



COVID-19 (</coronavirus/2019-nCoV/index.html>)



WEAR A MASK



STAY 6 FEET APART



AVOID CROWDS



GET A VACCINE

(</coronavirus/2019-ncov/your-health/need-to-know.html>)

# Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education (IHEs)

Updated Apr. 22, 2021



[Print](#)

## Summary of Recent Changes

Updates as of April 22, 2021 

- This guidance combines the previously published *Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools* and *Interim Guidance for Case Investigation and Contact Tracing in Institutions of Higher Education (IHEs)*.
- It addresses implications of updated information on identifying [close contacts](/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) (</coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>), testing for COVID-19 (</coronavirus/2019-ncov/php/testing.html>), vaccination (</coronavirus/2019-ncov/vaccines/index.html>), mask use (</coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>), isolation (</coronavirus/2019-ncov/if-you-are-sick/isolation.html>), and quarantine (</coronavirus/2019-ncov/if-you-are-sick/quarantine.html>) for K-12 school and IHE settings.

## Key Points

- As schools and institutions of higher education (IHEs) resume in-person learning, [case investigation](/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf)  (</coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf>) and [contact tracing](/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf)  (</coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf>) with staff, educators, and students are effective strategies to identify and isolate cases and test and quarantine close contacts to reduce transmission.
- K-12 schools and IHEs [should collaborate](/coronavirus/2019-ncov/community/contact-tracing-nonhealthcare-workplaces.html) (</coronavirus/2019-ncov/community/contact-tracing-nonhealthcare-workplaces.html>) with state, tribal, local, and territorial (STLT) health departments when investigating cases and exposures to SARS-CoV-2, the virus that causes COVID-19.
- K-12 schools and IHEs should coordinate with local counsel and the state or U.S. Department of Education to ensure compliance with applicable laws related to privacy and the collection/sharing

of this information as they undertake these activities.

- Students, staff, and educators diagnosed with COVID-19 should [isolate \(/coronavirus/2019-ncov/if-you-are-sick/isolation.html\)](#) and stay away from the school/IHE premises until [requirements for end of isolation are met \(/coronavirus/2019-ncov/hcp/duration-isolation.html\)](#).
- K-12 school and IHE officials should report COVID-19 cases to the health department, in accordance with applicable privacy and other laws as soon as they are informed.
- One of the most useful things K-12 schools and IHEs can do to support case investigation and contact tracing is to quickly prepare and provide information and records to aid in the identification of potential exposures and [close contacts \(/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact\)](#) at K-12 school or IHE facilities or events.
- K-12 school and IHE officials should notify [close contact \(/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact\)](#)s (and families of close contacts in the K-12 school setting), in accordance with applicable privacy and other laws, of exposure as soon as possible after they are notified that someone in the K-12 school or IHE has tested positive for or been diagnosed with COVID-19.
- [Vaccination \(/vaccines/hcp/acip-recs/vacc-specific/covid-19.html\)](#) of staff, educators, [\(/coronavirus/2019-ncov/vaccines/recommendations/specific-groups/teachers-childcare.html\)](#) and eligible students is a key strategy that should be considered in prevention plans.
- [Expanded screening testing \(/coronavirus/2019-ncov/php/testing/expanded-screening-testing.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fphp%2Fopen-america%2Fexpanded-screening-testing.html\)](#), specifically tiered testing of students, staff, and educators with potential exposure, is a useful strategy to detect new cases, prevent outbreaks, and interrupt the spread of COVID-19.
- Prompt and coordinated actions, including [case investigation !\[\]\(31b03e46ee8a80a1f1467b8c03bd76e8\_img.jpg\) \(/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf\)](#) and [contact tracing !\[\]\(7d9665ff04f9d2270c38081c6215a724\_img.jpg\) \(/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf\)](#), in combination with [isolation \(/coronavirus/2019-ncov/if-you-are-sick/isolation.html\)](#) and [quarantine \(/coronavirus/2019-ncov/if-you-are-sick/quarantine.html\)](#), can inform decision-making about strengthening and focusing prevention strategies.
- Students, staff, and educators who have been in [close contact \(/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact\)](#) with someone who has COVID-19 and who are not fully vaccinated should receive [diagnostic testing \(/coronavirus/2019-ncov/symptoms-testing/testing.html\)](#) and should [quarantine \(/coronavirus/2019-ncov/if-you-are-sick/quarantine.html\)](#). However, asymptomatic people who have [tested positive for and recovered from COVID-19 in the prior 3 months \(/coronavirus/2019-ncov/if-you-are-sick/quarantine.html\)](#) and asymptomatic fully vaccinated people [\(/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html\)](#) do not need to quarantine or get tested. Any close contacts who test positive for SARS-CoV-2 or who have symptoms should begin [isolation \(/coronavirus/2019-ncov/if-you-are-sick/isolation.html\)](#) regardless of [vaccination status or prior infection \(/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html\)](#).
- All activities and information collected by a K-12 school and IHE should be consistent with applicable federal, state, tribal, local, and territorial privacy, public health, health/medical, and workplace laws and regulations.

This guidance is for administrators and other staff of public and private K-12 schools and IHEs developing policies and coordinating case investigation and contact tracing. IHEs are composed of a diverse set of colleges, universities, and technical schools, including 2- or 4-year, public, private non-profit, private for-profit, comprehensive, research-focused, or special-mission institutions. This guidance can inform public health professionals when conducting case investigations and contact tracing in K-12 school and IHE settings.

This guidance is meant to supplement—not replace—any federal, state, tribal, local, or territorial privacy or public health and safety laws, rules, and regulations with which K-12 schools and IHEs must comply.

