

El Paso County Public Health COVID-19 School Guidance



This guidance was updated on 12/22/2020 to reflect additional recommendations released by the Colorado Department of Public Health and Environment (CDPHE).

Introduction

El Paso County Public Health's mission is to promote and protect public health and environmental quality across El Paso County through people, prevention and partnerships. Our role in assuring public health and safety has never been clearer and more immediate than during our current and ongoing COVID-19 pandemic. While much of this effort is focused on disease mitigation, our actions are always guided towards addressing the social determinates of health, helping our citizens fulfill their mental, physical, and emotional potential.

Please note: K-12 schools are considered Critical Businesses per Colorado Department of Public Health and Environment (CDPHE) [Public Health Order 20-36](#). Local districts can make determinations regarding the structure and format of education based on local factors.

Such institutions are required to work with state and local public health officials and follow case and outbreak guidance for schools when cases of COVID-19 are suspected or confirmed in students or staff. This process determines transmission mitigation strategies, the need for isolation and quarantine and shifts to remote learning. Review the recommendations in this document to help create safe practices for in-person learning.

In July 2020, Governor Polis issued an Executive Order requiring masks be worn state-wide indoors in public places unless the individual is 10 years of age or younger or cannot medically tolerate a mask. This has most recently been amended and extended for 30 days as of November 25, 2020. Though not a part of the public health order, both the Colorado Department of Education and El Paso County Public Health strongly encourage that children three to 10 years old wear a mask as well.

Overview

The purpose of this document is to provide schools with practical guidance that is grounded in our current understanding of the SARS-CoV-2 virus and the COVID-19 disease that it causes. How this guidance is deployed should be informed by the students, families, and staff population and the ability to realistically implement and adhere to the measures while allowing education to continue efficiently, effectively and safely. As we work towards maximizing in-person learning, it must be based on current scientific understanding, local viral activity, and the latest public health orders, prioritizing the safety of students and their families, faculty, and the broader community. While no school will look the same as it did last year these measures and the commitment of students, faculty, and parents to their implementation will provide us the best opportunity to safely maximize in-person learning and optimize the education and social development of our students.

What we Know

This is an incredibly challenging time for schools and difficult decisions are being made by our education partners. The following public health recommendations are based on these facts:

1. In-person learning provides the optimal environment to maximize each child's potential.
2. In addition to providing educational services, in-person learning also provides irreplaceable social-emotional supports, food security, social safety monitoring and services, and childcare for younger children, allowing health care and critical workers to contribute to the community's pandemic response efforts.
3. The value of in-person learning is magnified for younger students.
4. Current high levels of viral spread in our community, number of staff and children currently infectious or potentially infectious, and the mitigation efforts necessary to prevent out of control spread in the school setting makes maintaining in-person learning exceptionally challenging.
5. Given current viral transmission trajectories and the likelihood of holiday family and social gatherings impacting accelerated transmission in the community, keeping enough staff and children healthy and without viral exposure outside school will present an increasingly difficult challenge.
6. Current contact tracing infrastructure is being strained in schools, local public health departments, and at the state level which makes these valuable tools less effective.
7. School outbreaks, while being adequately controlled by school efforts, have exponentially accelerated in total number resulting in large exclusions of critical workforce and students.
8. All schools are not experiencing the same impact of the pandemic and therefore, each district and school must make their own decisions based on resources, prior performance and experience.
9. El Paso County Public Health will continue to fully support school districts in their approach to handling the pandemic and in determining which learning modalities are achievable and best for their community.

