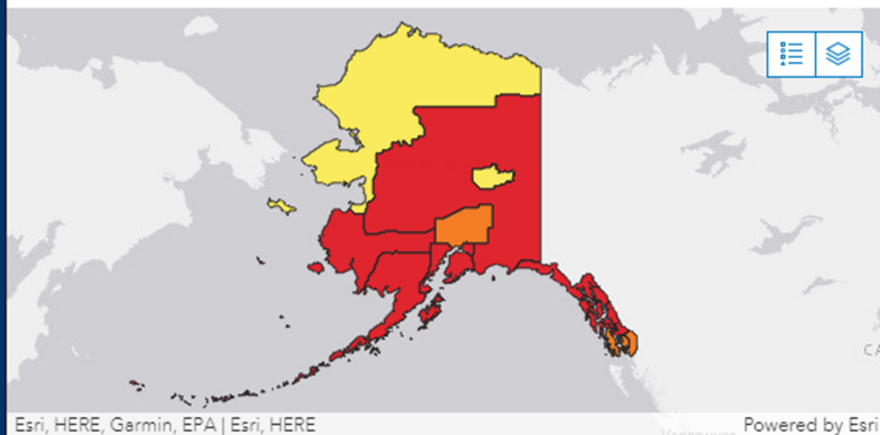




2021-2022 In-Person Learning Guidelines and Resources

### Alert Levels (Map Layers Must be Changed Manually)



Esri, HERE, Garmin, EPA | Esri, HERE

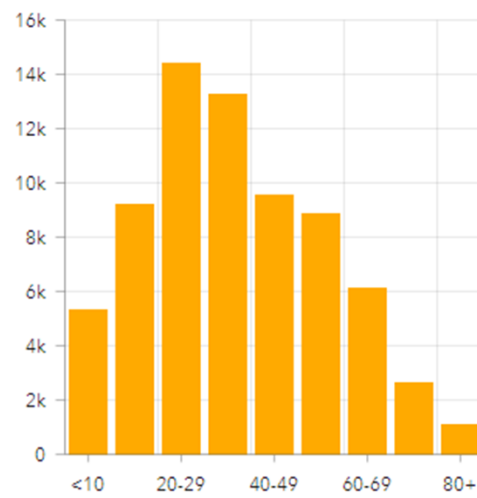
Default layer: Alaska resident cases. For more layer options select the highlighted icon in the top right corner of the map.

Alert Levels

7-Day Case Rate

14-Day Case Trend

### Statewide Resident Cases by Age Group



Age

Gender

Race

Ethnicity

# Total Cases

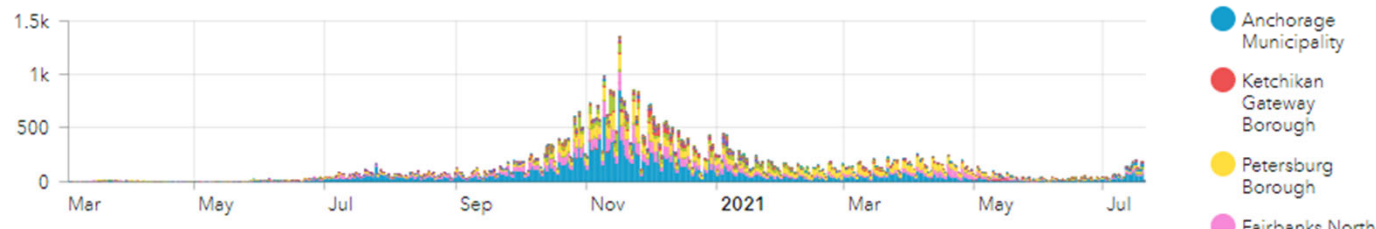
# 70,328

New cases have not been updated for today

**Please check back later**

(Not updated on Tue, Thurs, Weekends, and Holidays)

### COVID-19 Cases by Onset Date\*



\*Includes "confirmed" and "probable". Missing onset dates are substituted with report, hospitalization, or specimen collection date (whichever is earlier); dates will change with confirmed onset date.