## Introduction

K-12 schools and IHEs should be prepared for the identification of COVID-19 cases among students, staff, and educators; potential exposure(s) to SARS-CoV-2; and outbreaks that might occur at school facilities or events. A comprehensive strategy should be used to:

- **identify potential hazards** [🔗 \(https://www.osha.gov/safety-management/hazard-identification\)](https://www.osha.gov/safety-management/hazard-identification) related to COVID-19;
- promote **vaccination** (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups/teachers-childcare.html>) **of teachers, school staff, and eligible students;**
- **promote behaviors that reduce spread** of COVID-19 (e.g., universal and correct use of **masks** ([/coronavirus/2019-ncov/community/schools-childcare/cloth-face-cover.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/cloth-face-cover.html)), **physical distancing** (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>), **handwashing** ([/handwashing/when-how-handwashing.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-h.pdf)), and **respiratory etiquette** [📄 \(/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf\)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-h.pdf));
- **maintain healthy environments** (e.g., **cleaning and disinfection** ([/coronavirus/2019-ncov/community/clean-disinfect/index.html](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html)), **ventilation** ([/coronavirus/2019-ncov/community/ventilation.html](https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html)));
- **maintain healthy operations** (e.g., **scheduling, virtual learning, class sizes** ([/coronavirus/2019-ncov/community/schools-childcare/schools.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html)), **home-based symptom monitoring** ([/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html)), **flexible employee leave** ([/coronavirus/2019-ncov/community/guidance-business-response.html#anchor\\_1609684266488](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html#anchor_1609684266488)) and **student attendance** (i.e. **K-12 schools** ([/coronavirus/2019-ncov/community/schools-childcare/schools.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html)) and **IHEs** ([/coronavirus/2019-ncov/community/colleges-universities/considerations.html#environments](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#environments))) **policies**);
- **assess risk** (e.g., **expanded screening testing** ([/coronavirus/2019-ncov/php/testing/expanded-screening-testing.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fphp%2Fopen-america%2Fexpanded-screening-testing.html](https://www.cdc.gov/coronavirus/2019-ncov/php/testing/expanded-screening-testing.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fphp%2Fopen-america%2Fexpanded-screening-testing.html))); and
- **prepare for and respond to cases and exposures of COVID-19** (e.g., **case investigation and contact tracing** ([/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html)) and **prevention measures**) in **school** ([/coronavirus/2019-ncov/community/schools-childcare/schools.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html)) and **IHE** ([/coronavirus/2019-ncov/community/colleges-universities/considerations.html](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html)) **settings**.

Prompt collaboration between K-12 schools or IHEs and health departments to implement **case investigation** [📄 \(/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf\)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf) and **contact tracing** [📄 \(/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf\)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf) can effectively break the chain of transmission and prevent further spread of the virus in the school or IHE setting and the community.

The recommendations for quarantine following exposure to a person diagnosed with COVID-19 in this guidance apply to unvaccinated persons unless otherwise specified.

For the purposes of this guidance, people are considered **fully vaccinated** ([/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html)) for COVID-19  $\geq 2$  weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna) or  $\geq 2$  weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen).

## When a COVID-19 Case or Exposure Event Occurs

**K-12 schools and IHEs should take action when a student, educator, staff, contractor, or volunteer is suspected or confirmed to have COVID-19.** Jurisdictional case reporting criteria generally call for immediate notification of public health officials and CDC guidance encourages swift activation of case management, contact tracing, and local prevention protocols. Case investigation is recommended for [probable and laboratory confirmed cases](#)

(<https://www.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/08/05/>). Due to the potential for spread of the virus (exposure of large numbers of people), open and timely communication is key to prevent further transmission and allows for immediate intervention. Partnership between the K-12 school or IHE and health department is essential to speak with the person diagnosed with COVID-19 (case), initiate contact tracing to determine who will need to be tested, [quarantined](#) ([/coronavirus/2019-ncov/if-you-are-sick/quarantine.html](#)) or [isolated](#) ([/coronavirus/2019-ncov/if-you-are-sick/isolation.html](#)), and decide whether the cancellation of classes and/or closure of buildings and facilities is necessary. All activities and information collected by a K-12 school and IHE should be consistent with applicable federal, state, tribal, local, and territorial privacy, public health, health/medical, and workplace laws and regulations. This is critical in maintaining trust with students, staff, educators, and the K-12 school/IHE community and is essential for legal compliance.

✓ ***Facilitate isolation of students, staff, educators, contractors, or volunteers with suspected or confirmed COVID-19 and prompt reporting to the health department***

K-12 schools and IHEs should report probable and confirmed cases to the health department, in accordance with applicable privacy and other laws, as soon as they are informed. While administrators are advised to defer to healthcare providers and health departments for the medical management of symptomatic students, staff, and educators and advise on their ability to safely return to class or work, administrators can be proactive regarding the following:

- If a student, staff, educator, contractor, or volunteer is identified on campus or in a daily symptom screening check with symptoms consistent with COVID-19, the following steps should be taken:
  - Symptomatic people should immediately [isolate](#) ([/coronavirus/2019-ncov/if-you-are-sick/isolation.html](#)) from other students/staff regardless of vaccination status.
  - The K-12 school/IHE should expedite referral of the symptomatic person(s) to a healthcare provider to receive clinical evaluation and [diagnostic testing](#) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#ConsiderationsScenarios>) for SARS-CoV-2.

If a student, staff, educator or volunteer who is [fully vaccinated](#) ([/coronavirus/2019-ncov/vaccines/fully-vaccinated.html](#)) experiences [symptoms consistent with COVID-19](#) ([/coronavirus/2019-ncov/symptoms-testing/symptoms.html](#)), they should [isolate themselves from others](#), ([/coronavirus/2019-ncov/if-you-are-sick/isolation.html](#)) be clinically evaluated for COVID-19, and tested for SARS-CoV-2. These persons should inform their healthcare provider of their vaccination status at the time of presentation to care.

