Alexandria Health Department Handbook
for Alexandria K-12 School Administrators
COVID-19 Interim Guidance | August 31, 2021

The Alexandria Health Department (AHD) developed this document as a quick reference guide for K-12 school administrators. Please see the additional resources section of this document for guidance from the American Academy of Pediatrics (AAP), the Centers for Disease Control and Prevention (CDC), and the Virginia Department of Health (VDH).

This guide includes resources and best practices so that schools can:
- Create a plan for reporting COVID-19 cases to AHD and notifying families
- Develop COVID-19 policies
- Know what to do when a COVID-19 case is identified
- Implement recommended prevention measures
- Know the latest guidance for youth sports, band, and chorus
- Know how to make mealtime as safe as possible

Create a plan for reporting COVID-19 cases to AHD and notifying families

Pursuant to Section 32.1-37 of the *Code of Virginia*, schools are **required to report** disease outbreaks to their local health department ***immediately***. Schools should create a plan to report COVID-19 cases to AHD and notify families of an exposure at school.

1. Designate a **COVID-19 liaison** who will be responsible for gathering information, communicating with AHD, and notifying families of exposures at school (Appendix A).
   a. Your COVID-19 liaison should maintain contact information for all staff and students and be available ***after hours and on weekends*** to communicate with AHD in emergencies.
2. **Require** guardians and staff to report if they/their child are identified as a COVID-19 case or exposed to someone with COVID-19.
   a. Create a reporting line or shared inbox for families to report COVID-19 cases or exposures 7 days a week. Speedy reporting allows schools and AHD to identify close contacts and provide public health guidance to families and staff as soon as possible.
3. Create **seating charts, classroom rosters, and bus lists with each student's name and contact information for their parents/guardians.** This information should be readily accessible and easily shared with AHD. In order to do effective contact tracing and to reach families as soon as possible, each school should be ready to provide AHD with **an electronic list** (Excel preferred) of students and their contact information (phone numbers & email).
   a. Your COVID-19 liaison should be able to provide classroom rosters, bus lists, and seating charts to AHD after hours and on weekends.
   b. AHD **strongly** recommends developing classroom lists ahead of time to help contact families quickly. Taking time to put together a classroom list after an exposure has occurred may delay notification to families and guardians.
   c. Schools should use seating charts to the greatest extent possible, especially for grades K-5. If seating charts cannot be created for lunch time or other activities outside the classroom, schools should create sections or zones and ask students to remember what zone or section they ate lunch in. Some high schools have created QR codes for students to scan when they arrive at a section. **Knowing exactly where the child ate lunch and**

who they ate lunch with will help identify close contacts. More information on how schools can make mealtime safe is available [below](#).

    d. **If the school is unable to determine who was in close contact with the individual with COVID-19, AHD will have to recommend a 14-day quarantine for the entire group** (e.g. class or sports team) who interacted with them while infectious.

4. **Share your school's plan for reporting COVID-19 cases to AHD and let families and staff know what to expect** when a COVID-19 case is identified at school.
   a. Share the general notification letter with families and explain what it means to receive that letter. Make sure families understand the difference between a general notification letter and a letter indicating that their child was identified as a close contact.
   b. Share VDH's Infographic "How to Prepare and What to Expect" (Appendix B) with families.
   c. Explain how your school will work with AHD to identify close contacts.
      ✓ Let families know that classrooms may be closed temporarily to allow for enough time to identify close contacts and provide quarantine guidance.
   d. Tell families about contact tracing and encourage families to "[answer the call](#)."
      ✓ Let families know that during a surge, **AHD may email close contacts instead of calling.**
      ✓ If AHD is unable to reach a family via call or email, we will ask school administrators to call the family.
5. Consider hosting a town hall with AHD to **educate families and answer any questions** they may have about COVID-19.

Develop COVID-19 policies

Schools should develop COVID-19 policies and share their policies with families and staff. Here are some questions to consider when drafting COVID-19 policies:

1. Will your school require proof of vaccination for eligible students and staff?
2. Will your school require that unvaccinated staff participate in weekly COVID-19 screening tests?
3. Will students in isolation and/or quarantine have a virtual learning option?
   a. How will students who need to isolate or quarantine access resources (e.g., tech support, computers, webcams, school supplies, and school meals)?
4. What will your return to school criteria look like for students and staff with symptoms of COVID-19?
   a. Will students and staff who report symptoms be required to have a negative COVID-19 test or a doctor's note before returning to school?
5. What will your return to school criteria look for students and staff who are exposed to COVID-19?

Know what to do when a COVID-19 case is identified at your school

1. If a staff member or guardian reports that they/their child is a COVID-19 case or has been exposed, keep them home **OR,** if a student or staff member develops any [symptoms of COVID-19](#) while at school, immediately isolate them from others at school and send them home as soon as possible.
   a. Encourage symptomatic individuals to **[get tested for COVID-19](#)** *right away*.
   b. People who test positive for COVID-19 need to stay home and isolate themselves.

       ✓ People who test positive but do not have symptoms need to stay home and isolate for **10 days** from the date of their positive test.

       ✓ People with symptoms must stay home and isolate for **at least 10 days** from the start of their symptoms. After 10 days, they must be symptom free for 24 hours.