Report Date

Onset Date

Hospitalization Date

Deaths

Case Rate by Age

Additional publications and data regarding COVID vaccine breakthroughs, variants, and severe outcomes are available [here](#)

# Hospitalizations

# 1,678

Cannot be filtered by date, does not reflect current stays

Manning, Elizabeth A (I

# Total Deaths

# 375

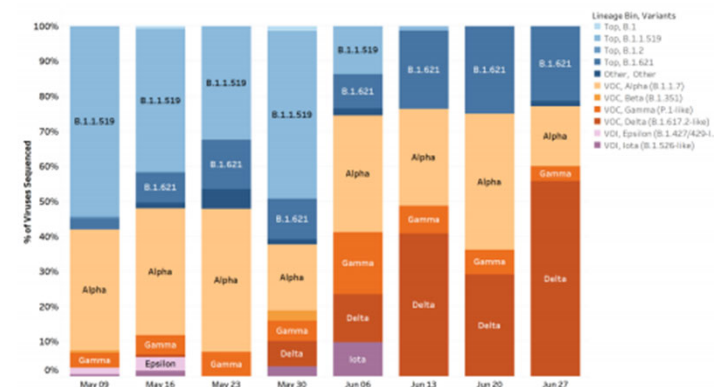
Cannot be filtered by date

## Variants of Concern/Interest

Name	Lineages	Cases Detected	Change from Previous Report*	First Identified in Alaska
VOC Alpha	B.1.1.7	411	+27	20 December 2020
VOC Beta	B.1.351	7	0	20 March 2021
VOC Gamma	P.1/P.1.1/P.1.2	70	+5	8 February 2021
VOC Delta	B.1.617.2-like	114	+56	30 May 2021
VOI Epsilon	B.1.427/429	139	+1	24 December 2020
VOI Eta	B.1.525	1	0	16 March 2021
VOI Iota	B.1.526	30	+1	4 February 2021
VOI Zeta	P.2	4	0	27 January 2021

\*Detected variants are identified from sequencing a combination of retrospective and contemporary SARS-CoV-2 positive specimens. Therefore, changes to the previous report do not always reflect recent collections but add to the overall understanding of variant proportions

Recent Prevalence of Variants in Alaska

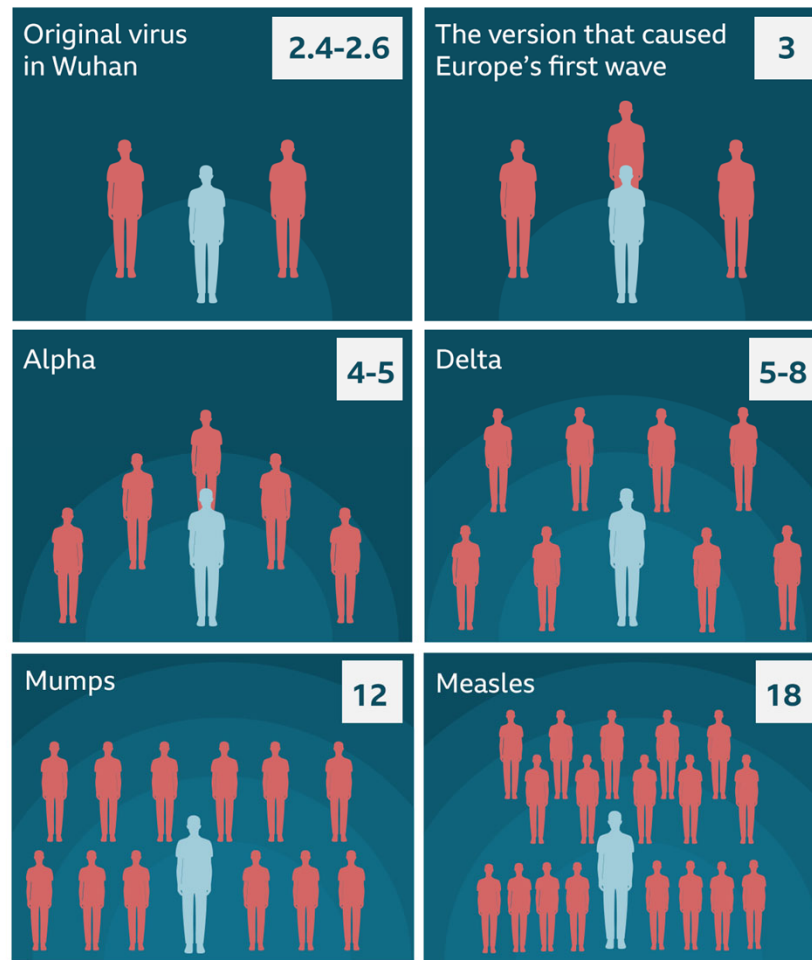


## Alaska COVID Genomic Surveillance Situation Report 20 July 2021:

[http://dhss.alaska.gov/dph/epi/id/siteassets/pages/HumanCoV/AKSeqCon\\_GenomicSituationReport.pdf](http://dhss.alaska.gov/dph/epi/id/siteassets/pages/HumanCoV/AKSeqCon_GenomicSituationReport.pdf)

## How the R0 numbers of Covid-19 variants and other diseases compare

The more contagious, the higher the R0 number



With the original SARS-CoV-2 virus, one infection spread to about 2-3 other unprotected individuals on average. With the delta variant, each infected person typically infects 5-8 unprotected individuals.