- If a probable or confirmed diagnosis of COVID-19 is identified in any student, staff, educator, contractor, or volunteer, the following steps can be taken:
  - Refer people diagnosed with COVID-19 for [isolation](#) ([/coronavirus/2019-ncov/if-you-are-sick/isolation.html](#)) per CDC guidelines and STLT health department protocols, and they should not be allowed to return to the school/IHE premises until [requirements to discontinue isolation are met](#) ([/coronavirus/2019-ncov/hcp/duration-isolation.html](#))

[isolation and self-quarantine for COVID-19 \(reproduction isolation.html\)](#).

- Encourage people diagnosed with COVID-19 to contact their healthcare provider for clinical management as necessary, and advise them [when to seek emergency medical attention \(/coronavirus/2019-ncov/symptoms-testing/symptoms.html\)](#).
- Encourage people diagnosed with COVID-19 to [answer the call \(https://www.youtube.com/watch?v=u3dLoBj3YLo\)](#) from the health department or the school/IHE staff who be following up with them (e.g., to discuss their diagnosis, assess needed isolation support, and get information about [close contacts \(/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact\)](#) who might have been exposed) to prevent further spread of the virus.
- Encourage people to [talk to their contacts themselves \(/coronavirus/2019-ncov/daily-life-coping/tell-your-contacts.html\)](#) (so that contacts can quickly begin quarantine and seek testing), while they are waiting to hear from the health department or school officials.
- Immediately report the case to the health department, per STLT reporting protocols.
- If a student is diagnosed through the school/IHE clinic or health center, steps should be taken to ensure reporting and documentation, consistent with [Family Educational Rights and Privacy Act \(FERPA\) \[ \] \(https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html\)](#), and to the extent applicable, HIPAA (HHS Office for Civil Rights (OCR) HIPAA [ ] (<https://www.hhs.gov/hipaa-for-professionals/special-topics/hipaa-covid19/index.html>)).
- If school employees are diagnosed with a probable or laboratory confirmed case of COVID-19 through the school/IHE's occupational health services program, steps should be taken to ensure compliance with federal and STLT, Occupational Safety and Health Administration (OSHA [ ] (<https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>)) and privacy laws in conducting case reporting and determining the next steps with case investigation and contact tracing for employees.
- If cases of COVID-19 or exposure are identified among residents of on-campus housing, work with public health officials to take [additional precautions. \(/coronavirus/2019-ncov/community/guidance-ihe-response.html\)](#)
  - Residents diagnosed with COVID-19 (cases) or exposed to COVID-19 (contacts) might need to be moved to temporary housing locations. Residents diagnosed with COVID-19 (cases) or exposed to COVID-19 (contacts), should not necessarily be sent to their permanent homes off-campus. Sending sick or potentially infectious residents to their permanent homes could pose logistical challenges or risk of transmission to others either on the way to the home or once there.
  - Consult with public health officials to determine when, how, and where to move ill residents. Efforts should be made to determine appropriate housing and provide referrals for supportive services for the period in which the resident may need to [isolate \(/coronavirus/2019-ncov/if-you-are-sick/isolation.html\)](#) or [quarantine \(/coronavirus/2019-ncov/if-you-are-sick/quarantine.html\)](#), and [monitor for symptoms or worsening symptoms. \(/coronavirus/2019-ncov/symptoms-testing/symptoms.html\)](#) Resources include information on providing [home care \(/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html\)](#) and a checklist for [other supportive services \[ \] \(/coronavirus/2019-ncov/downloads/php/self-quarantine\\_form.pdf\)](#) for people diagnosed with COVID-19 who do not require hospitalization.

### ✓ **Assesses risk of exposure to SARS-CoV-2 and conduct contact tracing in combination with quarantine and isolation**

K-12 school and IHE administrators should collaborate with the health department to assess the risk of exposure to SARS-CoV-2 when a confirmed or probable case of COVID-19 is identified.

- Students, staff and educators who have had [close contact \(/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact\)](#) with a person diagnosed with COVID-19 are at

[tracing/contact-tracing-plan/appendix.html#contact](#)) with a person diagnosed with COVID-19 are at greatest risk for infection with SARS-CoV-2.

- The definition of a close contact ([/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact](#)) is someone who has been within 6 feet of an infected person ([/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html](#)) (laboratory-confirmed or a clinically compatible illness ([/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html](#))) for a cumulative total of 15 minutes or more over a 24-hour period (*for example, three individual 5-minute exposures for a total of 15 minutes in one day*). Regardless of the physical distancing considerations for K-12 schools ([/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html](#)), the definition of close contact ([/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact](#)) should not change.
- An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation ([/coronavirus/2019-ncov/hcp/duration-isolation.html](#)).
- K-12 school and IHE officials should notify close contacts ([/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact](#)) of exposure (and families of close contacts in the K-12 school setting), as soon as possible, after they are notified that someone in the K-12 school or IHE has tested positive or been diagnosed with COVID-19.
  - People who have been in close contact ([/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact](#)) with someone who has COVID-19 should receive diagnostic testing ([/coronavirus/2019-ncov/symptoms-testing/testing.html](#)), in combination with quarantine ([/coronavirus/2019-ncov/if-you-are-sick/quarantine.html](#)) and isolation ([/coronavirus/2019-ncov/if-you-are-sick/isolation.html](#)) as recommended.
    - Close contacts should monitor themselves for symptoms ([/coronavirus/2019-ncov/symptoms-testing/coronavirus-self-checker.html](#)), and follow recommended guidance if symptoms develop ([/coronavirus/2019-ncov/symptoms-testing/symptoms.html](#)).
    - Asymptomatic close contacts to COVID-19 cases who have been previously diagnosed with COVID-19 ([/coronavirus/2019-ncov/php/reinfection.html](#)) within the last three months or who are fully vaccinated ([/coronavirus/2019-ncov/vaccines/fully-vaccinated.html](#)) are not required to quarantine or be tested.
      - **Note:** Fully vaccinated residents ([/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html](#)) of non-healthcare congregate settings (e.g. correctional and detention facilities, group homes) should continue to quarantine for 14 days and be tested for SARS-CoV-2 following an exposure to someone with suspected or confirmed COVID-19. This is because residential congregate settings may face high turnover of residents, a higher risk of transmission, and challenges in maintaining recommended physical distancing.
    - Students, staff, educators, contractors, and volunteers who have been in close contact ([/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact](#)) with someone who has COVID-19 within the past 6 days should be prioritized ([/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/prioritization.html](#)) for follow-up to facilitate quarantine early enough to prevent additional transmission of SARS-CoV-2 in the school setting.

