about implementing school-based strategies (e.g., pivot to remote learning, event or extracurricular cancellations, other social distancing measures) should be made locally, in collaboration with local health officials, who can help determine the level of transmission in the community, and in conformity with ISBE/IDPH Joint Guidance. This document acknowledges

that school resources, social determinants impacting the school population, and feasibility in achieving optimal educational goals must be considered when implementing the best strategy to reduce disease transmission and keep community members healthy. Implemented strategies should aim to balance educational needs and the reduction of COVID-19 transmission.

Potential school-based strategies include, but are not limited to:

1. Isolation/quarantine measures for affected populations (e.g. affected classroom, teammates, etc.);
2. Limiting classroom capacity and/or cancelling events or activities, such as extracurriculars;
3. Pivot to remote learning (duration to be determined on a case-by-case basis) in a particular classroom, school, school district/area or region; or
4. Making return to school optional and providing parents a choice of remote learning.

The authors of a CDC scientific brief, Operational Strategy for K-12 Schools through Phased Mitigation, conclude that schools are an important part of the infrastructure of communities. They provide safe, supportive learning environments for students and employ teachers and other staff. Schools also provide critical services, including school meal programs and social, physical, behavioral, and mental health services.[1,2] Schools have indirect benefits to the community, including enabling parents, guardians, and caregivers to work.[1,3] They cite several sources that suggest lower prevalence of disease, susceptibility, and transmission in children -- especially those under the age of 10 -- although further studies are needed to further understand this. Further, the authors cite recent studies that have shown in-person learning was not associated with higher levels of transmission when compared to schools without in-person learning.[1.2.3]

Health equity disparities also need to be considered when decisions are made to move away from in-person learning. The absence of in-person educational options may disadvantage children from all backgrounds, particularly children in low-resourced communities who may be at an educational disadvantage. These students may be less likely to have access to technology to facilitate virtual learning and more likely to rely on key school-supported resources like food programs, special education and related services, counseling, and after-school programs. Some parents and caregivers may have less-flexible jobs that do not permit staying at home to provide childcare and aid with virtual learning if schools are closed to in-person instruction.

IDPH released the Adaptive Pause and Metrics: Interim School Guidance for Local Health Departments in August 2020 to guide districts and schools, in consultation with their local health departments, through decisions about reopening or pausing in-person learning based on available local data on case rates and test positivity. The document also identifies other indicators for temporary movement to remote or hybrid learning due to outbreaks or low adherence in the community to masking, and the importance that adherence.

Further, clusters of cases in schools in Illinois are closely monitored and, when needed, schools are encouraged by their local health departments to close for a period of time, usually two weeks, to contain further spread. This has proven effective.

After careful review of the CDC's Operational Strategy for K-12 Schools through Phased Mitigation guidance, released on February 26, 2021, IDPH and ISBE decided to continue to recommend usage of the IDPH Adaptive Pause document to aid districts and local health departments in determining when schools should implement closures and reopen. The two data elements used in the CDC's model are limited to test positivity rates and cases per 100,000. While both of these data elements are used in IDPH's Adaptive Pause document, they are not used solely to make decisions about closures. These data can be biased by large outbreaks or serial testing in health care and workplaces, and not directly impact risk at school. The IDPH Adaptive Pause approach uses these metrics, but also includes the judgement of local decision-makers and success in implementing mitigation measures before deciding to make changes in school operations. Further, the CDC Scientific Brief provided by the CDC in support of its recommendations contradicts limiting decision-making to two data sets due to their limitations for conferring transmission risk within a school setting and/or among school-aged children.

While risk of exposure to COVID-19 in a school may be lower when indicators of community spread are lower, this risk is also dependent upon the implementation of school and community mitigation strategies. If community transmission is low but school and community mitigation strategies are not implemented or inconsistently implemented, then the risk of exposure and subsequent transmission of COVID-19 in a school will increase. Alternately, if community transmission is high, but school and community mitigation strategies are implemented and strictly followed as recommended, then the risk of transmission of COVID-19 in a school will decrease. Schools and districts should work closely with their local health departments to determine when it is safe to reopen or stay open based on both data and the school's ability to implement essential, layered mitigation strategies (CDC: Operational Strategies for K-12 schools through Phased Mitigation).