During periods of increased community incidence and transmission, the following specific strategies are also recommended:

1. K-5 (elementary) in-person learning is still encouraged if the school still has appropriate staffing and mitigation efforts in place. This decision should be based on prior performance of the school community, contact tracing resources, ability of the school, student and family population to perform high quality remote learning, and special needs of the student and family population that cannot be met in remote learning modalities.
2. Remote learning is suggested for high school and possibly middle school students who have the ability to learn remotely, as experience has proven that this population has larger social networks, increased exposure risks, is more likely to spread the virus, and contributes to larger outbreaks.
3. For schools focusing on maintaining in-person learning, minimizing or eliminating extracurricular activities to include off-season group workouts will be a critical tool in limiting exposure and spread. These interactions have caused the largest outbreaks locally and often span across multiple cohorts resulting larger exclusions
4. Because current exclusion criteria at our high rate of viral spread necessitates exclusion of full cohorts, minimizing cohorts and strict enforcement of separation is critically important.
5. Schools could consider a self-imposed post-holiday quarantine period of remote learning as a means to monitor school community spread from holiday travel and social gathering before returning to in-person learning.

6. All contact tracing and outbreak monitoring efforts should continue during the holiday break to allow for evidence-based decisions concerning returning to in-person learning for spring semester if desired and feasible.
7. Public Health strongly encourage students over the age of 3 to utilize face masks to the fullest extent possible.

Each school must make decisions that are appropriate for their community, staff, students, and families.

What Works

Given our current understanding of the virus and its transmission, these are the practical actions that are proven to reduce spread of the virus which will help keep our students, families, and faculty safe and allow continuity of in-person education.

- **Hand hygiene:** Frequent and thorough hand washing before and after touching shared surfaces, eating, using the restroom, entering or exiting classrooms or touching of the face, mouth, nose, or mask along with appropriate education on proper washing is key.
- **Distancing:** Every bit of distance is better than none, so maximizing all available space or looking at alternative locations for instruction or activity may be necessary. CDPHE specifies in their [‘Who is a Close Contact?’](#) guidance that a close contact within a school includes individuals who:
 - Spent greater than 15 minutes within six feet of the ill individual when both parties are masked
 - Spent greater than 15 minutes within 12 feet of the ill individual when indoors and only one party is masked
- **Mask use:** Wearing a mask helps to significantly reduce transmission. In situations where a mask impedes the learning of a student, such as speech therapy or the hearing impaired, teachers may opt for a clear face shield. In these situations, the face shield may not be substituted for a face covering permanently and may only be used for these purposes. Face coverings will be a critical component of mitigation when social distancing cannot be maintained (not stationary in a spaced classroom, moving through hallways, during group transportation, entering and exiting school). Student populations who are unable to wear masks for medical or educational reasons will need to employ an alternate form of mitigation such as increased spacing or pod-style activities. **Pursuant to CDPHE guidelines and current executive and public health orders, all staff are required to wear face coverings (mouth and nose) to include during in-person instruction or when they are around other adults. All students age 11 and older are required to wear face coverings while indoors unless the student has a health or education reason for not wearing one. Face coverings are strongly encouraged for all children aged three to ten years old. Please see the most recent CDPHE guidelines concerning updates, changes, or special circumstances concerning mask use in K-12 education.**
- **Vaccinations:** It will be critical that schools and families do everything they can to keep our student and faculty populations healthy to minimize all disease spread and keep kids and teachers healthy and in school. Increased vaccinations within schools can assist in keeping students safe from other circulating respiratory diseases.
 - At this time the COVID-19 vaccine is not expected to impact recommendations for the Spring 2021 semester. The vaccine has not been approved for those 15 and younger. Public Health is encouraging vaccination for all of those who are eligible to receive it as it becomes available to them. For more information about the COVID-19 vaccines and Colorado’s phased approach, visit <https://covid19.colorado.gov/vaccine>.