Fully vaccinated people with no COVID-like symptoms do not need to quarantine ([/coronavirus/2019-ncov/if-you-are-sick/quarantine.html](#)) or be tested following an exposure to someone with suspected or confirmed COVID-19, as their risk of infection is low. Fully vaccinated people who do not quarantine should still monitor for symptoms of COVID-19 ([/coronavirus/2019-ncov/symptoms-testing/symptoms.html](#)) for 14 days following an exposure. If they experience symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing and inform their



- Source investigation (</coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/source-investigation.html>) is another valuable approach to contact tracing. It involves looking back over the **14 days prior** to symptom onset or specimen collection date (for asymptomatic cases) to identify people (close contacts (</coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>)), places, and events (</coronavirus/2019-ncov/php/contact-tracing/case-investigator-guide.html>) that might have been the source of the infection for the person with COVID-19. Source investigation provides opportunities to identify additional (secondary) cases who might be undiagnosed, to enhance detection of clusters and outbreaks, and to identify events or gatherings where transmission might have occurred.
- Assessment of exposure (</coronavirus/2019-ncov/hcp/testing-overview.html>) beyond close contacts (</coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>) and tiered testing may be necessary to identify transmission and additional cases.

### ✓ **Examine testing and vaccine strategies to reduce the risk of further transmission, and protect students, educators, and staff from COVID-19**

If a COVID-19 diagnosis is confirmed, schools can support public health officials in determining which close contacts and other potentially exposed persons in the K-12 school and IHE setting could be tested and either isolated or quarantined. CDC K-12 school (</coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html#testing>) and IHE (</coronavirus/2019-ncov/community/colleges-universities/considerations.html>) guidance recommends considering diagnostic testing (</coronavirus/2019-ncov/hcp/testing-overview.html>)

CDC\_AA\_refVal=<https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fphp%2Ftesting%2Fexpanded-screening-testing.html#ConsiderationsScenarios>) and expanded screening (</coronavirus/2019-ncov/php/testing/expanded-screening-testing.html>)

CDC\_AA\_refVal=<https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fphp%2Fopen-america%2Fexpanded-screening-testing.html>) to:

- Detect new cases who might be undiagnosed
- Facilitate isolation (of cases) and quarantine (of contacts) to limit transmission of SARS-CoV-2 and prevent outbreaks

CDC recommends COVID-19 vaccination to prevent SARS-CoV-2 infection and transmission. COVID-19 vaccination should be considered in prevention planning for educators, school staff (</coronavirus/2019-ncov/vaccines/recommendations/specific-groups/teachers-childcare.html>) and students.

CDC's K-12 school (</coronavirus/2019-ncov/community/schools-childcare/k-12-testing.html>) and IHE (</coronavirus/2019-ncov/community/colleges-universities/ihe-testing.html>) testing guidance and K-12 Schools Phased Prevention (</coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>) guidance recommends an assessment of potential exposure in people beyond close contacts, and a tiered testing approach.

- Tiered testing may facilitate the identification of additional cases in the school setting among close contacts, such as potential contacts who were in the same room/bus/cohort/pod, beyond 6 feet of distance, and other potentially exposed people who may have shared a common space/room as the person with COVID-19, but not at the same time. This approach creates an opportunity to identify people without symptoms (or before development of symptoms) who might be contagious so that measures can be taken to prevent further transmission in the K-12 school/IHE environment.
- Tiered testing results can inform decisions regarding recommendations for testing, quarantine (</coronavirus/2019-ncov/if-you-are-sick/quarantine.html>) and/or symptom monitoring (</coronavirus/2019-ncov/if-you-are-sick/quarantine.html>) of individual students/staff/educators.



cohorts/learning pods, classrooms or teams and potential school closures, to slow disease transmission and protect the health and well-being of the school community and their families.

## Ways K-12 Schools and IHEs Can Prepare

State, tribal, local, and territorial (STLT) health departments

([/publichealthgateway/healthdirectories/healthdepartments.html](#)) have the authority to conduct contact tracing. CDC encourages collaboration between the K-12 school or IHE with health departments when a case of COVID-19 is identified in a school employee or student, and during investigation of school-related exposures to COVID-19. K-12 school and IHE activities should supplement health department activities, to the extent allowable by applicable privacy and other laws, to ensure that people diagnosed with COVID-19 from the K-12 school/IHE community and people exposed to COVID-19 in the K-12 school and IHE setting are identified and receive proper follow-up.

K-12 schools, IHEs, and health departments should establish policies and procedures before the identification of a COVID-19 case on the school/IHE campus. These should include COVID-19 vaccination in prevention planning to protect [educators, staff](#) ([/coronavirus/2019-ncov/vaccines/recommendations/specific-groups/teachers-childcare.html](#)) and students. K-12 school/IHE administrators should further take a proactive role in preparing for COVID-19 case investigation and contact tracing, and engage in the following steps in planning for implementation of K-12 school/IHE-based programs to support COVID-19 case investigation and contact tracing.