**Community Transmission:**

Community transmission exists when a case is identified without a clear source of the infection in a community, i.e. when you can no longer identify how someone was infected. Specifically, an infected person does not know where or how they were infected and did not travel out of the community during their incubation period.

The Table below aligns the IDPH County Level COVID-19 Risk Metrics to levels of community transmission (minimal, moderate, substantial). A county level metric color change should prompt a discussion by the school authorities and local health department to determine if increased community transmission warrants an adaptive pause to implement strategies to further mitigate transmission.

•**Blue** indicates that the county is experiencing overall stable COVID-19 metrics.

•**Orange** indicates there are warning signs of increased COVID-19 transmission in the county.

All metrics are updated weekly, based on the previous week. Please click on this link for a detailed description of County Level COVID-19 Risk Metrics: https://www.dph.illinois.gov/countymetrics

The role of the LHDs is to be available for consultation to vet proposed school interventions. These interventions as outlined below, should be aligned with current best practices to decrease acquisition and transmission of COVID-19. The role of school authorities is to address students' education needs, including adapting to ensure continuity of student learning.

**Remote Learning as Adaptive Pause:**

An Adaptive Pause is a strategy that allows for movement into any level of remote learning to prevent disease transmission during a pandemic. An Adaptive Pause may result in delayed reopening at the start of a specific school term or a pivot to remote learning once the school year is underway for school officials to have time to plan for next steps with parents, teachers and staff. An Adaptive Pause may also include a pivot to remote learning for a classroom, a grade level, a wing, a building or school- or district-wide remote learning. At all levels of community transmission, school officials may need an Adaptive Pause to consult with their LHD to understand community transmission metrics and to plan for how to respond to a given scenario. Adaptive Pauses may be for a set period of time or indefinite, depending on the specific metrics related to transmission and infection rates within a county or school district/area and its student population. School officials will make the determination on how long an Adaptive Pause will last (days, weeks, months, rest of school year) in order to respond effectively.

Several Adaptive Pauses may be needed until COVID-19 transmission is controlled and vaccine is widely available throughout the State. However, the goal of implementing the suggested interventions is to reduce the frequency of these interruptions and allowing for in-person learning when feasible.

**Metric Guidance for Local Health Departments to Prompt Discussion with School Officials**

| | Minimal Community Transmission | Moderate Community Transmission | Substantial Community Transmission |
|---|---|---|---|
| County-Level Metric | Alert for one metric but remained BLUE at any point in the last 4 weeks<br><br>Weekly county case rates <= 50 per 100,000<br><br>Weekly county overall case numbers increase for two consecutive weeks with a >5% to <=10 increase occurring each week<br><br>Weekly county youth case numbers increase for two consecutive weeks with a >5% to <=10 increase occurring each week<br><br>Weekly test positivity <=5%<br><br>Neighboring county in orange once in the last 4 weeks* | Transitioned to ORANGE once in last 4 weeks<br><br>Weekly county case rates >50 to <= 100 per 100,000<br><br>Weekly county overall case numbers increase for two consecutive weeks with a >10 or <=20% increase occurring each week<br><br>Weekly county youth case numbers increase for two consecutive weeks with a >10 or <=20% increase occurring each week<br><br>Weekly test positivity >5% but <=8% | Remained in ORANGE for >2 consecutive weeks<br><br>Weekly county case rates above > 100 per 100,000<br><br>Weekly county overall case numbers increase for two consecutive weeks with a > 20% increase occurring each week<br><br>Weekly county youth case numbers increase for two consecutive weeks with a >20% increase occurring each week<br><br>Weekly test positivity >8% |
| Regional Resurgence Metric** | | | Region moved to Tier 1 mitigation |

*Should also monitor and track contiguous counties and those in adjoining states

**Involving just one Region of the state

**Epidemiological Considerations for Local Health Department Consultation with School Officials:**

Whether county transmission is minimal, moderate, or substantial, there are signs and signifiers of community transmission that are relevant to addressing prevention of COVID-19 in schools. Even minimal transmission may warrant consideration for pivoting to remote learning, along with the other strategies that are discussed in this document, depending on the specific data in the county. LHDs should assess the data described above and take into account the following in advising school districts.[1]