- **Wellness screening:** The Centers for Disease Control and Prevention (CDC) recommends screening all students and staff before entering the building. School staff, parents, and guardians can use these symptom checklists to determine when to keep their child at home. Any student or staff diagnosed with COVID-19 or who is a close contact of a COVID-19 case should not go to school and should isolate or quarantine according to public health recommendations regardless of current symptoms. Screening should include the following symptoms with exclusion for any (1) of the following:
 - Feeling feverish, having chills, or temperature 100.4 Fahrenheit or higher
 - New onset of loss of sense of smell or taste
 - New or unexplained persistent cough
 - Shortness of breath
 - Difficulty breathing
 - Fatigue or malaise
 - Muscle or body aches
 - Headache
 - Sore throat
 - Congestion or runny nose
 - Diarrhea
 - Nausea or vomiting
 - Children who become ill with COVID-like symptoms should be kept home, consult their pediatrician, and be tested for COVID-19 if appropriate.
 - Children screened positive at school by questionnaire should be isolated (kept separate) from faculty and students in a properly ventilated area and cared for by staff dressed in proper personal protective equipment (PPE)—N95 mask, gown, and gloves—and parents contacted immediately.
 - **If there is a concern for COVID-19, please consult with Public Health’s Communicable Disease Program at 719-578-3220 or after hours at 719-235-2278. Please leave a message for the quickest response.**
 - **There is also a Public Health inbox specific to school questions:**
schoolscovid19@elpasoco.com
- **Exclusion:** Identifying and separating students/staff exhibiting illness is critical to prevent the spread of disease. This requires clear expectations and communication with parents and staff. Consider incentives for compliance with exclusion such as paid sick leave for staff. The appropriate exclusion timeframe will be dictated by Public Health and relayed to the appropriate staff member at school; this timeframe cannot be overridden by any other authority and remains the express authority of Public Health.
- **Exclusion criteria:**
 - **General Isolation and Quarantine Guidelines:**
 - **Confirmed cases** need to isolate until all three criteria have been met:
 - 10 days have passed from the symptom onset date (or date of positive test if asymptomatic or symptom onset date is unknown)
 - **AND** fever free for 24 hours without the use of fever reducing medicine
 - **AND** improvement in symptoms
 - After exposure to COVID-19 a person may become ill or infectious anytime between two and 14 days after their last exposure to COVID-19.

- **Exposed individuals** should complete the quarantine period starting from the last day of exposure to the **confirmed, probable or suspect case**.
 - **Please see CDPHE’s updated guidance [How to Quarantine](#)**
- If the **exposed individual** cannot isolate themselves from the **confirmed, probable or suspect case** (e.g. household members), then the last day of exposure starts on the day the **case** is no longer infectious (a minimum of 10 days).
- If **exposed individuals** developed symptoms during the quarantine period, they would either follow the isolation guidelines or finish the quarantine, whichever is the longer time period.
- Refer to the return to school/work guidance following a positive symptom screen for COVID-19 algorithm found here [covid19.colorado.gov/cases-and-outbreaks-child-care-schools](https://www.covid19.colorado.gov/cases-and-outbreaks-child-care-schools).
- **Modified quarantine:** School nurses, health paraprofessionals, and other school district employees trained to provide direct medical care, including medication administration, to students are permitted to operate under a modified quarantine. Modified quarantine allows employees who remain asymptomatic following an exposure to continue to work for their quarantine period while following standard quarantine rules outside the workplace. Modified quarantine requires the person to wear a mask while in the facility, utilize personal protective equipment (PPE) with each patient, self-monitor both at home and at work, practice social distancing (at least six feet), refrain from public outings, as well as stay within the cohort of exposure through the entire quarantine period.
 - If the exposed essential staff member becomes symptomatic during the 14 days, the person must **not** work, must notify their employer immediately and will be placed in isolation for 10 days.
 - If any contacts are identified from the ill essential staff member, they will need to complete a full quarantine period from last day of exposure.
- **Cohort style learning:** Limiting child to child interaction to a fixed, known group not only helps prevent spread of the virus between larger populations of children, but is also a critical tool in limiting the number of students potentially exposed which require quarantine and exclusion from in-person learning. This strategy is important to the continuity of in-person learning and can be accomplished in many possible ways but will need to be age and environment appropriate. Note: the larger the cohort, the more students will need to be excluded should a cohort member test positive for COVID-19.
 - Limit classes to as few students as staffing, space, and resources allow.
 - Keep students stationary and rotate teachers.
 - Cohort larger classes by recess, lunch, physical education, transportation etc.
 - Use assigned seating in all activities.
 - Hybrid learning approaches for older students to decrease cohort size
- **Promote touch-free surfaces:** Reduce the frequency of touching surfaces or have dedicated supplies for each student
- **Enhanced cleaning:** Use Environmental Protection Agency (EPA)-approved cleaning supplies for COVID-19, diluted bleach, or 70 percent alcohol solutions for all touchable surfaces as indicated by the manufacturer. Understand that many of the products are not appropriate for use by or in contact with young children. Ensure that the appropriate contact time for each product is being followed to allow for maximum disinfection.
- **Contact tracing:** Contact tracing performed in conjunction with Public Health allows schools to identify