### ✓ *Become familiar with applicable legislation, regulations, guidelines, policies, and other resources*

All case investigation and contact tracing activities conducted and information collected by a K-12 school and IHE should be consistent with STLT public health policies and applicable federal and STLT workplace, healthcare/medical, privacy, informed consent, data security, and confidentiality laws, regulations and requirements. Related resources include but may not be limited to:

- U.S. Equal Employment Opportunity Commission [🔗](https://www.eeoc.gov/coronavirus) (<https://www.eeoc.gov/coronavirus>)
- Americans with Disabilities Act [🔗](https://www.ada.gov/) (<https://www.ada.gov/>)
- Section 504 of the Rehabilitation Act [🔗](https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973) (<https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973>)
- Family Educational Rights and Privacy Act [🔗](https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html) (<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>)
- Occupational Safety and Health Administration [🔗](https://www.osha.gov/SLTC/covid-19/) (<https://www.osha.gov/SLTC/covid-19/>)
- HHS Office for Civil Rights (OCR) HIPAA [🔗](https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html) (<https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>)

Localized differences in laws and regulations, characteristics and trends of COVID-19 cases, and public health infrastructure might influence policies and procedures regarding case investigation, contact tracing, reporting requirements, testing, isolation, and quarantine practices. CDC encourages K-12 schools and IHE to contact their STLT health departments to learn about the local policies and procedures.

- K-12 school and IHE administrators need to be aware of [public health reporting requirements](#) ([/coronavirus/2019-ncov/php/reporting-pui.html](#)), OSHA's [record keeping requirements](#), [🔗](#)

(<https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>) and STLT health and safety codes regarding reporting of infectious disease, case investigation, and contact tracing. [Case definitions](#)

(<https://www.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/08/05/>) and core data variables for reporting are standardized at the national level. However, some STLT health departments have more specific local reporting requirements to better assess local risk factors and enhance the ability to prioritize cases at greatest risk for severe complications or spread.

- The U.S. Department of Education released [FERPA & Coronavirus Disease 2019 \(COVID-19\) Frequently Asked Questions](#) [🔗](https://studentprivacy.ed.gov/resources/ferpa-and-coronavirus-disease-2019-covid-19) (<https://studentprivacy.ed.gov/resources/ferpa-and-coronavirus-disease-2019-covid-19>) to help K-12 school and IHE officials protect student privacy and clarify allowable disclosures of personally identifiable information (PII) from education records under FERPA. The U.S. Department of Education has also created a [sample FERPA consent form](#) [📄](https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions.pdf#page=9) [🔗](https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions.pdf#page=9) ([https://studentprivacy.ed.gov/sites/default/files/resource\\_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions.pdf#page=9](https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions.pdf#page=9)) for voluntary adoption by educational institutions.


### ✓ **Establish roles, responsibilities, and agreements**

While health departments have the primary responsibility for case investigation and contact tracing of communicable disease, K-12 schools and IHEs have a responsibility for the health and safety of the learning environment with requirements to protect the school community (e.g., students, volunteers, parents, guardians, and caregivers) whom they serve, and the workplace, with specific requirements to protect their employees (e.g., staff, teachers, faculty, contractors, and volunteers). K-12 school and IHE involvement with the health department case investigation or contact tracing process might vary. It will depend on the applicable federal and STLT laws and regulations; authority and capacity of the health department; and the expertise and capacity of the K-12 school and IHE to participate in these activities. CDC's [Case Investigation and Contact Tracing in Non-healthcare Workplaces: Information for Employers Guidance](#) ([/coronavirus/2019-ncov/community/contact-tracing-nonhealthcare-workplaces.html](https://www.cdc.gov/coronavirus/2019-ncov/community/contact-tracing-nonhealthcare-workplaces.html)) outlines potential roles and responsibilities of schools and other employers for case investigation and contact tracing.



Considerations:

- Define roles, responsibilities, and communication with health departments and initiate formal standard operating procedures and collaborative agreements as appropriate. This can provide clarity on the local case investigation and contact tracing process, potential roles and responsibilities for health department and school/IHE personnel, and occupational health and safety programs that might be able to help if a case is identified. In some instances, formal agreements might be necessary to outline data reporting requirements and data sharing agreements, or specify health department and school/IHE staff roles/responsibilities, particularly for those K-12 schools and IHEs that have the expertise and capacity to take a more proactive, hands-on role in case investigation and contact tracing activities.
- Identify appropriate K-12 school/IHE personnel (e.g., administrator, faculty with subject matter expertise, school nurse) to provide leadership and oversight of case investigation and contact tracing activities in the K-12 school and IHE setting. Activities might include consultation with public health subject matter experts in establishing plans, policies, and procedures; communication with the health department in case investigation and contact tracing; and coordination of K-12 school/IHE activities when a suspected or confirmed case of COVID-19 or exposure to COVID-19 is identified.
- Designate a point of contact (POC) (e.g., administrator, school nurse, office, designated staff liaison) for COVID-19 communication. This POC should become familiar with resources and tools for K-12 schools and IHEs, coordinate messaging, and respond to COVID-19 concerns within the K-12 school/IHE community. The POC can also play a lead role in communication



within the K-12 school/IHE community. The POC can also play a lead role in communication within the K-12 school and IHE community when a suspected or confirmed case of COVID-19 or exposure to COVID-19 is identified.

- Identify appropriate personnel to conduct case investigation and contact tracing activities. Define roles and responsibilities for K-12 school/IHE occupational health clinics/programs and student health centers, making distinctions between the role as a healthcare provider with responsibilities for case reporting, and the role as advisor(s) or active participant(s) in case investigation, contact tracing, and outbreak response. K-12 schools and IHEs should ensure compliance with applicable federal and STLT OSHA and privacy laws in selecting staff and implementing case investigation and contact tracing activities with students, staff, and educators.
- Provide [knowledge and skill-based training](#)  ([/coronavirus/2019-ncov/downloads/php/open-america/FS-Training-Contact-Tracing-Workforce.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/open-america/FS-Training-Contact-Tracing-Workforce.pdf)) for personnel conducting case investigation and contact tracing to properly discuss cases and exposures without revealing identifiable information. Awareness of applicable federal and STLT laws regarding patient privacy and confidentiality should be a priority. For additional information about confidentiality, please see CDC guidance on [confidentiality and consent](#) ([/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/Confidentiality-Consent.html](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/Confidentiality-Consent.html)). Ensure that training and signed confidentiality, privacy, and data security agreements are in place for all personnel conducting case investigation and contact tracing. K-12 schools and IHEs should ensure that trainings and resources are coordinated with local health departments to maintain a cohesive program within the jurisdiction. Additional training resources can be found on the [CDC COVID-19 Contact Tracing Training and Resources website](#) ([/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-training.html](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-training.html)).
- Outline procedures to assess implementation and conduct quality assurance of case investigation and contact tracing activities.

