

Antietam School District

STAYING SAFE:



PROTOCOLS FOR CONTACT TRACING AND QUARANTINE / ISOLATION RELATED TO COVID-19 DURING THE 2021-2022 YEAR

August 20, 2021





STAYING SAFE

PROTOCOLS FOR CONTACT TRACING AND QUARANTINE / ISOLATION RELATED TO COVID-19 DURING THE 2021-2022 YEAR

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The health and safety of the Antietam School District (ASD) students, staff, and community remains, as always, the top priority for the organization and the plan to successfully navigate into the 2021-2022 school year is a shared responsibility among students, staff, and the community.

While we recognize that COVID-19 may not be eliminated, with layered prevention strategies in place and quick and efficient responses to COVID-19 related cases, we maximize protection from COVID-19 and prevent possibly spreading it to others.

This toolkit is intended to identify common scenarios employees, students, and families may experience and the protocols in place with regard to contact tracing and quarantine / isolation based on the latest guidance provided by the Centers for Disease Control and Prevention (CDC), the Pennsylvania Department of Health (DOH), and the Pennsylvania Department of Education (PDE).

If you experience a COVID-19 related event, regardless of your vaccination status, you must notify your supervisor immediately and follow the guidance provided by your health care provider, the DOH, or the BCIU in accordance with the CDC's recommendations with regard to quarantine / isolation.

Thank you for your continued commitment and adherence to the protocols outlined in this document as we transition forward together.

REPORTING CASES / CONTACT TRACING

The PA School Code requires that the ASD report cases of COVID-19 to the DOH for contact tracing and quarantine / isolation orders if necessary. In order to quickly and efficiently identify in-school contacts, the ASD will continue to partner with the DOH to conduct COVID-19 case investigations in the 2021-2022 school year.

Therefore, it is critical that when staff or students are not feeling well and / or exhibiting COVID-19 symptoms, they stay home and / or seek medical attention. And, if they suspect or have a known case of COVID-19 and / or have been exposed to individuals who suspect or test positive for COVID-19, they inform their supervisor, teacher, or therapist immediately.

RECOMMENDATIONS FOR VACCINATED INDIVIDUALS

Breakthrough infections can happen in people who are fully vaccinated, even with the Delta variant. While these infections tend to be mild, preliminary evidence suggests that fully vaccinated people who become infected with the Delta variant can be infectious and can spread the virus to others.

RECOMMENDATION FOR FULLY VACCINATED PEOPLE WITH NO COVID-19 SYMPTOMS

After exposure to someone with suspected or confirmed COVID-19 do not need to quarantine; however, they should:

- Test 2-5 days following close contact with someone with suspected or confirmed COVID-19
- Wear a face covering in public indoor settings for 14 days or until they receive a negative test result
- Monitor for symptoms of COVID-19 for 14 days following exposure regardless of negative test results
- Isolate for 10 days if their test result is positive

PROTOCOLS FOR FULLY VACCINATED INDIVIDUALS WITH COVID-19 SYMPTOMS

Any fully vaccinated person who experiences symptoms consistent with COVID-19 should isolate themselves from others, be clinically evaluated for COVID-19, and tested for SARS-CoV2, if indicated.

RECOMMENDATIONS FOR INDIVIDUALS WHO ARE NOT FULLY VACCINATED

Individuals who are not fully vaccinated against COVID-19 and are identified as close contacts of a COVID-19 case must quarantine.

Refer to charts on pages 6–9 for additional details with regard to isolation and quarantine guidelines.

COVID-19 SYMPTOMS

According to the Centers for Disease Control and Prevention (CDC), people with COVID-19 have a wide range of symptoms. Symptoms may appear 2–14 days after exposure to the virus. COVID-19 symptoms may include:



- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. The CDC will continue to update this list as they learn more about COVID-19.

CLOSE CONTACT PROTOCOLS

The close contact definition is generally 15 consecutive minutes; however, there are circumstances where 15 cumulative minutes, or less than 15 minutes, may be used.



