Welcome

K-12 COVID-19 Guidance

Geisinger
Allison Hess, vice president, Health Services

Alison Brodginski, DO, director, Infectious Diseases

Roxanna Larsen, director, Sports Medicine

Swathi Gowtham, MD, director, Pediatric Infection Prevention.
KEY TOPICS

Back to school resources
Mitigation
Sports activities
Vaccines
Testing
Questions and Answers
Expert advice and resources

- Webinars/Town Halls throughout the pandemic
- Real time support for questions
- Reviewing back to school plans
- Vaccine information for parents and students
- Printed materials
- Digital resources
Alison Brodginski, DO, director, Infectious Diseases

Roxanna Larsen, director, Sports Medicine
CDC Guidance for COVID-19 Prevention K-12 Schools (as of Aug 4, 2021)

In-person instruction is key!

• Alternative instruction models ---> Layered protective strategies
• Vaccination
• Face Coverings and Masks
• Physical Distancing
• Contact Tracing, Isolation and Quarantine
• Back to the basics: hand hygiene, ventilation, cleaning, personal responsibility
Vaccination

- Vaccination status
- Fully vaccinated:
  - >2 weeks after receiving second dose in a 2-dose
  - >2 weeks after receiving a single-dose vaccine
- Decisions regarding testing, and contact tracing efforts, quarantine and isolation protocols
- Vaccination status is not considered in determining close contact
  - diagnostic testing and quarantine may differ depending on a person’s vaccination status or prior infection
Consistent and Correct Mask Wearing

• **Indoors**: CDC recommends indoor masking for all individuals age 2 years and older, including students, teachers, staff, and visitors, regardless of vaccination status.

• **Outdoors**: In general, people do not need to wear masks when outdoors.
  • People who are not fully vaccinated wear a mask in crowded outdoor settings or activities involving sustained close contact.
  • Fully vaccinated people might choose to wear a mask in crowded outdoor settings.

• **During school transportation**:
  • Passengers and drivers must wear a mask on school buses regardless of vaccination status.
  • Federal order.
  • Provide masks to those students who need them (including on buses).
    • students who forgot
    • families are unable to afford them.
Consistent and Correct Mask Wearing – Sports

- **Indoors Sports**: CDC recommends indoor masking for all individuals age 2 years and older, including students-athletes, coaches, officials, and spectators regardless of vaccination status.

- **Outdoors Sports**: In general, people do not need to wear masks when outdoors.
  - People who are not fully vaccinated wear a mask in crowded outdoor settings or activities involving sustained close contact; including the sideline.
  - Fully vaccinated people might choose to wear a mask in crowded outdoor settings.

- **During school transportation**:  
  - Student-athletes and coaches must wear a mask on school buses regardless of vaccination status.
  - Federal order.
Face Coverings and Masks

**DO choose masks that**
- Have two or more layers of washable, breathable fabric
- Completely cover your nose and mouth
- Fit snugly against the sides of your face and don't have gaps
- Have a nose wire to prevent air from leaking out of the top of the mask

**DO NOT choose masks that**
- Are made of fabric that makes it hard to breathe, for example, vinyl
- Have exhalation valves or vents which allow virus particles to escape
- Are prioritized for healthcare workers, including N95 respirators
Physical Distancing

Optional Strategies

**Maintain 6 ft**
- People who are not fully vaccinated maintain at least 6 feet
- Between adults and between adults and student
- Eating
- Common areas – lobbies and auditoriums
- Activities increased exhalation

**3 ft-6 ft**
- Low COVID-19 transmission levels with layered preventive strategies (masking)
- Low, mod, substantial transmission
- Masking

**<3 ft**
- High focus on layered strategies
- Masking
- Strong emphasis on education/reinforcement of mitigation strategies
Contact tracing in combination with isolation and quarantine

- Implement physical distancing to the extent possible within your structures

- Close contact: someone who was within 6 feet of a person diagnosed with COVID-19 for a total of 15 minutes or more over a 24 hour period

- 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 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
Close Contact

Unvaccinated

• Quarantine for 14 days
• COVID-19 Testing
• Collaborate with state and local health departments

Fully vaccinated

• COVID-19 Testing
• No need to quarantine unless symptoms develop or positive test
• Vigilant mask wearing
• *Previously diagnosed COVID in last 3 months
What’s the difference?

Quarantine
- Quarantine when you may have been exposed to the virus
- Stay home for 14 days after your last contact with a person who has COVID-19
- Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19.
- If possible, stay away from people you live with, especially people who are at higher risk for getting very sick from COVID-19

Isolation
- Isolate when you have been infected with the virus, even if you don’t have symptoms
- Isolation is typically 10 days
- 24 hours with no fever without the use of fever-reducing medications and
- Other symptoms of COVID-19 are improving*

*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation
COVID monitoring

PA County data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Low Transmission Blue</th>
<th>Moderate Transmission Yellow</th>
<th>Substantial Transmission Orange</th>
<th>High Transmission Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total new cases per 100,000 persons in the past 7 days</td>
<td>0-9.99</td>
<td>10-49.99</td>
<td>50-99.99</td>
<td>≥100</td>
</tr>
<tr>
<td>Percentage of NAATs(^1) that are positive during the past 7 days</td>
<td>0-4.99%</td>
<td>5-7.99%</td>
<td>8-9.99%</td>
<td>≥10.0%</td>
</tr>
</tbody>
</table>
COVID Variants

• Greek alphabet nomenclature VOI and VOC
  • alpha, beta, gamma, delta, lambda, etc
• Delta variant
  • 1000x viral load
  • Unvaccinated, kids
• 155,299 individuals fully vaccinated by Geisinger, only 14 (0.01%) have been subsequently admitted to our hospitals for COVID-19
  • 0 ventilated
  • 0 deaths
Hygiene and Hydration

• Student-athletes should bring individualized water containers with them for their use only
  • Water bottle, jug
  • Schools may provide large water coolers for refill purposes. Ensure hand sanitizer is available for prior to use of cooler.