### ✓ **Develop policies and procedures for case investigation and contact tracing**

K-12 school and IHE administrators and public health officials should work together to determine who will take the lead in [case investigation](#)  ([/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf)) and [contact tracing](#)  ([/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf)).

Considerations:

- Develop standard operating procedures, including recommended [case interview](#) ([/coronavirus/2019-ncov/php/contact-tracing/case-investigator-guide.html](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/case-investigator-guide.html)) and [contact notification](#) ([/coronavirus/2019-ncov/php/notification-of-exposure.html](https://www.cdc.gov/coronavirus/2019-ncov/php/notification-of-exposure.html)) scripts or talking points and resource documents that staff can use when conducting case investigation and contact tracing. Policies should include considerations for the different K-12 school and IHE structures with both off and on campus housing of students, multiple types of staff (e.g., full time staff, contract staff, substitute staff, guest speakers), teacher engagement (e.g., [hybrid learning](#), [cohorting](#), [staggered schedules](#) ([/coronavirus/2019-ncov/community/schools-childcare/schools.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html))), and varying interactions with the community (e.g., student volunteer hours, volunteers, and chaperones for school events). CDC encourages K-12 schools and IHEs to consult occupational health programs, as well as OSHA  (<https://www.osha.gov/SLTC/covid-19/>), FERPA  (<https://studentprivacy.ed.gov/resources/ferpa-and-coronavirus-disease-2019-covid-19>), and other privacy guidance to determine acceptable policies and practices related to K-12 school/IHE employees and students.
- Determine who is most appropriate to communicate with cases and close contacts, among school students, staff, educators, contractors, volunteers, and the extended K-12 school/IHE community (e.g., parents, caregivers, guardians, housemates, roommates). The scope of case

investigation and contact tracing for the K-12 school and IHE is sometimes limited to outreach to their students (through parents/guardians if minors), staff, educators, and contractors. Collaborate with health department staff to facilitate testing and contact tracing among community members (e.g., housemates at current residence, including student housing or community housing; family members, including children who might attend other schools, childcare programs or other early care settings, and other relatives), and work closely with health department and city/county officials to jointly craft [communication \(/eis/field-epi-manual/chapters/Communicating-Investigation.html\)](/eis/field-epi-manual/chapters/Communicating-Investigation.html) regarding potential exposure sites within the community. Resources include:

- [Crisis Emergency Risk Communication \(CERC\) Introduction !\[\]\(633dd45d48d71eb51a85c6dd83ee51e9\_img.jpg\)](https://emergency.cdc.gov/cerc/ppt/CERC_Introduction.pdf) ([https://emergency.cdc.gov/cerc/ppt/CERC\\_Introduction.pdf](https://emergency.cdc.gov/cerc/ppt/CERC_Introduction.pdf))
- [The CDC Field Epidemiology Manual: Communicating During an Outbreak of Public Health Investigation \(/eis/field-epi-manual/chapters/Communicating-Investigation.html\)](/eis/field-epi-manual/chapters/Communicating-Investigation.html)
- [COVID-19 Contact Tracing Communications Toolkit \(/coronavirus/2019-ncov/php/contact-tracing-comms.html\)](/coronavirus/2019-ncov/php/contact-tracing-comms.html)
- Review with public health officials required data elements for a case investigation and contact tracing, and identify the best methods of gathering, storing, and communicating necessary information. Maintain compliance with federal and STLT confidentiality, privacy and data security laws, regulations, and standards. K-12 school and IHE administrative data management systems may vary greatly in design and accessibility. The health department can provide information relevant to a case investigation and contact tracing.
- Ensure privacy and confidentiality of people diagnosed with and potentially exposed to COVID-19 to comply with local and federal regulations and to maintain trust with students, educators, and staff.
- Anticipate sharing of information of cases and close contacts in a bi-directional way between schools and health departments. The school may become aware of a person (student, staff) with COVID-19 prior to the health department and vice versa. For example, the health department may receive a report of a case or a cluster of cases affiliated with a school setting.
- Develop secure methods (e.g., secure email, reporting portals, secure file transfer protocols) of bi-directional transfer of information between health departments and schools to facilitate data sharing and to prevent unauthorized release of private information.
- Share detailed information about group-activities and student attendance by date. Real-time sharing of information on cases is critical in identifying close contacts and clusters. Date-based information can facilitate clear communication related to identification of cases and close contacts as well as isolation and quarantine periods.
- Resources include:
  - [Case Investigation and Contact Tracing for COVID-19 \(/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html\)](/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html)
  - [Talking with the Patient-A Case Investigator's Guide \(/coronavirus/2019-ncov/php/contact-tracing/case-investigator-guide.html\)](/coronavirus/2019-ncov/php/contact-tracing/case-investigator-guide.html)
  - [Notification of Exposure-A Contact Tracer's Guide \(/coronavirus/2019-ncov/php/notification-of-exposure.html\)](/coronavirus/2019-ncov/php/notification-of-exposure.html)
  - [Interim Customizable Non-Healthcare Workplace Infection Control Assessment and Response \(WICAR\) tool !\[\]\(bdddf9191a284aa0945448444083c5b0\_img.jpg\)](/coronavirus/2019-ncov/downloads/php/OccEpiToolkit_WICAR.pdf) ([/coronavirus/2019-ncov/downloads/php/OccEpiToolkit\\_WICAR.pdf](/coronavirus/2019-ncov/downloads/php/OccEpiToolkit_WICAR.pdf))
  - [Case Investigation and Contact Tracing in Non-healthcare Workplaces: Information for Employers \(/coronavirus/2019-ncov/community/contact-tracing-nonhealthcare-workplaces.html\)](/coronavirus/2019-ncov/community/contact-tracing-nonhealthcare-workplaces.html)
  - [Contact Tracing Resources \(/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-resources.html\)](/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-resources.html)