R0, pronounced "R naught," is a mathematical term that indicates how contagious an infectious disease is. It's also referred to as the reproduction number.

# More on Delta

- **The emerging evidence about the Delta variant demonstrates it is more formidable than the original (wildtype) virus.**
  - Delta spreads more than twice as easily from one person to another, compared with earlier strains.
  - Delta has most recently surged to become the predominant variant –from <1% in May to over 80% of cases in July.
  - Delta is causing some “vaccine breakthrough infections,” meaning infections in fully vaccinated people, than other strains have. But, even so:
    - Most breakthrough infections are mild.
    - Vaccines are working as they should—they are preventing severe illness, hospitalizations, and death.
- New data show that people infected with Delta have higher viral loads—meaning more virus in their body—than with previous variants.
- In contrast to the Alpha strain, new data show that fully vaccinated people who are infected with the Delta variant might be infectious and might potentially spread the virus to others

[Home](#) Community, Work, & School

Vaccination

Health Equity – Promoting Fair Access to Health +

Community Mitigation Framework

Cleaning, Disinfecting, & Ventilation +

Workplaces & Businesses +

**Schools & Child Care** –

K-12 Schools

Early Childhood Education & Child Care Programs

Ventilation in Schools and Child Care Programs

Case Investigation in K-12 Schools & Institutions of Higher Education

Colleges & Universities +

Parks, Sports, & Recreation +

Community Organizations & Gatherings +

## Schools and Child Care Programs

Plan, Prepare, and Respond

Updated July 9, 2021 [Languages](#) [Print](#)



### School and Program Administrators

#### **NEW** K-12 Schools Guidance

Strategies to reduce the spread of COVID-19 and maintain safe operations

[K-12 Guidance](#)

#### **NEW** ECE/Child Care Guidance

Guidance for all types of early childhood education (ECE) and child care programs

[ECE/Child Care Guidance](#)

### Managing Daily Operations

Breaking News!  
July 27, 2021

CDC updates  
COVID-19  
Guidance for  
K-12 Schools

- **CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.** Children should return to full-time in-person learning in the fall with layered prevention strategies in place.

# Key Takeaways

- Students benefit from in-person learning, and safely returning to in-person instruction in the fall 2021 is a priority.
- **Vaccination** is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.
- **Masks** should be worn indoors by all individuals (age 2 and older) who are not fully vaccinated. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained.
- CDC recommends schools maintain at least **3 feet of physical distance between students within classrooms**, combined with indoor mask wearing by people who are not fully vaccinated, to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as indoor masking.
- **Screening testing, ventilation, handwashing and respiratory etiquette, staying home when sick and getting tested, contact tracing in combination with quarantine and isolation, and cleaning and disinfection** are also important layers of prevention to keep schools safe.
- Students, teachers, and staff should **stay home when they have signs of any infectious illness** and be referred to their healthcare provider for testing and care.
- Many schools serve children under the age of 12 who are not eligible for vaccination at this time. Therefore, this guidance emphasizes **implementing layered prevention strategies** (e.g., using multiple prevention strategies together consistently) **to protect people who are not fully vaccinated**, including students, teachers, staff, and other members of their households.
- COVID-19 prevention strategies remain critical to protect people, including students, teachers, and staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels.
- **Localities should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks** to guide decisions on the level of layered prevention strategies (e.g., physical distancing, screening testing).