those students and faculty at risk of infection so they can be safely and quickly excluded so as not to propagate the infection further.

- **Close contacts are defined as** individuals who: spent greater than 15 minutes total with less than six feet between them and the infected person, had physical contact, provided care for someone with COVID-19, shared eating or drinking utensils, had respiratory droplets land on them from coughing or sneezing of an infected person, or shared the same classroom/cohort with an infected person for **up to 48 hours before symptoms or since the onset of symptoms**. For practical purposes, in the school setting this would include anyone who shared a classroom, break room or lunch table with a COVID-19-infected student or staff member as well as anyone in their social group. Every school should have appropriate records available as well as staff informed on how to participate with investigations. Extensive co-mingling of students may result in large numbers of exclusions that could significantly limit the number of students or faculty who can participate in-person.
- For pre-K and childcare settings, consider additional types of close contact, including feeding, diapering, and holding. Due to the close proximity of caregiver and child in these circumstances, very short durations of exposure will warrant quarantine if a case is detected in a caregiver or child.
- Close contacts can be determined using CDPHE’s “Who is a close contact?” tool, when schools meet specific criteria for administrative capacity and transmission risk mitigation strategies. This tool is not to be used in schools that are using small cohorts of students and staff where the same group of students and staff limit their exposures by staying together for more than one class period.
- Remember, regardless of symptoms, all students identified as being positive with COVID-19 will be excluded from school for 10 days from symptom onset and all asymptomatic contacts will be excluded for a full quarantine based on last day of exposure **regardless of testing results**.
- **Airflow/ventilation:** Utilizing outdoor or open spaces as much as possible decrease the likelihood of high-dose exposure of infectious particles. Creative use of sports fields or outdoor school space is strongly encouraged. In indoor environments, opening of windows, use of fans, or increasing outdoor sourced ventilation is an effective means of reducing transmission. Nearly all large publicized outbreaks are in indoor settings without spacing or face coverings and with minimal air movement.
 - When there is a public health crisis such as a pandemic, additional modifications to school operations are necessary, however, the fire code still must be adhered to.
 - Fire doors serve an important purpose in the event of a fire and can help to contain heat and smoke. Fire doors should be utilized in the manner intended and in accordance with the fire codes within the school’s jurisdiction.
 - More information regarding Maintaining Fire Safety During a Pandemic can be found here: [MAINTAINING A FIRE SAFE SCHOOL DURING A PANDEMIC](#)

Recommendations for Determining Educational Modality During Times of Higher Viral Transmission

While no remote or hybrid learning strategy can fully replace the benefits of in-person learning, schools with higher rates of viral transmission should consider a range of strategies to best support students, families and

their communities. This includes:

1. Prioritizing in-person learning for specific populations based on need and risk
2. Eliminating or greatly restricting extracurricular activities
3. Implementing additional protective measures within the school

Prioritizing in-person learning based on need and risk

Targeting specific populations for limited in-person learning is an important strategy to promote continued, safe in-person learning during times of increasing COVID-19 cases. As both case and outbreak data demonstrate, the risk of in-person learning is lower for younger students, especially elementary-age students, as they are better able to cohort and maintain stable groups of students and staff. These students are also the least likely to participate meaningfully in remote learning without close parental supervision and may not be safe left alone if their parents work outside the home. With this in mind, some schools may determine that elementary schools should continue in-person learning longer than middle or high schools based on their local needs and levels of COVID-19 transmission.