A) LHDs and school officials should consider internal epidemiological conditions, such as:

- School COVID-19 outbreak that is Epi-linked (person, place, time) and is spreading rather than contained
- Poor student adherence to use of face coverings, hand hygiene, social distancing, isolating/quarantining as needed, or cooperating with contact tracing whether within an entire school or just by grade or classroom

B) When considering potential responses to a change in a county's level of transmission, the LHD should take into consideration the circumstances of that change. For example, a shift in transmission level may have been triggered by an outbreak that would not necessarily warrant action within a school, e.g., outbreak at a long-term care facility or large food production site.

C) Keep in mind that a transmission level change that warrants intervention may bring about differential response among schools in the same area. This is because the schools may be starting at different places in their preparation, lack vital capital or human resources needed for response, or have a disproportionate number of students or staff who would be adversely affected by the preferred intervention. Within the same county, more densely populated centers/districts may opt to take a different response within their schools in contrast to a district that is less populated.

D) If community transmission occurs but is controlled (containment without further spread), consideration should be given to keeping the school open but shutting down communal places, sporting activities, band/choir or other activities. However, community transmission that is uncontrolled may lead to a pivot to remote learning.

E) LHDs are strongly encouraged to monitor and track the local epidemiology within neighboring counties and in neighboring states. Similarly, schools draw students or staff from different localities and so stakeholders should be cognizant of regional activity. This includes relevant county test positivity, case rates, and qualitative information such as significant outbreaks. This is vital because populations cross borders for employment, healthcare and commerce that may put them at increased risk for COVID-19.

[1] In circumstances in which a local school district straddles two or more counties, the LHD that covers most of the school district footprint will lead on providing COVID-19 related guidance to that school district.

F) LHDs are strongly encouraged to work with school officials to encourage them to report trends in absenteeism, disease activity and other indicators to further inform their collaboration.

**CDC Interim Guidance Regarding Levels of Community Transmission:**

The guidance below adapts the CDC Interim Guidance for Administrators of US K-12 Schools and Child Care Programs to address the following scenarios and includes recommendations that LHDs and school officials should discuss:

1) *When there is minimal community transmission*
2) *When there is moderate community transmission*
3) *When there is substantial community transmission*

The recommended strategies are minimal steps to be considered at each stage of transmission. LHDs and school officials should use this guidance in conjunction with the considerations recommended above.

***When there is minimal and moderate community transmission***

The most important thing to do is to **plan and prepare**. Administrators should reinforce healthy practices for schools that include their students and staff. As the global outbreak evolves, attention to community-level outbreaks will continue to be important. So that schools can **be ready** as community level transmission occurs, here are some crucial actionable strategies that may be implemented during times of minimal or moderate community transmission:

1. **Review, update, and implement emergency operations plans (EOPs).** This should be done in collaboration with LHDs and other relevant partners. Focus on the components, or annexes, of the plans that address infectious disease outbreaks.

    - Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). This includes strategies for social distancing and school dismissal that may be used to stop or slow the spread of infectious disease and influenza vaccination when that becomes available. The plan should also include strategies for remote learning, meal programs, and other related services in the event of suspension of in-person instruction.

    - Ensure the plan emphasizes everyday preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.

    - Ensure the plan includes covers the critical importance of masking, social distancing and containment for CoVID-19.

    - Reference key resources while reviewing, updating, and implementing the EOP:

- Multiple federal agencies have developed resources on school planning principles and for creating plans to build and continually foster safe and healthy school communities *before*, *during*, and *after* possible emergencies. Key resources include guidance on developing high-quality school emergency operations plans and a companion guide on the role of school districts in developing high-quality school emergency operations plans.
- The Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center's and ISBE's website contain free resources, trainings, and TA to schools and their community partners, including many tools and resources on emergency planning and response to infectious disease outbreaks.