# COVID-19 Guidance for Safe Schools

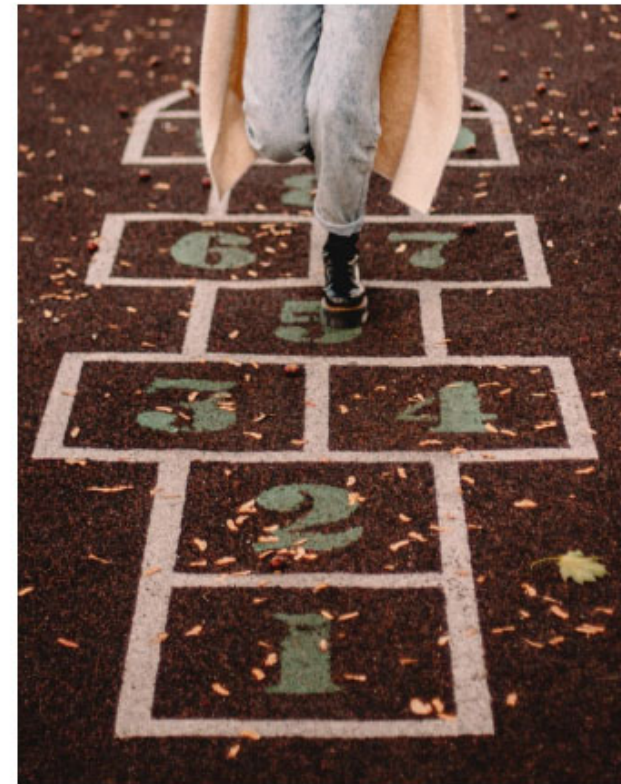
[Critical Updates on COVID-19](#) / [COVID-19 Interim Guidance](#) / COVID-19 Guidance for Safe Schools

The purpose of this guidance is to continue to support communities, local leadership in education and public health, and pediatricians collaborating with schools in creating policies for safe schools during the COVID-19 pandemic that foster the overall health of children, adolescents, educators, staff, and communities and are based on available evidence. As the next school year begins, there needs to be a continued focus on keeping students safe, since not all students will have the opportunity or be eligible to be vaccinated before the start of the next school year.

**“Everything possible must be done to keep students in schools in-person.”**

# Primary Factors to Consider for Decision-Making

- Level of community transmission
- COVID-19 vaccination coverage
- Use of a SARS-CoV-2 screening testing program
- COVID-19 outbreaks
- Ages of children served



# Prevention Strategies

**Promoting  
vaccination**

**Consistent and  
correct mask use**

**Physical distancing**

**Screening testing to  
promptly identify  
cases, clusters, and  
outbreaks**

**Ventilation**

**Handwashing and  
respiratory  
etiquette**

**Staying home when  
sick and getting  
tested**

**Contact tracing, in  
combination with  
isolation and  
quarantine**

**Cleaning and  
disinfection**

# 1. Promoting Vaccination

- Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full operations.
- Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full



# COVID-19 Guidance for Safe Schools

[Critical Updates on COVID-19](#) / [COVID-19 Interim Guidance](#) / COVID-19 Guidance for Safe Schools

“Everything possible must be done to keep students in schools in-person.”

**It is critical to use science and data to guide decisions about the pandemic and school COVID-19 plans. All school COVID-19 policies should consider the following key principles and remember that COVID-19 policies are intended to mitigate, not eliminate, risk. Because school transmission reflects (but does not drive) community transmission, it is vitally important that communities take all necessary measures to limit the community spread of SARS-CoV-2 to ensure schools can remain open and safe for all students.**

The implementation of several coordinated interventions can greatly reduce risk:

• **All eligible individuals should receive the COVID-19 vaccine.**

- It may become necessary for schools to collect COVID-19 vaccine information of staff and students and for schools to require COVID-19 vaccination for in-person learning.
- Adequate and timely COVID-19 vaccination resources for the whole school community must be available and accessible.

## 2. Consistent and Correct Mask Use

- When teachers, staff, and students who are not fully vaccinated consistently and correctly wear a mask, they protect others as well as themselves. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained.
  - **Indoors:** Mask use is recommended for people who are not fully vaccinated including students, teachers, and staff. Children under 2 years of age should not wear a mask.
  - **Outdoors:** In general, people do not need to wear masks when outdoors. **However, particularly in areas of substantial to high transmission, CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.**

## 2. Consistent and Correct Mask Use (continued)

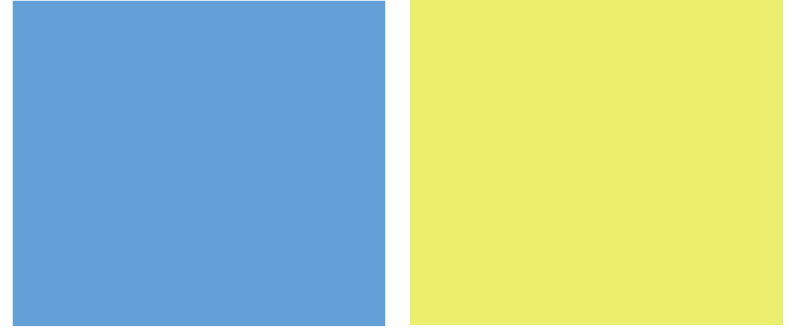
Based on the needs of the community, school administrators may opt to make mask use universally required (i.e., required regardless of vaccination status) in the school. Reasons for this can include:

- Having a student population that is not yet eligible for vaccination (e.g., schools with grades prekindergarten-6).
- Increasing or substantial or high COVID-19 transmission within the school or their surrounding community.
- Increasing community transmission of a variant that is spread more easily among children and adolescents or is resulting in more severe illness from COVID-19 among children and adolescents.
- Lacking a system to monitor the vaccine status of students and/or teachers and staff.
- Difficulty monitoring or enforcing mask policies that are not universal.
- Awareness of low vaccination uptake within the student, family, or teacher/staff population or within the community.
- Responding to community input that many teachers, staff, parents, or students would not participate in in-person learning if mask use was not universal.

# Important Note: During school transportation

CDC's Order applies to all public transportation conveyances including school buses. **Regardless of the mask policy at school**, passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order.

- For example, if a student attends a school where mask use is not required due to vaccination status (e.g., a high school with a high rate of vaccination), the student is still required to wear a mask on the school bus.







# COVID-19 Guidance for Safe Schools

[Critical Updates on COVID-19](#) / [COVID-19 Interim Guidance](#) / COVID-19 Guidance for Safe Schools

• **All students older than 2 years and all school staff should wear face masks at school (unless medical or developmental conditions prohibit use).**

- **The AAP recommends universal masking in school at this time for the following reasons:**
  - a significant portion of the student population is not eligible for vaccination
  - protection of unvaccinated students from COVID-19 and to reduce transmission
    - lack of a system to monitor vaccine status among students, teachers and staff
  - potential difficulty in monitoring or enforcing mask policies for those who are not vaccinated; in the absence of schools being able to conduct this monitoring, universal masking is the best and most effective strategy to create consistent messages, expectations, enforcement, and compliance without the added burden of needing to monitor vaccination status
  - possibility of low vaccination uptake within the surrounding school community
  - continued concerns for variants that are more easily spread among children, adolescents, and adults

### 3. Physical Distancing

- Because of the importance of in-person learning, schools where not everyone is fully vaccinated should implement physical distancing to the extent possible within their structures, but should not exclude students from in-person learning to keep a minimum distance requirement.
- In general, CDC recommends people who are not fully vaccinated maintain physical distance of at least 6 feet from other people who are not in their household
- The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group.  
Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended

## 4. Screening Testing

- CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing and do not need to quarantine if they do not have any symptoms
- Screening testing may be most valuable in areas
  - with substantial or high community transmission levels
  - in areas with low vaccination coverage, and
  - in schools where other prevention strategies are not implemented.
- To be effective, the screening program should test at least once per week, and rapidly (within 24 hours) report results.

**Table 1. Screening Testing Recommendations for K–12 Schools by Level of Community Transmission**

	Low Transmission <sup>1</sup> Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports <sup>2</sup> and extracurricular activities <sup>3</sup> at least once per week for participants who are not fully vaccinated.		Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. <sup>2</sup>	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

<sup>1</sup> [Levels of community transmission](#) defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)

<sup>2</sup> The NCAA has developed a risk stratification for sports. See [https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI\\_ResocializationDevelopingStandardsSecondEdition.pdf](https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_ResocializationDevelopingStandardsSecondEdition.pdf) . Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football and wrestling.

<sup>3</sup>High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

## 5. Ventilation

- Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside.

## 6. Handwashing and Respiratory Etiquette

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.

## 7. Staying Home When Sick and Getting Tested (Symptom free school)

- Students, teachers, and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, should stay home and be referred to their healthcare provider for testing and care.
- If a school does not have a routine screening testing program, the ability to do rapid testing on site could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation.
- Getting tested for COVID-19 when symptoms are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread at schools, especially if key prevention strategies (masking and distancing) are not in use.

## 8. Contact Tracing in Combination with Isolation and Quarantine

Schools should continue to collaborate with state and local health departments, to the extent allowable by privacy laws and other applicable laws, to confidentially provide information about people diagnosed with or exposed to COVID-19. This allows identifying which students, teachers, and staff with positive COVID-19 test results should isolate, and which close contacts should quarantine.