2. **Notify AHD** by calling our COVID-19 School Reporting Line. The number has been redacted from this document because it is a **24/7** reporting line for **administrators only.** Please email AHD if you need the number. **Please do not share the COVID-19 School Reporting Line with families.**

   a. AHD will ask your COVID-19 liaison to provide the following information:
   - ✓ Date of symptom onset, or date of positive COVID-test, if the case is asymptomatic(this is the date the person was tested, not the date that they got their results).
   - ✓ Email addresses and phone numbers for all close contacts.

   b. AHD will help you determine when the individual attended school while infectious.
   - ✓ An individual with COVID-19 is infectious beginning **two days before** their symptom onset or the date of their positive test (if asymptomatic).

   c. AHD will help you identify close contacts.
   - ✓ Close contacts are any individuals who were **within 6 feet of an infectious COVID-19 case for 15 minutes or more** over a 24-hour period and/or any individuals who may have had direct contact with the case's respiratory secretions (droplets expelled when a person coughs, sneezes, talks, or sings).
     - ○ Individuals may come in direct contact with a case's respiratory secretions during contact sports or if an infectious person coughs or sneezes on them.
   - ✓ **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) if *both* the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.
     - ○ This exception does not apply to teachers, staff, or other adults.
     - ○ Note that if AHD observes additional spread in classrooms due to different SARS-COV-2 variants, additional assessment of close contacts will be conducted.

3. **Notify families and staff** that an exposure occurred at school using AHD's template letter (Appendix A).

   a. Families and staff should be notified of an exposure at the school **within 24 hours** of the exposure being reported to the school.

   b. Getting the notification out to families as quickly as possible is critical.

   c. The letter does not need to include specific details of the exposure (e.g., grade level, extracurricular activities), but should include the date(s) the case was at school while infectious.

4. **AHD will call and/or email cases and close contacts** to provide public health guidance, connect families to resources, let them know when it is safe to be around others, and when to get tested.

   a. Schools may need to "pause" or temporarily close classroom(s) to allow more time for contact tracers to reach all exposed individuals and provide guidance. This is especially important if cases are reported after hours.

   b. During a surge (period of high community transmission), AHD may email close contacts instead of calling. AHD may also ask schools to call close contacts.

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c. [Figure 1](#) diagrams the full reporting process from identifying a COVID-19 case at school to ending the 14-day monitoring period.

d. More information on contact tracing, isolation, and quarantine is available below.

5. **AHD will monitor close contacts during the quarantine periods and may identify any additional cases.**

a. Close contacts can "convert" to or become identified as COVID-19 cases in one of two ways:

✓ (1) **They test positive for COVID-19**, OR

✓ (2) They develop **symptoms** during their 14-day monitoring period**.**

b. When a close contact converts to a COVID-19 case, AHD will work with your school to conduct contact tracing for the new COVID-19 case.

c. Note that it is not required to have a positive COVID-19 test in order to be considered a COVID-19 case; a link to a known case and specific symptoms may meet the CDC criteria for a COVID-19 case. If a close contact meets this criteria they will be informed by AHD and interviewed as a COVID-19 case.

6. **AHD will identify and report COVID-19 outbreaks.**

a. A **confirmed outbreak** has **two or more laboratory-confirmed COVID-19 cases** within 14 days, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

b. A **suspected outbreak** has at least two COVID-19 cases within 14 days, **only one of which must be laboratory-confirmed**, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

c. Both suspected and confirmed outbreaks are published to VDH's Outbreak Dashboard.

Figure 1: COVID-19 Reporting Process for Alexandria Schools and Daycares
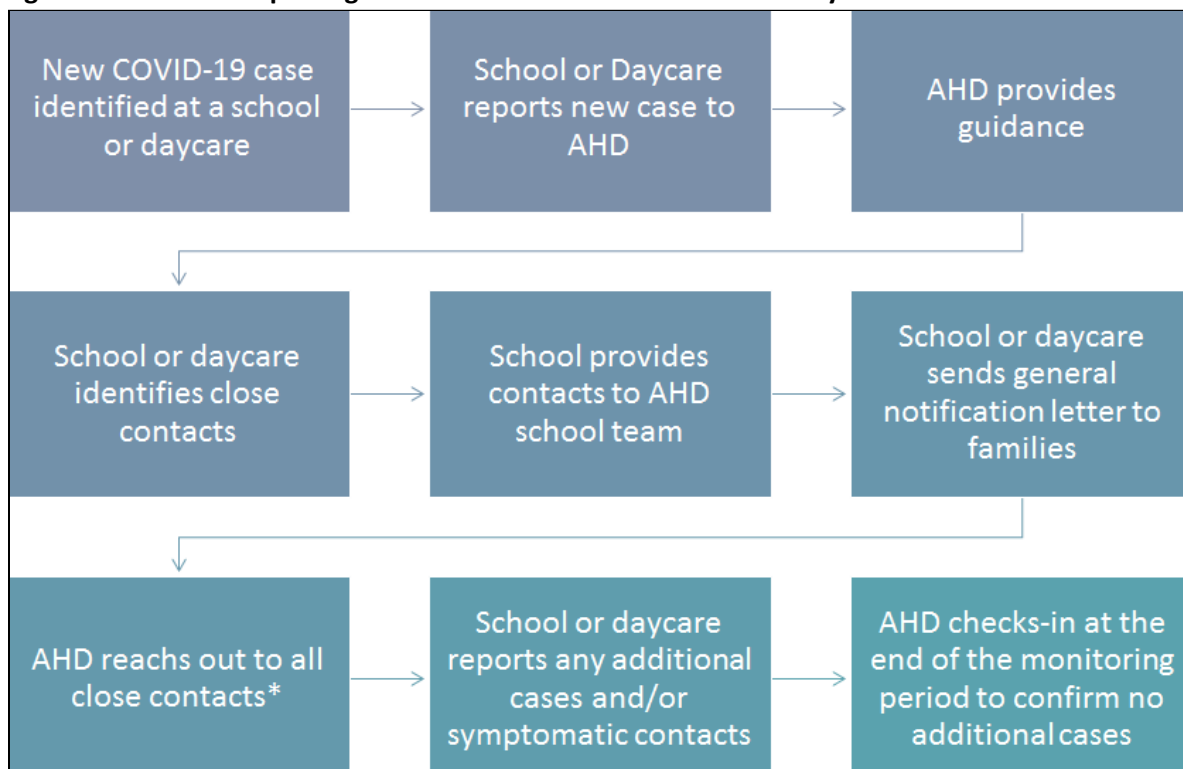
*During a surge, AHD may ask school and daycare administrators to call close contacts.