✓ **Consider policies and procedures to support expedited determination of exposure risk and close contacts**

K-12 school and IHE administrators and staff are in a pivotal position to provide information on many of the factors that inform risk of exposure, including [type, proximity, and duration of potential exposure \(/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html\)](#), environmental factors (e.g., [ventilation \(/coronavirus/2019-ncov/community/schools-childcare/ventilation.html\)](#), classroom size/configuration, physical distancing, schedules), and [mask use \(/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html\)](#). These factors, in addition to [vaccination status \(/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html#anchor\\_1615143423092\)](#) and [COVID-19 infection history \(/coronavirus/2019-ncov/php/reinfection.html\)](#), are important to determining who might be exposed, and next steps (e.g., quarantine, testing, symptom monitoring), to reduce risk of further spread of the virus. CDC's [Operational Strategy for K-12 Schools through Phased Prevention \(/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html\)](#) outlines specific physical distancing recommendations ([/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html#anchor\\_1616080084165](#)) for visitors, transportation, activities when increased exhalation occurs, and parameters for classroom seating (indications for seating with at least 3 and 6 feet of physical spacing) and [phased prevention \(/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html#anchor\\_1616080143989\)](#). Regardless of the physical distancing considerations for K-12 schools, the definition of [close contact \(/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact\)](#) should not change. When K-12 schools and IHE establish policies and procedures to comply with physical distancing and other recommendations to maintain a healthy environment, routinely document the structure (including documentation of students, staff, educators and volunteers who are seated within six feet of each other) and prevention measures in place, this will greatly increase the speed and accuracy in the assessment of exposure risk and exposure notification.

Identify systems and personnel necessary to gather and transmit the information and be prepared to answer, at minimum, the following questions:

- How readily can you provide information on the school/IHE environment, including:
  - Facility/setting (e.g., building or room structure, ventilation, and seating arrangements-including physical distancing)?
    - How easily can you access documentation of students, staff and educators who are seated within six feet of each other?
  - Prevention measures (e.g., mask use policies or practices, staggered schedules)?
- How can you quickly identify everyone (e.g., students, educators, staff, volunteers, contractors) in a classroom or shared space at a specific time?
  - How is this information retrieved from the school/IHE data system?
- Do contacts have to be identified one at a time or can you access information on group exposure (e.g., all students, teachers, volunteers) in one classroom?
- Can you easily determine which students are onsite on staggered schedules, identifying classrooms and seating assignments, including which students are assigned to individual cohorts or learning pods?
- How is classroom attendance monitored and documented?
- How quickly can you determine attendance at shared dining or meals? Does your policy include assigned seating?
  - How is this information documented? If it is not, how can this information be gathered?
- How quickly can you access information on school/IHE support services (e.g., counseling, tutoring, study groups, work-study)?
  - How is this information documented? If it is not, how can this information be gathered?


- How are school/IHE assemblies and extracurricular activities structured and recorded?
  - What information is obtained about participants and attendees?
- What information (e.g., POC, school name, or team roster) is captured at events involving multiple schools?
- How readily can you provide information on school/IHE “sponsored” or “related”:
  - Housing (e.g., on or off campus dormitories, Greek life residences)?
    - Can you easily determine housing or room assignments, access visitor logs and determine attendance at events (e.g., study groups, gatherings) that have recently taken place?
  - Transportation (e.g., busing to/from school/IHE, campus transportation, busing, or other transportation to extracurricular events)?
    - Can you easily determine those in attendance, physical spacing and seating assignments?
  - How will the K-12 school/IHE provide contact information (e.g., name, demographics, phone number, email, home address) and other relevant information (e.g., symptom monitoring, test results, lists of school and community contacts) for students (or their families), staff, educators, and contractors to support case investigation and contact tracing?
    - Will this need to be retrieved manually or supported by technology, such as a student information system?
    - What privacy and confidentiality release forms are in place or will need to be completed to support data sharing?
    - How will this information be shared in a way that is compliant with data privacy, confidentiality, and security standards?


### ✓ **Consider technology tools to improve efficiency and evaluation**

Information technology can be an important asset for many aspects of case investigation and contact tracing, including real time situational awareness of attendance, assessment of space and distance, identification of cases and contacts, and more. K-12 schools and IHEs should consider implementing technology solutions to augment case investigation and contract tracing efforts, including:

- Case Management Tools can enable automation of case information, contact notification, and follow-up, making the contact tracing process faster and more efficient and streamlining the electronic capture and management of data on patients and contacts.
  - These tools allow patients and contacts to self-report electronically (e.g., demographic information, self-monitored symptoms, contacts, services needed).
  - Workflows may integrate with surveillance systems or other workforce management tools (e.g., virtual call centers, test scheduling, support services).
- Proximity and Exposure Notification Tools can help identify contacts and notify them of exposure faster than traditional contact tracing alone. These are voluntary, opt-in tools using Bluetooth or GPS technologies (most commonly via smartphone apps) that can be used to estimate the proximity and duration of an individual's exposure to patient(s) diagnosed with COVID-19. More data (from pilots and limited implementations) are needed to quantify the public health value of these tools.