Students receiving special education services or who require higher levels of caregiver supervision are another group with a diverse set of needs who may be disproportionately impacted by virtual learning. Depending on students' specific needs, schools should consider a range of supports, including maintaining in-person learning for these students.

Schools may also consider offering on-site remote learning for middle or high school students who struggle with internet connectivity or other access issues. Ideally, these students would be supervised in small groups (for example, five to 10 students) with a single in-person proctor to reduce exposure and transmission risks.

Eliminating or greatly restricting extracurricular activities

Schools should recognize the additional risk posed by extracurricular activities, whether these activities are directly affiliated with schools or not. Even if conducted with optimal risk reduction measures in place, extracurricular activities present another venue in which COVID-19 transmission may occur. Further, schools may have less control of risk reduction measures in these activities. Large outbreaks associated with sports teams have resulted in the suspension of in-person learning for entire school districts in Colorado.

While extracurricular activities have value for participants, they are not integral to the core educational mission of schools. They should not be prioritized at the expense of in-person learning, the health of school community members or the need to control transmission of COVID-19 in El Paso County.

Implementing additional protective measures in school

Schools that choose to continue in-person education during times of high community transmission will need to adopt both curricular and operational strategies to reduce both the risk and disruption caused by individuals with COVID-19. Diligent adherence to the guidelines developed jointly by El Paso County Public Health, the Colorado Department of Public Health and Environment and the Colorado Department of Education will lower, but not eliminate, the risk of disease transmission in the school.

Understanding that close contacts of sick individuals will need to quarantine, all schools should proactively adopt class schedules that limit the number of close contacts each individual has. Adoption of scheduling modalities such as block schedules, alternating in-person/remote scheduling, and small cohorts of fewer than 30 individuals (including teachers, students and support staff) will be not only prudent, but necessary, for any continuity of in-

person learning to be possible.

Other Considerations

Schools will also need to evaluate the means available to them to support the emotional and mental health of the school community. Schools should develop tools and protocols (such as regularly scheduled check-ins, peer mentorship, individual learning plans/goal setting and outreach for identified concerns) to support the school community. This is especially true as decisions are made to move to remote learning.

Confirmed or Probable Cases – What to Do?

- Each school or district should designate a COVID-19 Coordinator or crisis manager to coordinate with their school-based COVID-19 Response Team, which may consist of the school nurse, administrator, health assistant and building manager. The school or district COVID-19 Coordinator or crisis manager should maintain communications, coordination and a consistent response with Public Health.
- When the school or district is notified of a probable case (COVID-19 symptoms plus an epidemiologic link to a confirmed case OR high likelihood based on symptoms or severity of illness) or a confirmed case in staff or children with exposure to the school, **the COVID Coordinator or crisis manager should contact Public Health at 719-578-3220 or after hours at 719-235-2278.** Please leave a message for the quickest response. Or use the Public Health inbox specific to school questions: schoolscovid19@elpasoco.com.
- Use the guidance from CDPHE ([covid19.colorado.gov/cases-and-outbreaks-child-care-schools](https://www.colorado.gov/covid19/cases-and-outbreaks-child-care-schools)) to work through symptomatic cases with no known exposures or with pending test results. If assistance is needed, contact El Paso County Public Health.

Outbreaks in Schools

Confirmed Outbreaks are defined as **two or more confirmed COVID-19 cases in non-household members OR one confirmed COVID-19 case and two probable COVID-19 cases with symptom onsets within a 14-day window.** These outbreaks can be limited to a single group or class (cohort outbreak), staff (two or more faculty members), or schoolwide (two or more cohorts within a school meeting the outbreak definition). Every outbreak will be unique and will be handled on a case-by-case basis in conjunction with Public Health. To report a COVID-19 case or potential outbreak contact Public Health at **719-578-3220**.