Implement recommended prevention measures

Many schools serve children under the age of 12 who are not eligible for vaccination at this time. Therefore, AHD, VDH, and the CDC recommend implementing [layered prevention measures](#) to prevent the spread of COVID-19 and to support in-person learning. This guidance is based on [current scientific evidence](#) and lessons learned from schools implementing COVID-19 prevention strategies.

1. **Promote Vaccination**
   a. COVID-19 vaccination of all eligible students, teachers, staff, and household members is **the most critical strategy** to help schools safely resume full operations.
   b. Review the [6 ways schools can promote COVID-19 vaccination](#).
   c. Share information about [where to get vaccinated](#) with families, teachers, and staff.
   d. Partner with AHD to host a virtual meeting about vaccination with families and staff.
   e. Consider requiring unvaccinated staff to participate in a COVID-19 testing screening program (more information [below](#)).

2. **Consistent and Correct Mask Use**
   a. Consistent and [correct mask use](#) protects teachers, students, and staff.
      ✓ Encourage parents, teachers, and staff to find a mask that is both comfortable and effective.
   b. CDC Recommendations:
      ✓ **Indoors:** Everyone over the age of 2 should wear a mask while in K-12 schools, regardless of vaccination status.
      ✓ **Outdoors:** Individuals who are **not fully vaccinated** should wear a mask during crowded outdoor settings or during activities that involve sustained close contact. Individuals who are **fully vaccinated** may choose to wear a mask in crowded outdoor settings.
      ✓ Pursuant to a [Public Health Emergency Order](#) issued on August 12, 2021, universal masking is now required in all indoor K-12 settings in Virginia. Universal masking applies to all teachers, staff, students, and visitors in K-12 settings, **regardless of vaccination status.** FAQs about the Public Health Emergency Order are available [here](#).
      ✓ Exceptions to the Public Health Emergency Order include:
         ○ Individuals eating, drinking, or sleeping;
         ○ Individuals exercising or using exercise equipment;
         ○ Any person who is playing a musical instrument when wearing a mask would inhibit the playing of the instrument (e.g., wind or brass instrument) so long as at least six feet of physical distance can be maintained from other persons;
         ○ Any person who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance;
         ○ Any person who has a disability or meets at-risk criteria or those assisting such persons, including individuals with an Individualized Education Plan (IEP) or 504 plan under the Rehabilitation Act, where wearing a mask would inhibit communication or the receiving of services;

○ When necessary to participate in a religious ritual; and
○ Persons with health conditions or disabilities that prohibit wearing a mask. Nothing in this Order shall require the use of a mask by any person for whom doing so would be contrary to his or her health or safety because of a medical condition. Adaptations and alternatives for individuals with health conditions or disabilities should be considered whenever possible to increase the feasibility of wearing a mask to reduce the risk of COVID-1 9 spreading if it is not possible to wear one.

c. Pursuant to the CDC's Order, passengers and drivers are required to wear masks on school buses.
  ✓ The following individuals are exempt from the CDC's Order:
    ○ Children under 2 years of age;
    ○ Individuals with disabilities who cannot wear a mask, or cannot safely wear a mask, for reasons related to their disability;
    ○ Individuals for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the workplace risk assessment.

d. School administrators should consult the Virginia Department of Education (VDOE) and seek legal advice regarding how to process requests for reasonable accommodations for individuals who are unable to wear a mask because of a medical condition or disability.

3. **Physical Distancing**
   a. Schools should implement physical distancing to the **greatest extent possible**, while still promoting in-person instruction.
   b. Based on studies from the 2020-2021 school year, the CDC recommends that schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing to reduce transmission risk.
      ✓ When it is not possible to maintain a physical distance of at least 3 feet, it is especially important to layer multiple other prevention strategies such as screening testing, cohorting, improved ventilation, hand hygiene, and respiratory etiquette.
      ✓ The CDC still recommends maintaining a distance of at least 6 feet between both teachers/staff and any students, and between teachers and staff themselves when they are not fully vaccinated.
      ✓ Mask use by all students, teachers, staff, and visitors is particularly important when physical distance cannot be maintained.
   c. Cohorting is recommended to limit exposure to COVID-19. Cohorting is especially important when physical distancing is not feasible or able to be maintained.
      ✓ Everyone should remain in their assigned cohort throughout the school year.
      ✓ Staff should only work with one cohort, to the extent possible.

4. **Screening Testing**
   a. K-12 schools should consider implementing screening testing programs to identify COVID-19 cases quickly (including individuals who may be asymptomatic and otherwise would not have sought testing) and to evaluate and adjust prevention strategies based on the number of cases identified at school.
   b. The CDC has developed screening testing recommendations for K-12 Schools based on Level of Community Transmission (see Table 1).