Additional factors that should be considered when assessing close contacts include:

- Being in extremely close proximity (e.g., face to face)
- Having a prolonged exposure time
- The infected person exhibiting symptoms
- The infected person generating respiratory aerosols (e.g., coughing, singing, shouting)
- The presence of environmental conditions (e.g., crowding, inadequate ventilation, or being indoors)

Exception for K-12 indoor classroom setting:

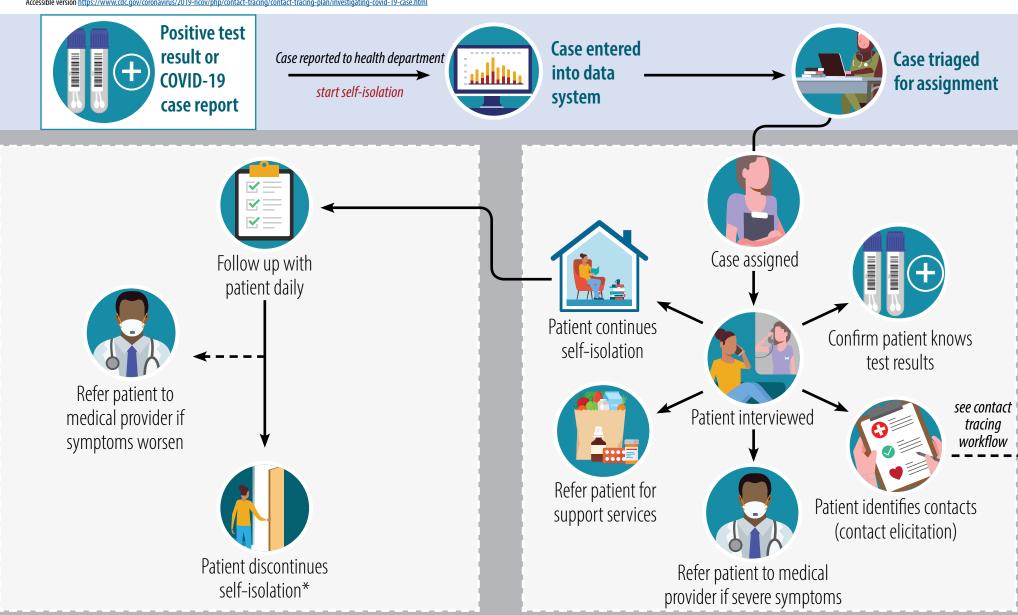
The close contact definition excludes students who were within 3 to 6 feet of an infected student if both the infected student and the exposed student(s) correctly and consistently wore well-fitting face coverings the entire time.

This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

Note: Students age 18+ should be considered students, not adults, for purposes of this definition.

CASE INVESTIGATION WORKFLOW (COVID-19)

Accessible version https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing-contact-tracing-plan/investigating-covid-19-case.html

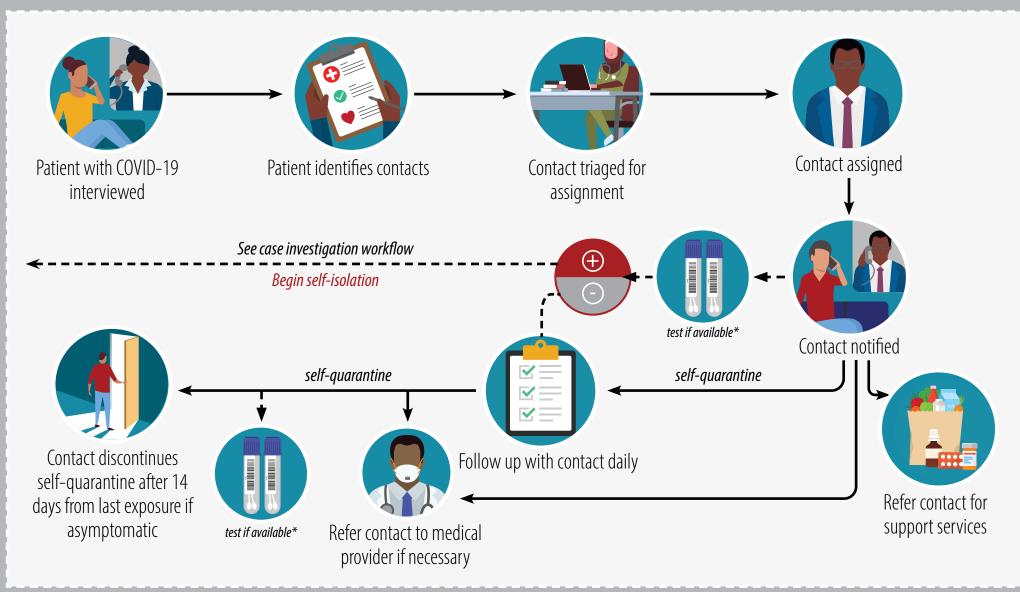


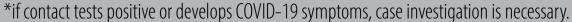


*The decision to end self-isolation should be made in context of local circumstances. Strategies based on symptoms, time, and test results can result in different time frames.