Information technology can enable K-12 schools and IHEs to track, review, and evaluate their own response activities quickly. CDC's [Guidelines for the Implementation and Use of Digital Tools to](#)

Augment Traditional Contact Tracing  (</coronavirus/2019-ncov/downloads/php/guidelines-digital-tools-contact-tracing.pdf>) outlines different types of digital tools, highlighting minimum requirements and preferred features. Resources include:

- Digital Tools for Contact Tracing (</coronavirus/2019-ncov/php/contact-tracing/contact-tracing-resources.html#digital-tools>)
- Preliminary Criteria for the Evaluation of Digital Contact Tracing Tools for COVID-19  (</coronavirus/2019-ncov/downloads/php/prelim-eval-criteria-digital-contact-tracing.pdf>)

### ✓ **Proactively educate K-12 school and IHE communities**

Open communication about what to expect if a COVID-19 case is identified among the school community is essential. Informing the K-12 school and IHE staff, educators, students, and families about the steps they should take to [protect themselves and others](/coronavirus/2019-ncov/prevention-getting-sick/prevention.html) (</coronavirus/2019-ncov/prevention-getting-sick/prevention.html>) and prevent the spread of COVID-19 is also essential.

- Messaging about how case investigation and contact tracing works is important, including the parents' and guardians' role in helping students identify [people, places, events, and activities](/coronavirus/2019-ncov/php/contact-tracing/case-investigator-guide.html) (</coronavirus/2019-ncov/php/contact-tracing/case-investigator-guide.html>) where exposure might have occurred, and how staff, students, educators and others in the school community can safely quarantine or isolate and monitor symptoms.
- Messaging for case investigation and contact tracing should be in plain language, culturally and linguistically appropriate, framed in a way that prevents stigma and discrimination, and coordinated with the health department to ensure consistency within the local community. Resources to support development of communication materials specific to the school setting include:
  - Crisis and Emergency Risk Communication (CERC) (<https://emergency.cdc.gov/cerc/>)
  - CERC in an Infectious Disease Outbreak  ([https://emergency.cdc.gov/cerc/resources/pdf/315829-A\\_FS\\_CERC\\_Infectious\\_Disease.pdf](https://emergency.cdc.gov/cerc/resources/pdf/315829-A_FS_CERC_Infectious_Disease.pdf))
- Student leaders and interest groups can be a resource for peer-to-peer education and delivery of culturally competent messaging to encourage participation in prevention strategies (e.g., wearing masks, physical distancing) and contact tracing. To facilitate timely and accurate information, K-12 school/IHE student housing and community-based housing providers can encourage collaboration with public health officials when a case is identified.


### ✓ **Additional information that is intended to complement broader CDC considerations for K-12 schools and IHEs is available at:**

- Operational Strategy for K-12 Schools through Phased Prevention (</coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>)
- Operating schools during COVID-19: CDC's Considerations (</coronavirus/2019-ncov/community/schools-childcare/schools.html>)
- K-12 Schools COVID-19 Prevention Toolkit (</coronavirus/2019-ncov/community/schools-childcare/k-12-mitigation-toolkit.html>)
- Science Brief on Transmission of SARS-CoV-2 in K-12 Schools ([/coronavirus/2019-ncov/more/science-and-research/transmission\\_k\\_12\\_schools.html](/coronavirus/2019-ncov/more/science-and-research/transmission_k_12_schools.html))
- Considerations for Institutions of Higher Education (</coronavirus/2019-ncov/community/colleges-universities/considerations.html>)
- Interim Considerations for Testing for School Administrators and Public Health Officials (</coronavirus/2019-ncov/community/schools-childcare/k-12-testing.html>)

</coronavirus/2019-ncov/community/schools-childcare/k-12-testing.html>

- Testing, Screening, and Outbreak Response for Institutions of Higher Education (IHE) (</coronavirus/2019-ncov/community/colleges-universities/ihe-testing.html>)
- Guidance, Tools and Resources for Schools (</coronavirus/2019-ncov/community/schools-childcare/index.html>) and College, Universities, and Higher Learning (</coronavirus/2019-ncov/community/colleges-universities/index.html>)
- Case Investigation and Contact Tracing for COVID-19 (</coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html>)
- COVID-19 vaccine recommendations for teachers and school staff (</coronavirus/2019-ncov/vaccines/recommendations/specific-groups/teachers-childcare.html>)

#### ✓ Additional Contact Tracing Resources:

- Contact Tracing Resources for Health Departments (</coronavirus/2019-ncov/php/contact-tracing/contact-tracing-resources.html>)
- COVID-19 Contact Tracing Communications Toolkit for Health Departments (</coronavirus/2019-ncov/php/contact-tracing-comms.html>)
- Contact Tracing: Do Your Part To Keep Your Family, Friends, and Community Safe (Infographic) (</coronavirus/2019-ncov/daily-life-coping/contact-tracing-infographic.html>)
- When to Quarantine (</coronavirus/2019-ncov/if-you-are-sick/quarantine.html>)
- Isolate If You Are Sick (</coronavirus/2019-ncov/if-you-are-sick/isolation.html>)
- Contact Tracing (</coronavirus/2019-ncov/easy-to-read/contact-tracing.html>)
- What to Expect with Contact Tracing (</coronavirus/2019-ncov/daily-life-coping/contact-tracing.html>)
- Contact Tracing Frequently Asked Questions and Answers (</coronavirus/2019-ncov/faq.html#Contact-Tracing>)
- Key Steps to Take While Waiting for Your Test Result (Fact sheet)  ([/coronavirus/2019-ncov/downloads/php/318271-A\\_FS\\_KeyStepsWhenWaitingForCOVID-19Results\\_3.pdf](/coronavirus/2019-ncov/downloads/php/318271-A_FS_KeyStepsWhenWaitingForCOVID-19Results_3.pdf))
- Answer the Call – Contact Tracing Video (<https://www.youtube.com/watch?v=u3dLoBj3YLo>)
- How To Talk To Your Close Contacts (Fact sheet) (</coronavirus/2019-ncov/daily-life-coping/tell-your-contacts.html>)

Last Updated Apr. 22, 2021

Content source: National Center for Immunization and Respiratory Diseases (NCIRD) (</ncird/index.html>), Division of Viral Diseases (</ncird/dvd.html>)