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c. VDH and VDOE are partnering to launch a **new COVID-19 testing program for the 2021 - 2022 school year, Virginia School Screening Testing for Assurance (ViSSTA)**. ViSSTA will provide testing vendors, supplies, and staffing to support end-to-end COVID-19 testing in K-12 schools.

d. VDH has developed a K-12 testing website with a playbook and other materials that you can reference.

e. Additional information about testing in K-12 schools is available on the CDC's website.

Table 1: Testing Recommendations for K-12 Schools by Community Transmission Level

	Low Transmission[1] 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[2] and extracurricular activities[3] 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.[2]	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

[1] Levels of community transmission are 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%.).

[2] 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.

[3] 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**
   a. Review the CDC's recommendations for ventilation with an HVAC professional.
      ✓ Determine how to maximize ventilation & filtration at your school. Ask an HVAC professional if opening the windows would help.
      ✓ Keep windows on buses open or cracked so long as doing so does not pose a safety risk.
         ○ Keeping windows on buses open just a few inches improves air circulation.
      ✓ Move activities outside when possible.
   b. Consider running your HVAC system at maximum outside airflow for 2 hours before and after the building is occupied.

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6. **Handwashing and Respiratory Etiquette**
    a. Schools should monitor and encourage handwashing and respiratory etiquette and provide adequate handwashing supplies.
    b. Staff should keep hand sanitizer (at least 60% alcohol) close by at all times.
    c. Encourage everyone to wash their hands for **at least 20 seconds** with soap and warm water and to use a paper towel to dry their hands and turn off the sink faucet.
    d. Consider posting age-appropriate signage to provide public health reminders regarding hand hygiene, respiratory etiquette, and reporting symptoms of COVID-19.

7. **Staying Home When Sick and Getting Tested**
    a. Educate teachers, staff, and families about when to isolate and when to quarantine. Anyone waiting for a COVID-19 test result should stay away from others.
    b. Screen students and staff for symptoms of COVID-19 and exposures to COVID-19.
    c. Share VDH's algorithm for evaluating COVID-19 symptoms in a child (Appendix C) with parents and staff.
        ✓ Students and staff should get tested right away if they develop *any* symptoms, even if they think it is "just a cold" or "just allergies."
            ○ **Symptomatic individuals who have a negative rapid antigen test should have a confirmatory PCR test collected the same day.**
            ○ Individuals who are antigen negative but have pending PCR tests should not return to school until their PCR results are back.
        ✓ Students and staff who are not fully vaccinated should stay home and quarantine if they have been exposed to COVID-19 in the last 14 days.

8. **Contact Tracing in Combination with Isolation and Quarantine**
    a. Schools should continue reporting COVID-19 cases to AHD and working with AHD to identify close contacts and provide quarantine guidance.
    b. **Unvaccinated** close contacts should:
        ✓ Get tested *at least* **twice**: (1) as soon as possible, (2) 5-7 days after their exposure, and (3) *immediately* if they develop symptoms.
        ✓ Monitor for symptoms and quarantine for 14 days from the last date of exposure.
    c. **Fully vaccinated** close contacts **do not need to quarantine** but they should:
        ✓ Get tested **3-5 days after exposure** and *immediately* if they develop symptoms.
        ✓ Monitor for symptoms for 14 days from the date of last exposure.
        ✓ Wear a mask when indoors in public for 14 days or until they receive a negative test result.
    d. **AHD recommends a full 14-day quarantine for all *unvaccinated* close contacts.**
        ✓ Schools choosing to provide an option to reduce quarantine (e.g., returning to in-person learning on *day 8* with a negative COVID-19 test on day 5, 6, or 7) should implement a **process for verifying test results.**
            ○ AHD is not able to assist schools with verifying test results.
        ✓ AHD's recommendation for a full-14 day quarantine of all school/childcare close contacts is consistent with the CDC's recommendation, VDH's recommendation, and recommendations made by neighboring northern Virginia health districts.

9. **Cleaning and Disinfection**
    a. Review the CDC's guidance for cleaning & disinfecting.
    b. Know when to clean and when to disinfect.

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Know the latest guidance for youth sports, band, & chorus

Many of the COVID-19 outbreaks in K-12 schools last year resulted from exposures *outside* the classroom. While sports, music, and other extracurricular activities are important components of youth development, school administrators should continue to prioritize in-person learning. During periods of high transmission, the CDC recommends canceling or holding high risk activities virtually. Make sure your school is ready by reviewing the latest guidance for youth sports, band, and chorus, and implementing recommended mitigation measures for these activities.

1. **Guidance for youth sports**
    a. VDH recommends maximizing physical distancing during activities when increased exhalation occurs.
    b. Coaches should consider cohorting athletes during practice to minimize the number of athletes that may need to quarantine if someone attends practice while infectious.
    c. Schools should encourage coaches and athletes to wear masks as much as possible.
    d. Schools should consider requiring weekly or bi-weekly (during periods of high transmission) screening testing for unvaccinated athletes and coaches.
    e. Coaches should strongly discourage unvaccinated athletes from carpooling and participating in other high risk activities. While important for team building, dinners and social gatherings can jeopardize a team's season, especially if multiple players in attendance are unvaccinated. Encourage athletes to choose safer activities.

2. **Guidance for band and chorus**
    a. VDH recommends maximizing physical distancing when playing certain instruments (e.g. wind) and when singing.
    b. Consider weekly or bi-weekly (during periods of high transmission) screening testing of students participating in band and chorus who are not fully vaccinated.
    c. Move band and chorus practices outside or to well ventilated indoor spaces, to the greatest extent possible.