cdc.gov/COVID19

CONTACT TRACING WORKFLOW (COVID-19)







Case Response Definitions

- Isolation period for people with symptoms (symptomatic cases): at least 10 days since symptom onset (PA HAN 518)
 - Please note that day of symptom onset is Day 0



EVEN IF FULLY VACCINATED, IF YOU HAD COVID-19 SYMPTOMS AND ARE ABLE TO RECOVER AT HOME

You can leave your **sick room*** and home after three things have happened:

- At least 10 days have passed since symptoms first appeared, and
- 24 hours have passed without fever, without fever-reducing medication, and
- Your other symptoms have improved. Loss of taste or smell might persist for weeks or months and should not delay ending isolation.
- * A sick room involves living in a separate room and using a separate bathroom if possible. Don't share personal items. Clean and disinfect your home and frequently touched surfaces often. If you are unable to live alone, wear a mask when around others and have them wear masks too. https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html



Case Response Definitions

- Isolation period for people without symptoms (asymptomatic cases): at least 10 days since positive test (PA HAN 518)
 - Please note that test date is Day 0



IF YOU TESTED POSITIVE FOR COVID-19, NEVER HAD SYMPTOMS, AND ARE ABLE TO RECOVER AT HOME

You can leave your sick room and home after two things have happened:

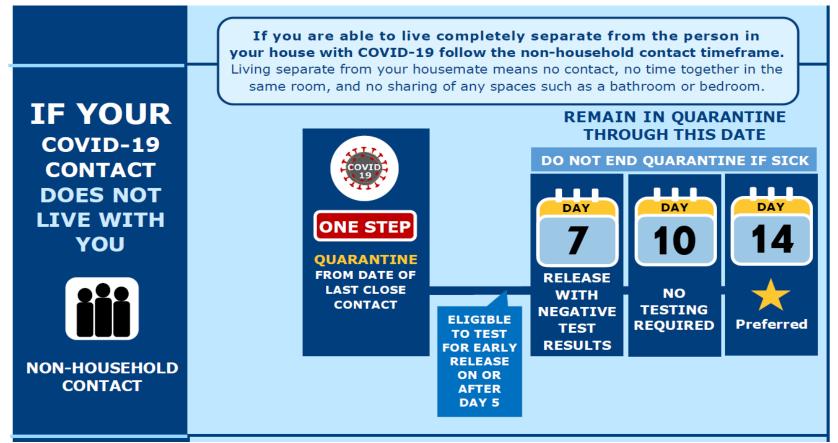
- At least 10 days have passed since the date of your first positive diagnostic test, and you continue to have no symptoms since the test.
- If you develop symptoms after beginning isolation for a positive test result, follow symptom-based criteria using test date as the day you begin your isolation.

Be cautious when retesting for COVID-19. Your test results can remain positive for a couple of months, even though you are no longer able to spread the virus.



Case Response Definitions (continued)

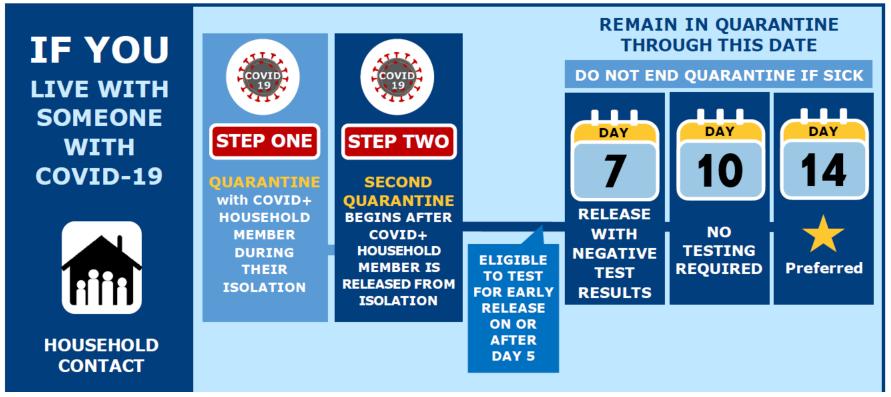
- Quarantine for Non-Household Contact
 - Please note that exposure date is Day 0