Outbreaks will be named for the school, not cohort or activity, regardless of whether they are identified in a class/cohort, school, or extracurricular activity associated with the school. Subsequent cases will be included under the current active outbreak. Investigation may still occur at the cohort level.

Public Health will follow outbreak procedures and recommendations as outlined by CDPHE and can be located here: [covid19.colorado.gov/cases-and-outbreaks-child-care-schools](https://www.colorado.gov/covid19/cases-and-outbreaks-child-care-schools)

COVID-19 Related School Closures

The success of our schools' ability to control COVID-19 within their students and faculty will be driven largely by our success in preventing spread in greater El Paso County as well as the schools' ability to implement recommended preventative measures. Therefore, we must consider community-wide transmission rates as well as our hospital and public health capacity when determining whether in-person school is safe and reasonable. The following metrics can be used to drive our decision as to whether single school, district wide or county wide school closures are necessary. If the community-wide capacity metrics are not being met at the time school is

scheduled to commence, safe in-person schooling may not be possible.

A school should be closed or pivoted to e-learning when:

- Five or more classroom/cohort outbreaks occur over a 14-day period with closure for 14 days **OR**
- Five percent or more of unrelated students/teachers/staff have confirmed COVID-19 over a 14-day period (minimum of 10 individuals with closure for 14 days) **OR**
- Additional time is needed to clean and prepare school for students **OR**
- Additional time is needed to investigate the outbreak and confer with students/staff/parents to allow and prepare for safe reopening **OR**
- The number of students or faculty affected and under quarantine or isolation protocols make in-person learning unfeasible

Note: In lieu of closure, schools can switch to remote learning.

Please refer to CDPHE for further guidance or resources on school outbreaks at:

[covid19.colorado.gov/cases-and-outbreaks-in-schools](https://www.covid19.colorado.gov/cases-and-outbreaks-in-schools)

COVID-19 Related Special Topics

Testing: Asymptomatic viral PCR testing or antibody testing should not be used as criteria for admission to school or activities. These should also not be used for employment decisions for staff. All schools should have identified PCR testing site options for referral of symptomatic students and faculty to minimize barriers to testing. A negative test result cannot override a positive test result when determining appropriate quarantine and/or isolation recommendations. Per Current CDPHE School Guidance (12/1/2020):

Recommended PCR tests include:

- Qualitative PCR like Curative, or
- Molecular tests like Abbott ID NOW.
- *These tests do not require confirmatory testing- PCR is considered the gold standard test and is preferred when available.*

OR Antigen Point of Care (POC) or rapid tests such as:

- BinaxNOW
- *Will almost always require confirmatory PCR for negative results.*

** All positive results are considered cases and do not require confirmatory testing.

Bus transportation: Transportation is a critical piece of infrastructure for schools. Schools should encourage alternate forms of transportation for families who are able. Ride sharing is an effective option but would require considerations of cohorting. For children who require bus transportation, to reduce transmission, consider masking for all riders, keeping windows open for ventilation, seating siblings together, cohorting by class, assigned seating, one person per seat if non-household contacts, or skipping rows (if appropriate or feasible) in combination or separately. Bus drivers should be masked, and interiors should be disinfected regularly and modified to minimize high-touch surfaces. Inability to identify exposed individuals and implement appropriate cohorting will result in the need to exclude a greater number of students and/or staff.

Class size: Currently, no definitive national or state guidelines exist regarding maximum class size or teacher to

student ratios with respect to COVID-19. Schools will need to be flexible and accommodate the maximum spacing and minimal cohort size that is achievable given staffing, classroom space, school population, age, and activity. In situations where ideal spacing is not achievable, alternate mitigation like masks should be utilized. Keep in mind that the recommendation to limit the number of students and staff in cohorts will again lower the number of people needing to be excluded.

Physical distancing: There is no definitive answer to what is ‘ideal distancing.’ And while six feet is the widely accepted number, it is clear that any length of distance is better than less, and mask wearing is an important component to consider when determining exposures. Schools must do the best job they can at distancing within the constraints of the teaching environment. Within schools, an exposed individual is considered anyone who was within six feet of the ill individual for 15 minutes or greater when both parties are masked OR were within 12 feet of the ill individual for 15 minutes or greater when either parties is unmasked and indoors (e.g. mealtimes).