Know how to make mealtime as safe as possible

The CDC's recommendations for reducing the spread of COVID-19 during school mealtimes include:

1. **Masking** as much as possible during mealtime and in school cafeterias (e.g., while in line for food and when not actively eating or drinking).
    a. Masks should be placed somewhere safe (e.g., a clean Ziploc bag) when they are not being worn so that they stay clean and dry.
2. **Physical distancing**, designating one entrance and one exit with specific walking patterns in the cafeteria, and spacing in food service lines.
    a. If physical distancing is not able to be maintained during mealtimes, using **seating charts** or cohorting students during lunch is recommended.

    b. Schools should consider staggering mealtimes and allowing students to eat meals in other parts of the school (e.g., hallways, gymnasium, classrooms) so that the cafeterias are less crowded.

    c. Schools should **develop a process for students to document where they ate lunch** (e.g. section names, QR codes) to facilitate contact tracing if there's an exposure.

3. Practicing good **hand hygiene** before and after meals.
    a. Schools should place hand sanitizer near the cafeteria entrance and exit(s).
4. **Cleaning and disinfecting** surfaces (table and desks) before and after meals.
5. **Increase ventilation** in cafeterias and classrooms where children are eating.
    a. Schools should ensure that their ventilation system is working optimally and use portable air cleaners that use HEPA filters
6. **Consider eating outdoors if possible.**
    a. Schools should explore options to move mealtimes outdoors (e.g., tents, picnic tables).

Additional Resources

General Guidance:
1. VDH: Interim Guidance for COVID-19 Prevention in Virginia PreK-12 Schools (8/12/21)
2. AAP: Guidance for Safe Schools (7/18/21)
3. CDC: What to do if a Student Becomes Sick at School or Reports a New COVID-19 Diagnosis
4. VDH: Algorithm for Evaluating Symptoms of COVID-19 in a Child (7/23/2021)
5. VDH: Algorithm for Evaluating Symptoms of COVID-19 in a Child (1page)
6. DOE: Protecting Student Privacy FERPA and COVID-19

Ventilation:
7. CDC: Ventilation in Buildings
8. ASHRAE: Schools and Universities Guidance Document

Sports and Physical Activities:
9. VDH: Considerations for Recreational Sports
10. AAP: Sports and Physical Activities Guidance (8/02/21)

Resources for Parents:
11. CDC: What to Expect at Your Child's School or Early Care and Education Program (8/4/21)
12. VDH: How to Prepare and What to Expect (8/6/21)
13. VDH: Algorithm for Evaluating Symptoms of COVID-19 in a Child (7/23/2021)
14. VDH: Algorithm for Evaluating Symptoms of COVID-19 in a Child (1page)
15. VDH: When to End Isolation or Quarantine (8/18/21)

Appendix A - General Notification Letter

[Insert Date]

Dear [Insert School/Daycare Name] Families and Staff,

This letter is to notify you that a COVID-19 case has been identified at [Insert School/Daycare Name].

Assuring everyone's safety is our top priority. We have notified the Alexandria Health Department (AHD), who is providing public health guidance to us.

When AHD learns of a COVID-19 case who resides in the City of Alexandria, they contact the individual directly to provide guidance and to identify close contacts. Close contacts are people who were within 6 feet of the case during their infectious period for a cumulative total of 15 minutes or more over a 24-hour period or people who had direct exposure to the case's respiratory secretions.

In K–12 classrooms, the close contact definition excludes **students** who were within 3 to 6 feet of an infectious student if both **students** were wearing masks; and other prevention strategies were in place. However, if we see additional spread, others may also be asked to quarantine. We are collaborating with AHD to identify and reach out to close contacts at [Insert School/Daycare Name].

If you or your child:

- **Is identified as a "close contact,"** you will be notified separately from this letter and provided public health guidance based on your vaccination status and level of exposure to the case.

- **Is _not_ identified as a close contact,** you will not receive additional communication.

Please continue to practice the following preventive measures to protect your household and others:

1. Monitor your/your child's health by remaining alert for any COVID-19 symptoms.
2. Notify your/your child's primary care provider immediately if you/your child develop(s) any COVID-19 symptoms. Call ahead when seeking medical care and inform your doctor that you/your child was exposed to COVID-19.
3. Practice safety precautions, such as maintaining physical distance (6 feet or more), wearing a mask, frequent handwashing, choosing safer activities, and staying home when ill.
4. If you're eligible for the COVID-19 vaccine, get vaccinated!

Remember, people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. If your child is at higher risk for severe illness, please advise your school/daycare.

We want to assure you that the health and safety of our community is a top priority for [Insert School/Daycare Name].

Sincerely,

[Insert Signature]
[Insert Name, Title/Role]

Appendix B - What to Expect: Contact Tracing

VDH VIRGINIA DEPARTMENT OF HEALTH

Contact Tracing for COVID-19 in K-12 Schools

HOW TO PREPARE AND WHAT TO EXPECT

A PERSON
is diagnosed with COVID-19.

A REPORT
is sent from a lab or the doctor to the local health department.

A PUBLIC HEALTH EXPERT
("case investigator") at the local health department will attempt[1] to get in touch with the person or their parents/guardians to...

SCHOOL ADMINISTRATION
is encouraged to notify parents/guardians, students, and staff about the situation while maintaining confidentiality.

A PUBLIC HEALTH EXPERT
("contact tracer") at the local health department will attempt[1] to get in touch with all the **close contacts[2]** to...

THE LOCAL HEALTH DEPARTMENT
will work with the school to provide appropriate disease prevention and control guidance.

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1 Talk about the person's health.