2. **Develop information-sharing systems with partners.**
   - Information-sharing systems can be used for day-to-day reporting (on information such as changes in absenteeism) and disease surveillance efforts to detect and respond to an outbreak.
   - Local health officials should be a key partner in information sharing.
3. **Teach and reinforce healthy hygiene practices.**
   - Train staff on healthy hygiene practices so they can teach these to students at age appropriate levels.
   - Ensure handwashing strategies include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; before and after socially-distanced playground activities; and after blowing your nose, coughing, or sneezing. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers should be used under adult supervision with proper child safety precautions and stored out of reach of young children to reduce unintended, adverse consequences. It will be necessary to ensure that students do not ingest hand sanitizer or use it to injure another person.
   - CDC offers several free handwashing resources that include health promotion materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits.
   - Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.
4. **Intensify cleaning and disinfection efforts.**
   - Routinely clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs,

light switches, classroom sink handles, countertops). Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. 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 on the EPA website. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

- Ensure that commonly used surfaces (e.g., keyboards, desks, remote controls) can be cleaned and disinfected before use.
- Ensure adequate supplies to support cleaning and disinfection practices.

5. **Monitor and plan for absenteeism.**
    - Review the usual absenteeism patterns at your school among both students and staff.
    - As school officials monitor student and staff absenteeism, they may be in close consultation with local health departments, particularly if absences appear due to respiratory illnesses (like the common cold or the "flu," which have symptoms similar to COVID-19).
    - Review attendance and sick leave policies. Encourage students and staff to stay home when sick.
    - Discourage the use of perfect attendance awards and incentives.
    - Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
6. **Assess group gatherings and events. Consider postponing non-critical gatherings and events.**
    - Ensure you have a clear understanding of all upcoming group gatherings for your school community. Indoor events with more than 50 individuals in attendance are not permitted. Large events are strongly discouraged, even if they comply with IDPH attendee and social distancing requirements.
    - Consider whether any of these events should be held virtually, canceled, or postponed. Speak with local health officials to help determine the best approach.
7. **Require sick students and staff to stay home. Establish procedures for students and staff who are sick at school.**
    - Establish procedures to ensure students and staff who become sick at school or arrive at school sick are sent home as soon as possible. Evaluate options with the

LHD should a child still be sent to school despite being ill or having symptoms. A parent/guardian may willingly agree to keep their child home without the use of an isolation/quarantine order issued by the LHD. COVID-19 testing to confirm diagnosis should be strongly encouraged to minimize uncertainty regarding illness.

- Keep sick students and staff, particularly those with symptoms of respiratory illness, separate from well students and staff until they can leave. Plan to have areas where these individuals can be isolated from well students and staff until they can leave the school.
- Remember that **schools are not able to identify cases of COVID-19 but should take note of symptoms if a child or staff member appears ill**. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.
- Share resources with the school community to help families understand when to keep children home.

8. **Create and test communications plans for use with the school community.**
    - Include strategies for sharing information with staff, students, and their families.
    - Include information about steps being taken by the school or childcare facility to prepare, and how additional information will be shared.
    - Test communication tools, and reiterate steps staff, students, and families can take to stay healthy and guidance that they should stay home if sick.
    - Ensure families have access to information (e.g. consider translating information and addressing technology barriers).
9. **Assess and reinforce multiple social distancing strategies.** Select strategies based on feasibility given the unique space and needs of the school. Not all strategies will be feasible for all schools. For example, limiting hall movement options can be particularly challenging in high schools. Many strategies that are feasible in elementary or high schools may be less feasible in child-care settings. Administrators are encouraged to think creatively about all opportunities to increase the physical space between students and limit interactions in large group settings. Schools may consider strategies such as:
    - **Cancel field trips, assemblies, and other large gatherings – or hold them virtually.** Cancel activities and events such as field trips, student assemblies, extracurricular activities, athletic events or practices, special performances, school-wide parent meetings, or spirit nights.
    - **Cancel or modify classes where students are likely to be in very close contact.** For example, in physical education or art classes, consider having teachers come to

classrooms to prevent classes mixing with others in the gymnasium or art room and alternate curriculum instruction. Classes such as choir or band are strongly encouraged to be held outdoors.