Recess: Free play and physical activity is critical to our youth’s mental, physical, and social well-being. It is very challenging to maintain social distancing in these environments, so cohorting of small playgroups, outdoor play, or organizing activities that encourage alternate forms of play such as running or ‘shadow tag’ are prioritized.

Field trips: Experiential learning and application of knowledge are important to real world learning. Outdoors is far, far safer than indoors, so adventure is encouraged. Group transportation can be a challenge, so bus safety, masks, open windows, cohorting, and appropriate mitigation strategies for the destination are critical. Local hikes or trips around school grounds may offer benefits without the inherent risk of traditional field trips.

School lunches: There is no evidence that COVID-19 is transmissible through food. However, the traditional communal eating experience of school lunch carries an increased risk of disease transmission. Schools should forgo buffet style food service and opt for grab-and-go, delivery to classroom, packed lunch or staff-plated meals. If cafeteria seating is necessary, staggered lunch shifts, spaced tables, cohorting, seating assignments, and socially distanced lines and seating arrangements are effective options.

Staff meetings or staff-only activities: Remote or outdoor meetings are encouraged, if possible. It is recommended that schools keep groups of staff to a minimum. Any in-person gatherings should be done with distancing while wearing face coverings over the nose and mouth. In-person staff meetings should follow indoor event guidance found here: <https://covid19.colorado.gov/safer-at-home/indoor-events>.

Visitors: For the immediate future, schools should limit visitors, guest speakers, parents, or non-essential personal. Those who must enter the school should be subjected to the same screening criteria as faculty and students.

Sports: Participating in sports with and against other individuals, in any capacity during this pandemic, holds an inherent risk of possible infection for participants and risk of transmission to other individuals, such as their household members. Stakeholders in organized sports must consider the risks and benefits of participation in their plans for resuming organized sports. Adherence to public health guidelines is essential to minimize risk and disruptions to athletic activities. Organizers must also be familiar with recommendations from their national, state, and local governing bodies regarding illness (including, but not limited to, COVID-19). Please refer to the most recent [CDPHE Organized Sport Guidance](#) for more detailed, level-dependent guidance and recommendations.

While the risk of viral transmission or an outbreak can never be eliminated, the consistent, appropriate, and strategic application of the mitigation strategies described above give each school the optimal chance at a successful 2020-2021 academic school year. This guidance will be updated when additional scientific or regulatory standards become available.

Resources

CDPHE, Health Guidance for Reopening Schools

<https://docs.google.com/document/d/1e-IWLtzJNCgl2gzPONGvEASGgse85WuBmcToc9ev-74/edit>

CDPHE, COVID-19 Guidance: Cases and Outbreaks in Schools

https://drive.google.com/file/d/1j_QAPmw8Fw0lll_vLLbFrEAu_d5oS_/view

Children's Hospital Colorado, Risk-Based Approach to Reopening Schools Amid COVID-19

<https://www.childrenscolorado.org/49eee6/globalassets/community/reopening-schools-during-covid19.p>

CDPHE, Organized Sport Guidance

<https://covid19.colorado.gov/press-release/state-of-colorado-releases-guidance-for-organized-sports>

CDPHE, Vaccine Information CDC, Interim Guidance for Administrators of US K-12 Schools and Child Care Programs

<https://covid19.colorado.gov/vaccine>

CDPHE, How to Quarantine

<https://covid19.colorado.gov/how-to-quarantine>

CDC, Coronavirus Disease 2019 (COVID-19): Considerations for Schools

Colorado Health Institute, COVID-19 Strategies for Schools

Prevent Epidemics.org, Reopening America's Schools: A Public Health Approach

https://preventepidemics.org/wp-content/uploads/2020/07/Reopening-Americas-Schools_07-08-2020-Final.pdf