The case investigator will:

✓ Discuss how to manage any symptoms.

✓ Discuss how to prevent other people from getting sick by recommending to isolate the person with COVID-19 and quarantine other household members.

✓ Make sure the family has the resources they need to stay safe and healthy in isolation.

A case investigator may also speak with the person's doctor to find out more specific health information.

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2 Identify who may have been exposed to COVID-19. This is done by identifying those who had close contact[2].

The case investigator will:

✓ Talk to the person or their parent/guardian about who they or their child has spent time with in school and outside of school.

✓ Talk to school staff (teacher, bus driver) to obtain class schedules, seating charts, or other information. The name and identity of the person with COVID-19 will not be shared with the school.

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1 Talk about COVID-19 symptoms and information about testing.

The contact tracer will help make sure anyone identified as a close contact:

✓ Knows the symptoms of COVID-19.

✓ Understands how to monitor their own (or their child's) health.

✓ Knows where and how to get tested[3].

✓ Knows who does not need to quarantine[4].

Did you know? Contacts of contacts do not need to quarantine.

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2 Enroll the contact in the VDH contact monitoring and reporting tool "Sara Alert".

This will allow the local health department to check on the person every day regarding their symptoms, and connect them to care if needed.

3 Talk about quarantine recommendations and resources.

Close contacts who have been exposed to COVID-19 should stay home (quarantine) and monitor for symptoms for until it is safe to be around others. See: vdh.virginia.gov/coronavirus/local-exposure/#Howlong for more information.

There are some exceptions (i.e., for fully vaccinated or recently recovered people). See vdh.virginia.gov/coronavirus/local-exposure/#requiredq for more information.

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[1] Depending on the number of cases of COVID-19 reported, local health departments will prioritize certain case investigation and contact tracing efforts if resources do not allow them to contact everyone.

[2] Close contact means being within 6 feet of a person who has COVID-19 for a total of 15 minutes or more over a 24-hour period, or having other direct exposure. There are some exceptions for students in indoor K-12 classroom settings. A person with COVID-19 is considered to be contagious starting 2 days before they became sick, or 2 days before test specimen collection if they never had symptoms. See: vdh.virginia.gov/coronavirus/local-exposure/#close-contact for more information.

[3] Follow VDH testing recommendations: vdh.virginia.gov/coronavirus/covid-19-testing

[4] Close contacts who do not have symptoms of COVID-19 and who have either recently recovered from COVID-19 or been fully vaccinated for COVID-19 might not need to stay home (quarantine). See: vdh.virginia.gov/coronavirus/local-exposure for more information.

Appendix C - VDH Algorithm for Evaluating Symptoms in a Child

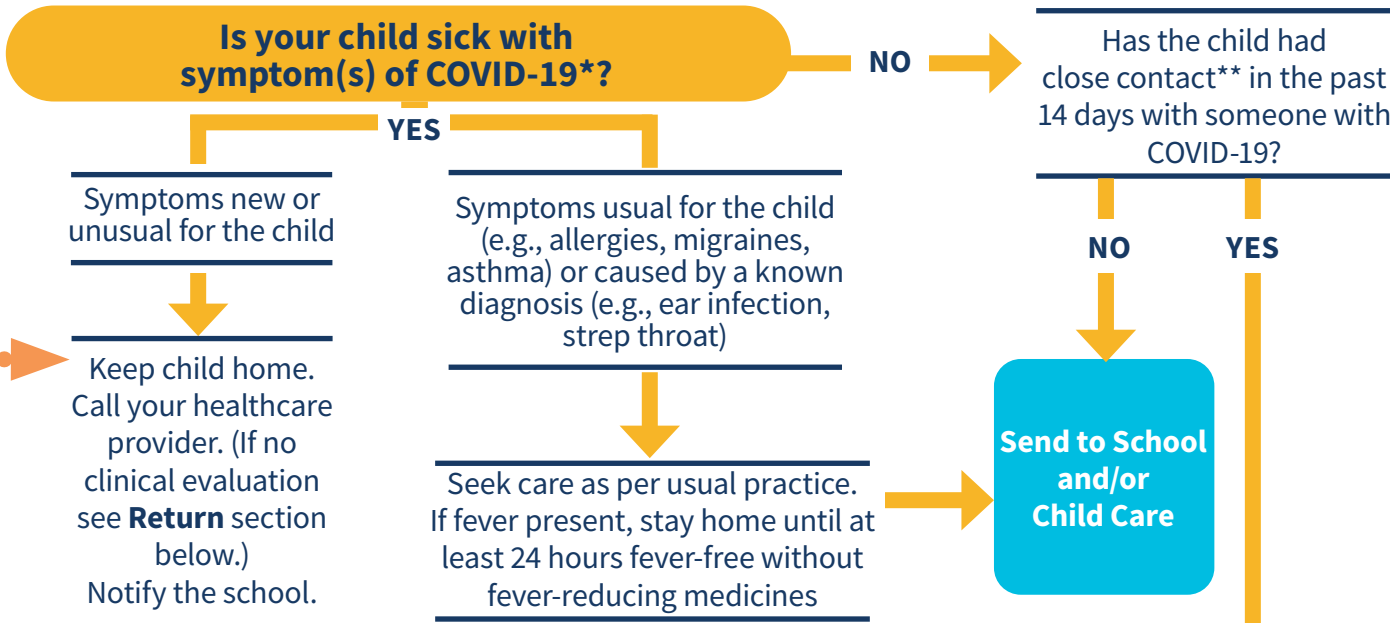# VDH Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposure

[This algorithm is for diagnostic purposes, and should not be used for screening testing]