- **Increase the space between desks.** Rearrange student desks to maximize the space between students. Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing). Consider reduction of class size to accommodate social distancing requirements and square footage in the classroom.
- **Avoid mixing students in common areas.** For example, allow students to eat lunch and breakfast in their classrooms rather than mixing in the cafeteria. If it is not possible to suspend use of common areas, try to limit the extent to which students mix with each other, and particularly with students from other classes or grade levels (e.g., stagger lunch by class, segregate lunch and recess area by class, send a few students into the library to pick out books rather than going as a class, suspend the use of lockers). Restrict hallway use through homeroom stays , staggered release of classes or staggered arrival times. Try to avoid taking multiple classes to bathrooms at once (e.g., avoid having all classes use the bathroom right after lunch or recess). In childcare or elementary school settings, consider staggering playground use rather than allowing multiple classes to play together, and limit other activities where multiple classes interact. Although playgrounds may be utilized in Phase 4, schools may wish to consider not allowing the use of playground equipment due to social distancing requirements.
- **Consider if and how to honor requests of parents who may have concerns about their children attending school due to underlying medical conditions of their children or others in their home.** For example, consider requests for in-person accommodations (e.g. requests to eat lunch outdoors) on a case-by-case basis.
- **Stagger arrival and/or dismissal times.** These approaches can limit the amount of close contact between students in high-traffic situations and times. Such accommodations will need to be done in conjunction with school bus companies and families during drop off and pick up times.
- **Reduce congestion in the health office.** For example, use the health office for children with flu-like symptoms and a satellite location for first aid or medication distribution.
- **Limit nonessential visitors.** Limit the presence of volunteers for classroom activities, mystery readers, cafeteria support, and other activities.
- **Limit cross-school transfer for special programs.** For example, if students are brought from multiple schools for special programs (e.g., music, robotics, academic

clubs), consider using distance learning to deliver the instruction or temporarily offering duplicate programs in the participating schools.

- **Teach staff, students, and their families to maintain distance from each other in the school.** Educate staff, students, and their families at the same time and explain why this is important.

10. **Pivot to remote learning could range from an offer to accommodate the requests of families to a full pivot to remote learning across the district.**

**When there is substantial community transmission**

Additional strategies should be considered when there is substantial transmission in the local community in addition to those implemented when there is no, minimal, or moderate transmission. These strategies include:

1. **Continue to coordinate with local health officials.** If local health officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for childcare programs or schools. These strategies are expected to extend across multiple programs, schools, or school districts within the community, as they are not necessarily tied to cases within schools or childcare facilities.
2. **Consider extended remote learning.** In collaboration with local health officials, implement remote learning. This longer-term, and likely broader-reaching strategy is intended to slow transmission rates of COVID-19 in the community. Cancel extracurricular group activities, school-based afterschool programs, and school events. Remember to implement strategies to ensure the continuity of education (e.g., remote learning) as well as meal programs and other essential services for students.

3. **School should strongly consider a pivot to various arrays of remote learning.**

**Further CDC Guidance:**

Guidance for businesses and employers that schools can use in their role as an employer

**References:**

[1]National Academies of Sciences, Engineering, and Medicine (NASEM). Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities. *Consensus study report from The National Academies Press*. 2020; doi:10.17226/25858

[2]Donohue JM, Miller E. COVID-19 and School Closures. *JAMA*. 2020;324(9):845-847. doi:10.1001/jama.2020.13092

[3]Russell FM, Ryan K, Snow K, Danchin M, Mulholland K, Goldfeld S. COVID-19 in Victorian Schools: An analysis of child-care and school outbreak data and evidence-based recommendations for opening schools and keeping them open. *Report from Murdoch Children's Research Institute and the University of Melbourne*. 2020; Published 2020 September 25.

[4]National Academies of Sciences, Engineering, and Medicine (NASEM). Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities. *Consensus study report from The National Academies Press*. 2020; doi:10.17226/25858

[5]Donohue JM, Miller E. COVID-19 and School Closures. *JAMA*. 2020;324(9):845-847. doi:10.1001/jama.2020.13092

[6]Russell FM, Ryan K, Snow K, Danchin M, Mulholland K, Goldfeld S. COVID-19 in Victorian Schools: An analysis of child-care and school outbreak data and evidence-based recommendations for opening schools and keeping them open. *Report from Murdoch Children's Research Institute and the University of Melbourne*. 2020; Published 2020 September 25.