

# Interim Guidance: Operational Strategy and Phased Prevention for Virginia PreK-12 Schools



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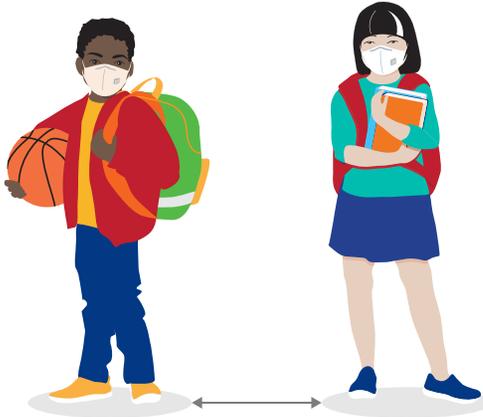
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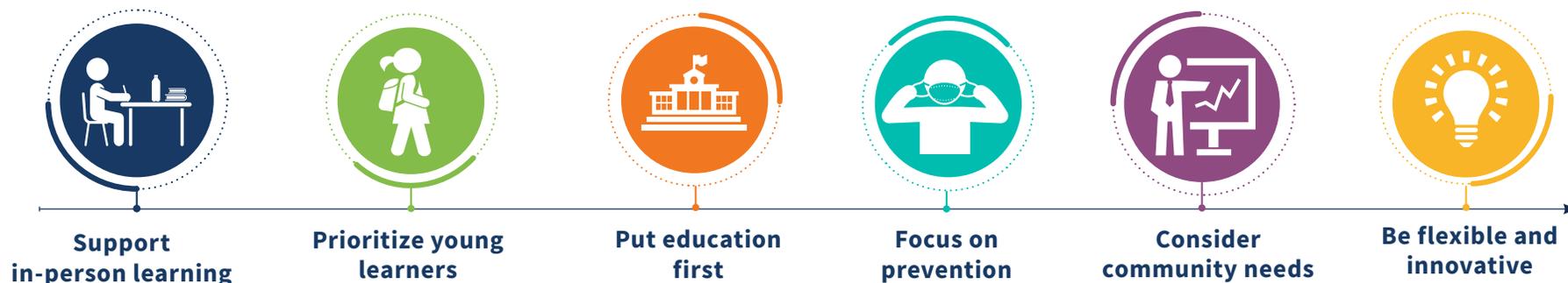
## Introduction and Guiding Principles

This Interim Guidance helps officials assess the risk of introduction and transmission of COVID-19 in schools, and informs decisions about school operations and the implementation of prevention strategies. **The operational strategy and phased prevention approach creates a pathway for schools to provide in-person instruction safely through consistent use of prevention strategies. All schools in Virginia should be offering in-person instruction options at this point in time and temporary school closures should only be necessary in the context of controlling spread associated with increased impact to school such as increased cases or outbreaks.** VDH recommends that schools start by reviewing the [CDC Operational Strategy for K12 Schools through Phased Prevention](#). The CDC Operational Strategy is best used together with the Interim Guidance: Operational Strategy and Phased Prevention for Virginia PreK12 Schools and the [U.S. Department of Education COVID-19 Handbook Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools](#).

Success in preventing COVID-19 transmission in school settings begins with and is connected to preventing transmission in communities. At any level of community transmission, as long as impact to a school remains favorable, all schools have options to provide in-person instruction (either full or hybrid), with strict adherence to prevention strategies.

Schools and communities should use a “classroom-first” approach. To minimize risk of transmission in schools and protect in-person learning, in-person instruction should be prioritized over extracurricular activities including sports and school events, as these events are a common source of school transmission.

## Guiding Principles



- **Offer in-person learning**, as capacity allows, considering both students and staff. All schools should be offering in-person instructional options to students at this point in time. Account for the learning needs and the health needs of all students. A gradual approach to increasing options for in-person learning may help schools be successful.
- **Prioritize elementary students, students with disabilities, and English Learners for in-person learning.** Provide in-person instruction for any priority learner that wants it.
- **Put education first.** Prioritize educational opportunities over athletics, extracurricular activities or other events in the school and surrounding community. Establish reasonably safe in-person educational environments and then think through including extracurriculars and athletics.
- **Focus on prevention.** Establish a school culture of adherence to prevention strategies both in and out of school. Establish environments in which people physically distance, wear masks correctly and consistently, practice hand hygiene and respiratory etiquette, and clean and disinfect frequently. Coordinate closely with your local health department. Educate students/staff to monitor health daily and stay at home if they have symptoms, and follow public health recommendations.
- **Consider community needs.** Consider disease data and understand the socioeconomic factors, literacy barriers, and other educational needs in your community when making plans.
- **Be flexible and innovative.** Scientific knowledge evolves rapidly, and local context is incredibly important. Community transmission can change, and the level of impact to a given school can also change. Therefore, decisions about instructional modality ideally should be made for shorter periods of time (e.g., 2-4 weeks) in response to changing disease dynamics rather than for longer periods or months ahead of time.