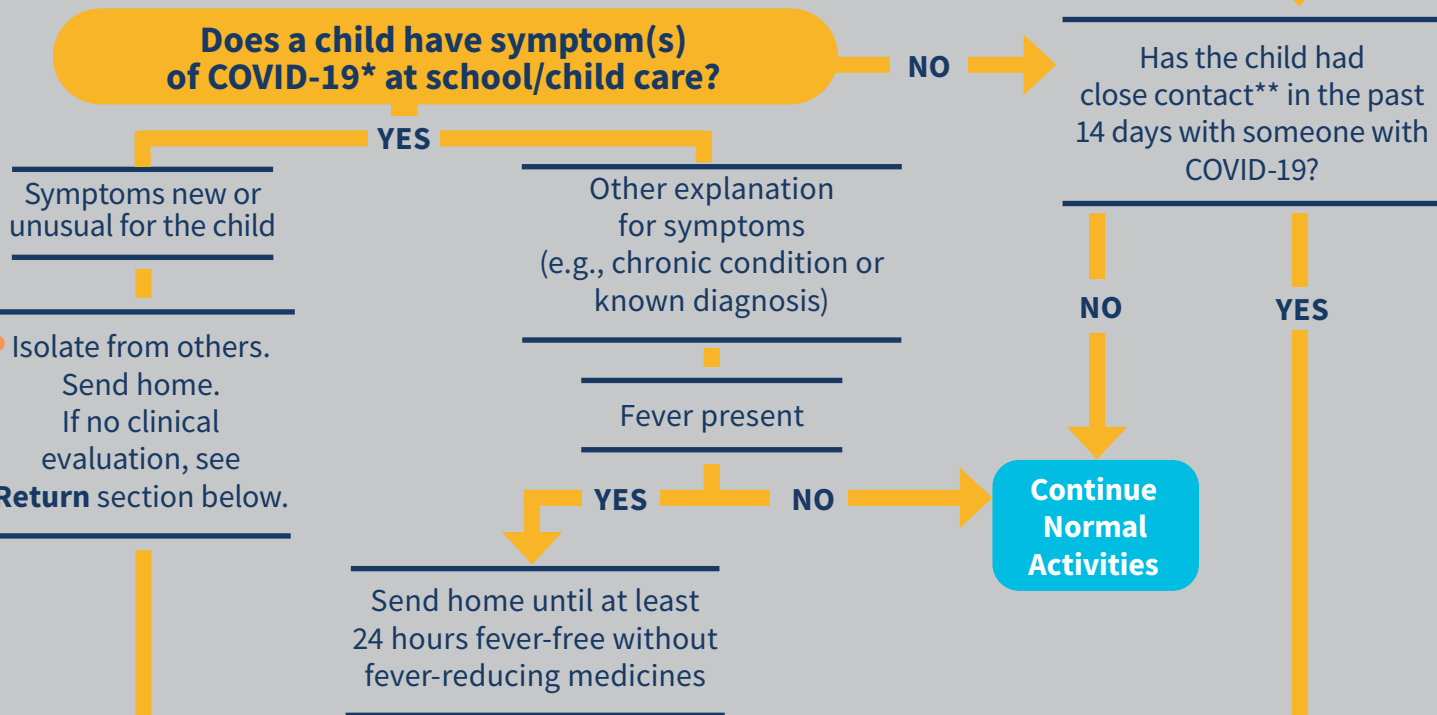**VDH** VIRGINIA DEPARTMENT OF HEALTH

vdh.virginia.gov

FOR PARENTS AND GUARDIANS

*Symptoms of COVID-19 include fever (≥100.4°F) or chills, fatigue (more tired than usual), headache, muscle aches, cough, nasal congestion or runny nose, new loss of taste or smell, sore throat, shortness of breath or difficulty breathing, abdominal pain, diarrhea, nausea or vomiting, new onset of poor appetite or poor feeding.

Is your child sick with symptom(s) of COVID-19*?

NO → Has the child had close contact** in the past 14 days with someone with COVID-19?
- NO →
- YES → **Send to School and/or Child Care**

YES →

Symptoms new or unusual for the child → Keep child home. Call your healthcare provider. (If no clinical evaluation see **Return** section below.) Notify the school.

Symptoms usual for the child (e.g., allergies, migraines, asthma) or caused by a known diagnosis (e.g., ear infection, strep throat) → Seek care as per usual practice. If fever present, stay home until at least 24 hours fever-free without fever-reducing medicines → **Send to School and/or Child Care**

FOR SCHOOLS AND CHILD CARE FACILITIES

**Close contact means being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period, or having direct exposure to respiratory secretions. In indoor K-12 settings, a student who is within 3 to 6 feet of an infected student is not considered a close contact as long as both students are wearing masks and the school has other prevention strategies in place. This exception does not apply to teachers, staff, or other adults in indoor K-12 settings.

Does a child have symptom(s) of COVID-19* at school/child care?

NO → Has the child had close contact** in the past 14 days with someone with COVID-19?
- NO →
- YES →

YES →

Symptoms new or unusual for the child → Isolate from others. Send home. If no clinical evaluation, see **Return** section below.