- **Exception:** In the K–12 indoor classroom setting, the close contact definition **excludes students** who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) where
  - both students were engaged in **consistent and correct use of well-fitting face masks; and**
  - other **K–12 school prevention strategies** (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K–12 school setting.



## 9. Cleaning and Disinfection

- In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces.
- If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.

# Sports and Other Extracurricular Activities

- Due to increased exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others who are not fully vaccinated at increased risk for getting and spreading COVID-19. Close contact sports and indoor sports are particularly risky. Similar risks might exist for other extracurricular activities, such as band, choir, theater, and school clubs that meet indoors.
- Students who are not fully vaccinated and participate in indoor sports and other higher-risk activities should continue to wear masks and keep physical distance as much as possible. Schools should consider using screening testing for student athletes and adults who are not fully vaccinated who participate in and support these activities to facilitate safe participation and reduce risk of transmission – and avoid jeopardizing in-person education due to outbreaks.

# Sports and Other Extracurricular Activities (Cont.)

- **Setting of the sporting event or activity.** In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the sporting event (i.e., fields, benches/team areas, locker rooms, spectator viewing areas, spectator facilities/restrooms, etc.).
- **Physical closeness.** Spread of COVID-19 is more likely to occur in sports that require sustained close contact (such as wrestling, hockey, football).
- **Number of people.** Risk of spread of COVID-19 increases with increasing numbers of athletes, spectators, teachers, and staff.
- **Level of intensity of activity.** The risk of COVID-19 spread increases with the intensity of the sport.
- **Duration of time.** The risk of COVID-19 spread increases the more time athletes, coaches, teachers, staff and spectators spend in close proximity or in indoor group settings. This includes time spent traveling to/from sporting events, meetings, meals, and other settings related to the event.
- **Presence of people more likely to develop severe illness.** People at increased risk of severe illness might need to take extra precautions.

# School Workers

- Workers at increased risk for severe illness from COVID-19 include older adults and people of any age with certain underlying medical conditions if they are not fully vaccinated.
- Workers who have an underlying medical condition or are taking medication that weakens their immune system may NOT be fully protected even if fully vaccinated and may need to continue using additional prevention measures.
- Policies and procedures addressing issues related to workers at higher risk of serious illness should be made in consultation with occupational medicine and human resource professionals, keeping in mind Equal Employment Opportunity concerns and guidance

# Emergency Operations Plans

- Each school district and school should have an Emergency Operations Plan (EOP) in place to protect students, teachers, staff, and families from the spread of COVID-19 and other emergencies. The EOP should:
- Describe COVID-19 prevention strategies to be implemented.
- Describe steps to take when a student, teacher, or staff member has been exposed to someone with COVID-19, has symptoms of COVID-19, or tests positive for COVID-19.
- Document policy or protocol differences for people who are fully vaccinated for COVID-19 versus those who are not fully vaccinated.
- Be developed in collaboration with regulatory agencies and state, local, territorial, and tribal public health departments, and comply with state and local licensing regulations.
- Be developed with involvement of teachers, staff, parents and guardians, and other community partners (for example, health centers)
- Utilize the Whole School, Whole Community, Whole Child (WSCC) model to outline EOP policies and protocols across each component. Tools and resources external icon from the U.S. Department of Education can be used by K-12 administrators to develop and update their EOP.

# Vaccination Verification

- Existing laws and regulations require certain vaccinations for children attending school.
- K-12 administrators regularly maintain documentation of people's immunization records.
- Since recommended prevention strategies vary by COVID-19 vaccination status, K-12 administrators who maintain documentation of students' and workers' COVID-19 vaccination status can use this information, consistent with applicable laws and regulations, including those related to privacy, to inform masking and physical distancing practices, testing, contact tracing efforts, and quarantine and isolation practices.
- Policies or practices related to providing or receiving proof of COVID-19 vaccination should comply with all relevant state, tribal, local, or territorial laws and regulations.

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- Description: Anxiety and stress are a part of life. When we successfully manage these emotions, we can harness their power to be successful. But toxic levels of stress and anxiety can have significant impacts on our well-being. Both teachers and students are susceptible. In this course, you will learn ways to help students manage stress and anxiety—methods you can also use yourself.

## Contact Info and Resources

- [schoolhealthandsafety@alaska.gov](mailto:schoolhealthandsafety@alaska.gov)
- School Health and Safety Phone: 907-269-3433
- School Health ECHOs (every Monday at 3 pm)
- <https://covid19.alaska.gov/>
- <https://alaska-coronavirus-vaccine-outreach-alaska-dhss.hub.arcgis.com/>