

## How Health Departments Can Work with Schools to Improve K-12 Contact Tracing Programs

It is important for health departments to understand and incorporate K-12 classrooms' unique circumstances into contact tracing policies and programs. Per CDC guidance, health departments should work with schools to identify contact tracing teams and develop protocols; establish clear roles and responsibilities; and select channels for communicating about cases and contacts. Contact tracing programs and policies should be inclusive of all students and staff, and consider school processes and functions, such as those around visitors, school meals, and extra-curricular activities.

### Key Considerations

#### Identify Teams and Develop Protocols

Health departments and schools should identify staff members who will participate in COVID-19 contact tracing and ensure there are enough resources, training, and support to effectively conduct the required activities. People with little or no contact tracing experience may choose to take an introductory course, such as [Making Contact: A Training for COVID-19 Case Investigators and Contact Tracers](#). Both health department and school staff should be familiar with relevant policies, standard operating procedures and other protocols, or work to develop relevant protocols, keeping in mind the district's educational infrastructure. The contact tracing team should establish generally agreed-upon procedures for:

- Exposure notification.
- Isolation and quarantine.
- Case investigation and contact tracing prioritization, when applicable.
- Testing strategy, including frequency, prioritization, and referrals to diagnostic testing.
- Parental consent, when applicable.
- Confidentiality and privacy concerns.
- Data collection and reporting.

#### Establish Clear Roles and Responsibilities

It is critical to define set expectations for members of the contact tracing team to reduce duplicative efforts. For example, team members from K-12 schools may be responsible for excluding cases and contacts from school activities, whereas state and local health departments may be responsible for reporting case and cluster data.

To improve coordination, consider assigning liaisons to communicate with various groups. School liaisons may be used to keep in touch with health departments and parent/teacher associations, while health department liaisons may work with a specific school. Schools may need to coordinate with several health departments, as students may live in a different county than the school they attend. The California Department of Public Health provides a good [framework](#) for establishing school liaisons.

## Select Channels for Communicating about Cases and Contacts

Health departments should consider identifying internal mechanisms to:

- Communicate with parents, guardians, and students about COVID-19 trends.
- Respond to media requests.
- Coordinate with multiple health departments.
- Conduct routine internal communications, including those for continuous quality improvement.

## Contact Tracing Technologies

Contact tracing teams may also consider using [contact tracing technologies](#) to automate processes, including exposure notification and medical monitoring. A school district in Ohio, for example, [provided](#) students and teachers with wearable badges incorporating location-tracking technology to more easily identify those who may have been in close contact with someone with COVID-19. This strategy mitigated privacy concerns through creating a digital “fence” in which the badges will be active and storing data locally.

## Special Considerations

- **People with disabilities** may have difficulties implementing COVID-19 prevention measures, such as safely wearing a mask, adjusting to new routines, and remaining physically distant from others. As such, COVID-19 prevention and response planning must include people with disabilities.
- **Mental health** of all students and staff should remain a priority. Check out these Mental Health Technology Transfer Center resources for [responding to COVID-19 and school mental health](#).
- **Non-English-speaking families** may need guidance provided in languages other than English. Consider providing written materials in other languages and having a translator available.
- **Non-essential visitors** should be limited, though access should not be limited for [direct service providers](#). Visitors who are sick should stay home, regardless of vaccination status.
- **School meals** should be served and consumed while maintaining a [safe physical distance](#). The school may choose to use spaces such as gymnasiums, or outdoor seating to ensure a safe distance between students. Contact tracers should promote appropriate hand washing, and mask wearing throughout food preparation, distribution, and consumption.
- **Extracurricular activities** have different levels of risk. To determine an activity’s risk level, health departments and schools should consider the activity’s setting, ability to physically distance, number of people, length, and if anyone in attendance is at increased risk for severe illness.

## Additional Resources

ASTHO:

- [Rhode Island’s Experience Building Cross-Sector Partnerships](#).
- [School Health 101](#).

CDC:

- [Considerations for Case Investigation and Contact Tracing in K-12 Schools and IHEs](#).
- [Guidance for COVID-19 Prevention in K-12 Schools](#).
- [Toolkit for Responding to COVID-19 Cases](#).

State Health Agencies:

- Florida: [Conducting Contact Tracing in Schools](#).
- Louisiana: [COVID-19 Contact Tracing in Schools](#).
- North Carolina: [COVID-19 Contact Tracing Procedures for K-12 Schools](#).
- Oregon: [COVID-19 in Schools: A Toolkit for School and Health Leaders](#).