Other explanation for symptoms (e.g., chronic condition or known diagnosis) → Fever present
- YES → Send home until at least 24 hours fever-free without fever-reducing medicines
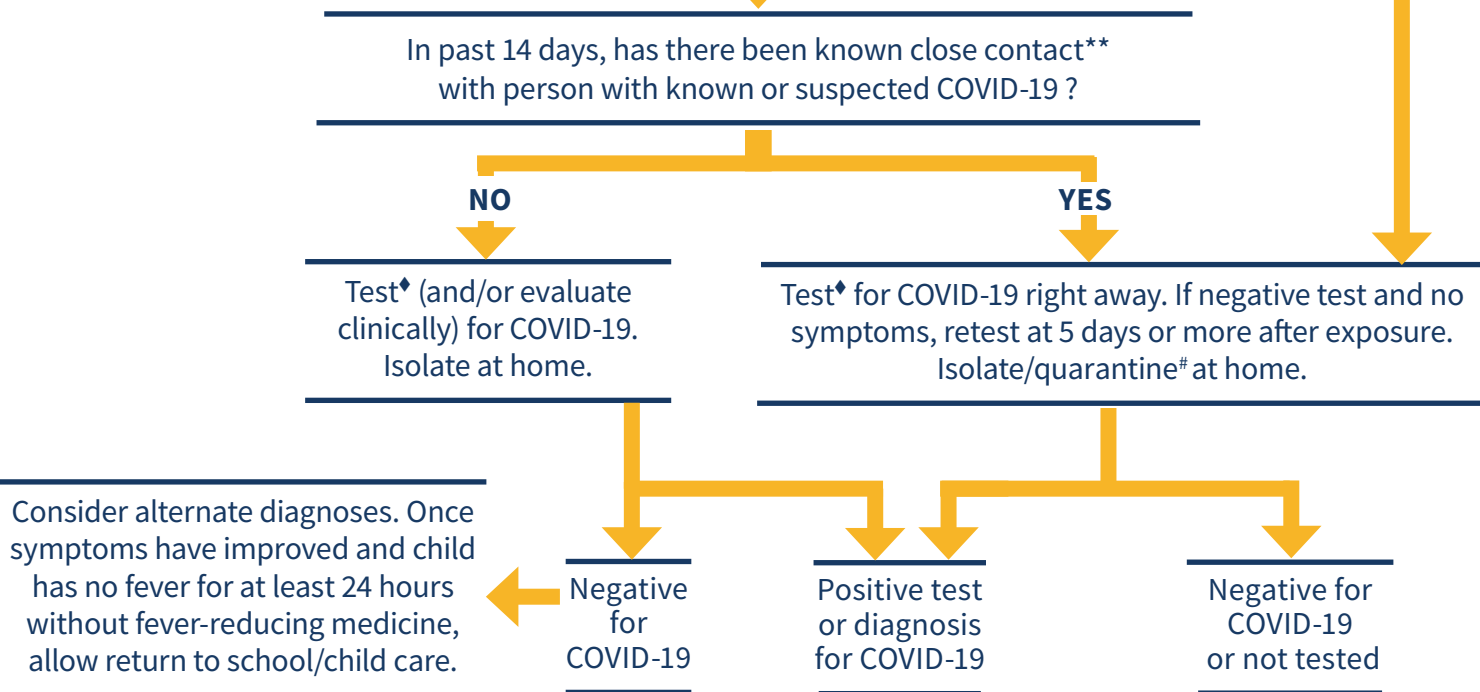- NO → **Continue Normal Activities**

FOR HEALTHCARE PROVIDERS

♦Testing – PCR or antigen (Ag) testing is acceptable. If an Ag test is negative and clinical suspicion for COVID-19 is high, confirm with PCR, ideally within 2 days of the initial Ag test. If PCR testing is not available, clinical discretion can be used in whether to recommend the patient isolate. Those who have tested positive for COVID-19 within the past three months and recovered and most people who are fully vaccinated for COVID-19 do not need to be tested again as long as they do not develop new symptoms.

Clinical Evaluation for Children with Symptoms of COVID-19*
(www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html)

In past 14 days, has there been known close contact** with person with known or suspected COVID-19 ?

- NO → Test♦ (and/or evaluate clinically) for COVID-19. Isolate at home.
- YES → Test♦ for COVID-19 right away. If negative test and no symptoms, retest at 5 days or more after exposure. Isolate/quarantine# at home.

Consider alternate diagnoses. Once symptoms have improved and child has no fever for at least 24 hours without fever-reducing medicine, allow return to school/child care. ← Negative for COVID-19

Positive test or diagnosis for COVID-19

Negative for COVID-19 or not tested

RETURN TO SCHOOL AND CHILD CARE

#14-day quarantine recommended. If unable to stay home for 14 days and if no symptoms have developed, quarantine can end after Day 10 with no test or after Day 7 with a negative PCR or antigen test performed on or after Day 5. Those who have had COVID-19 in the past three months or been fully vaccinated for COVID-19 are not required to quarantine as long as they do not have symptoms. Monitor for symptoms for 14 days and always follow COVID-19 precautions.

If no clinical evaluation performed

Symptoms present (whether or not they had close contact**) → **10-day home isolation. Then return when no fever for 24 hours without fever-reducing medicine. Quarantine close contacts.#**

No symptoms and had close contact** → **14-day home quarantine.# If no symptoms, return after Day 14. If symptoms develop, need 10-day isolation and quarantine close contacts.#**

Home isolate for 10 days after symptom onset (or date of positive test). Quarantine close contacts.# → **After 10-day isolation, if no fever for at least 24 hours and symptoms have improved, child may return to school and/or child care.**

Quarantine for 14 days after last exposure# or isolate for 10 days after symptom onset →
- If symptoms develop, retest as soon as possible. Home isolate for 10 days after symptom onset. Quarantine close contacts.#
- **If no symptoms develop, child may return to school and/or child care after Day 14.#**

07/23/2021