• Locker rooms should not be utilized for showering; all post-workout showers should be preformed at the student-athlete’s residence.

• Lockers rooms should be utilized for bathroom necessities and limit number of users at once.

• Proper cleaning periodically throughout the scheduled timeframe should occur.
Equipment and Weight Room...

• Non-vaccinated student-athletes should wear facemask during weight room activity.
  • Spotters should be on either side of the lifting student-athlete to minimize direct close contact.

• All equipment must be wiped down between use and surface area allowed to thoroughly dry before next use.
  • Thorough cleaning between each use.
Key Takeaways

- Students benefit from in-person learning, and safely returning to in-person instruction in the fall 2021 is a priority.
- Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.
- Due to the circulating and highly contagious Delta variant, CDC recommends universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.
- In addition to universal indoor masking, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms 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 screening testing.
- Screening testing, ventilation, handwashing and respiratory etiquette, staying home when sick and getting tested, contact tracing in combination with quarantine and isolation, and cleaning and disinfection are also important layers of prevention to keep schools safe.
- Students, teachers, and staff should stay home when they have signs of any infectious illness and be referred to their healthcare provider for testing and care.
- Many schools serve children under the age of 12 who are not eligible for vaccination at this time. Therefore, this guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together consistently) to protect students, teachers, staff, visitors, and other members of their households and support in-person learning.
- Localities should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies (e.g., physical distancing, screening testing).
• **Sports / Vaccinations**
  - Proof of vaccination for sports will align with the “return to learn” school plan each school district submitted to the PA Department of Health. The PIAA is not requiring proof of vaccination to participate. However, those who are unvaccinated should follow CDC guidelines and wear a mask when not able to social distance.

• **Handling a Potential Spike**
  - Continuation of sport activities will depend on the community’s level and coincide with the school’s “return to learn” plan.

• **Masking**
  - Aligning with the CDC and all recommendations to decrease further spread, non-vaccinated coaches, parents and student-athletes should be masked when not able to social distance. Including when in the stands/bleachers.
Pediatric COVID and vaccinations

Swathi Gowtham, MD
Pediatric Infectious Diseases
Director, Pediatric Infection Prevention
Geisinger Janet Weis Children’s Hospital
Epidemiology

The number and rates of cases in children have been increasing

True incidence is not known

Recent data shows children have similar number of virus and similar ability to infect others

Though COVID in children has been less severe, children can get hospitalized with COVID (1 in 3 in ICU), MIS-C, and there have been deaths reported

Children with mild infections getting “post-COVID conditions”
Children with MIS-C, hospitalization

Children with acute minimally symptomatic, or asymptomatic COVID-19 illness
Vaccination

Pfizer vaccine is the only pediatric vaccine currently recommended for 12 – 17 years

Can get it with other childhood vaccinations

Clinical trial data currently on 6-12 years pending – Fall 2021

Myocarditis – small signal from VAERS
Vaccine is much, much, much safer than the virus
AAP, CDC and PIDS recommendations for safe schools:

- Encourage COVID-19 vaccination in all those eligible (as well as other routine childhood vaccines)
- Rapidly identify and separate those with infection
- Recommendations to mask inside schools, buses, regardless of vaccination status
  - More practical, easy to enforce, more consistent

Goal is to keep as many children physically present as possible for in-person learning
Summary points

Current vaccines protect against death and hospitalization from COVID-19 disease.

This is a race to vaccinate against a mutating virus.

The SAME strategies to prevent the infection (masking, distancing, HH) are all ever important until the population is immune from the circulating strains.

We as pediatric experts worry that Schools will become a nidus for infection spread – and have to be shut down if there are outbreaks.
Community based clinics

Geisinger strategy for vaccine distribution

Targeted strategies and upcoming plans:
- Pediatric appts available for 12-17 years old
- Community clinics open for walk ins at all locations
- Vaccine available at 8 retail pharmacy locations:
  - Lewistown Clinic, Pottsville, Grays Woods, Woodbine, Lock Haven, Mount Pleasant, Mt. Pocono, Dallas

✓ Geisinger.org/COVIDVax or call 570-284-3657
✓ Walk-ins launched 5/14/21
COVID Testing

Effective 8/1/2021, due to decreased volumes, all previously designated testing sites will be closed.

In order to meet continued testing needs of our patients, those seeking COVID Testing will be directed as follows:

If you have symptoms and have a Geisinger PCP, please schedule an appt with your PCP.

If you do not have a Geisinger PCP but need testing, you can get tested at Convenient Care Sites:
• Symptomatic
• Asymptomatic vacation testing ($140 Self-pay)
• College student needing return to school testing
Questions?