Case Response Definitions (continued)

- Quarantine for Household Contact
 - Please note that most recent exposure date (end of case's infectious period) is Day 0. Household contact quarantines are 17-24 days.





WHAT TO DO IF A STUDENT BECOMES SICK OR REPORTS A NEW COVID-19 DIAGNOSIS AT SCHOOL¹

Student(s) shows signs of infectious illness consistent with COVID-19.2

Teacher or staff excuses student(s) from classroom, cohort or area within the school. Alert the COVID-19 POC. If masking is not required at the school, provide student with mask as soon as possible.

COVID-19 POC takes student(s) to isolation room/area and ensures student(s) is properly supervised and masked. The parent, guardian, or caregiver is called. Arrangements are made for student(s) to either go home or seek emergency medical attention.³

Note: If multiple ill students must be placed in the same isolation room/area, ensure mask use and stay at least 6 feet apart while supervised.

Parent, guardian, or caregiver picks up student(s). Parent, guardian, or caregiver contacts healthcare provider for evaluation and possible COVID-19 test.

Note: 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.

Clean and disinfect areas that the ill student(s) occupied. Ventilate the area(s), wait as long as possible before cleaning to let virus particles settle (at least several hours), and use personal protective equipment (including any protection needed for the cleaning and disinfection products) to reduce risk of infection.

Student negative COVID-19 test

result.4

Student(s) return to school following existing school illness management policies.

Student **positive** COVID-19 test result.

Student(s) diagnosed with COVID-19 and begins home isolation.

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COVID-19 POC works with local health officials to assess spread and support follow up with staff, parents, guardians, or caregivers of student(s) that had contact with the ill student(s).⁶

Parents, guardians, or caregivers of close contacts are advised to keep their children home (quarantine according to local health department requirements) and to consult with the student(s)' healthcare provider for evaluation and possible COVID-19 test.⁷

Members of the ill student(s)' household and staff who had close contact with the student are advised to quarantine according to local health department requirements. 7

The ill student(s) can return to school and end isolation once the following are met:

- 10 days out from the start of the symptoms, AND
- Fever free for 24 hours without fever reducing medication, AND
- Symptoms have improved.

Note: COVID-19 POC = the designated point of contact (a staff person that is responsible for responding to COVID-19 concerns, such as director)

- ¹Scenario based on geographic area with community transmission of SARS-COV-2 the virus that causes COVID-19.
- ²The most common symptoms of COVID-19 in children include fever or chills, cough, nasal congestion or runny nose, new loss of taste or smell, shortness of breath or difficulty breathing, diarrhea or vomiting, stomachache, tiredness, headache, muscle or body aches, and poor appetite or poor feeding (especially in babies under 1 year old).
- ³ Schools that do not have a universal mask requirement could require masking by students, teachers, and staff if they are experiencing onset of upper respiratory infection symptoms at school while waiting to be picked up or leave the school.
- ⁴With no known close contact.
- ⁵Close contact is defined as someone who was within 6 feet for a total of 15 minutes or more within 2 days prior to illness onset,regardless of whether the contact was wearing a mask. See exception in the definition for the exclusion of students in the K-12 indoor classroom: https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing-plan/appendix.html#contact
- ⁶To the extent allowable by applicable laws regarding privacy.
- ⁷ CDC guidance provides that people who are fully vaccinated and do not have COVID-19 symptoms do not need to quarantine, but should get tested after an exposure to someone with COVID-19.

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cdc.gov/coronavirus

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Due to the dynamic nature of COVID-19, this toolkit is based on guidance from federal, state, and local governing agencies as well as BCIU policies and procedures in place. As guidance evolves, content contained in this toolkit may change, be amended, or augmented. The BCIU will always adhere to the most recent recommendations from governing agencies.