## Operational Strategy for PreK-12 Schools through Phased Prevention: Steps to Guide School Operational Decisions

The following recommendations serve as a guide for Virginia schools to use to inform school operational decisions. Nuanced local public health conditions and practical limitations will be important information to help inform decisions. The recommendations in this Interim Guidance are not intended to require schools to close or restrict in-person learning for those schools that are already providing in-person instruction (either hybrid or full time in-person). Schools that are already open for any in-person instruction can remain open, if they strictly implement prevention strategies and there is minimal impact to a school (e.g., few cases or outbreaks, etc). Any decision to remain open (either hybrid or full time in-person) should involve continually monitoring cases and a regular review of prevention strategies to ensure they are effective in preventing disease transmission within a school.

Divisions should continue to make decisions on implementing such guidance, and assuming additional risk, in consultation with local health departments and school board attorneys. Although children can be infected with COVID-19, can get sick from COVID-19, and can spread the virus to others, evidence indicates that children are less susceptible than adults, and may be less infectious. Furthermore, models of consistent implementation of prevention measures in schools have shown success in limiting outbreaks and infections in schools. [CDC's Science Brief on Transmission of SARS-CoV-2 in K-12](#) Schools summarizes evidence on COVID-19 among children and adolescents and what is known about COVID-19 transmission in schools.

Particularly during times of substantial or high levels of transmission in the community, VDH continues to recommend that local officials prioritize educational opportunities over athletic and extracurricular activities or other events. Prevention strategies in schools help keep students and adults safe, but what happens outside of the classroom is equally important.

When prevention strategies—especially mask use and physical distancing—are consistently and correctly used, the risk of transmission in the school environment is decreased. [CDC's Operational Strategy for PreK-12 Schools through Phased Prevention](#) emphasizes 5 key prevention strategies: consistent and correct use of masks, physical distancing, handwashing and respiratory etiquette, cleaning and maintaining healthy facilities, and contact tracing in combination with isolation and quarantine. Layering prevention strategies provides greater protection.

School officials should consider information on adherence to prevention strategies, the levels of community transmission, and school-level data on COVID-19 cases and numbers of people in isolation or quarantine when making decisions. The CDC indicators and thresholds serve to inform decision-making, but should not solely dictate the decisions that school divisions make to best serve their communities.

## Steps To Guide Operational Strategies In Virginia Prek-12 Schools

01

**Plan and  
Implement  
Layered  
Prevention  
Strategies**

02

**Evaluate the  
Level of  
Community  
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03

**Consider  
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**Understand  
Your  
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**Determine/Maintain  
School Status and  
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# 01

## STEP ONE: Plan and Implement Layered Prevention Strategies

Schools should assess their ability to implement and adhere to the following **5 key prevention strategies**. These strategies are most effective when compliance is universal and when all the strategies are layered together. Universal masking and physical distancing are the two most important strategies on which to focus.



VDH recommends that all schools, regardless of the level of transmission risk in a school, review the [CDC K12 Schools COVID-19 Mitigation Toolkit](#). Schools should implement the five key prevention strategies, prioritizing physical distancing and masks:

- 1. Universal and correct use of well-fitting masks is required,** at all levels of community transmission (with exceptions allowed as per [E072??](#)). In addition to wearing masks in the classroom and other school settings, VDH strongly advises athletes to wear masks at all times during group training, competition, and on the sidelines. This is particularly important for activities indoors and for high contact activities.
- 2. Physical distancing should be maximized to the greatest extent possible.** Between students in classrooms:
  - In elementary schools, students should be at least 3 feet apart.
  - In middle and high schools, students should be at least 3 feet apart in areas of low, moderate, or substantial community transmission. During high transmission, consider a minimum of 6 feet distance standard for middle and high school students when cohorting is not possible.

### Maintain 6 feet of distance in certain settings:

- Between adults, and between adults and students, at all times in the school building.
- When masks cannot be worn, such as when eating.
- During activities when increased exhalation occurs (e.g., singing, shouting, playing certain instruments, or playing sports)
- In common areas such as lobbies and auditoriums.

The definition of close contact has not changed for purposes of case investigation and contact tracing. VDH uses proximity of within 6 feet for a total of 15 minutes or more within 24 hours to determine the need for quarantining persons who have had close contact exposure to someone with suspected or confirmed COVID-19. Having direct exposure to respiratory secretions of someone with COVID-19 (e.g., being coughed or sneezed on) is also considered close contact.

# 01

## STEP ONE: Plan and Implement Layered Prevention Strategies continued

As part of physical distancing, divisions should also implement strategies to reduce groups of individuals from mixing with each other including:

- Use cohorting and maintain 6 feet of distance between cohorts when possible. Limit contact between cohorts. During substantial or high transmission, for schools that use less than 6 feet distancing in classrooms, cohorting is recommended.
  - A cohort or pod is a distinct group that stays together throughout the entire school day during in-person learning, or over the course of any predetermined period of time, so that there is minimal or no interaction between groups.
  - Schools should be prepared to transition to cohorting as a distancing strategy when it becomes necessary at higher levels of community transmission.
- Close or stagger the use of communal spaces.
- Limit assemblies and other school gatherings.
- Limit non-essential interactions among teachers and staff during meetings, lunches, or other situations that can lead to adult-to-adult transmission.
- Prioritize educational settings over extracurriculars. Limit athletics and other extracurricular activities until classroom instruction is shown to have minimal impact to the school.
- Transportation: Create distance on school buses when possible. Masks are required on school buses. Open windows to improve ventilation when it is not a safety hazard.

### 3. Implement Hand Hygiene

- [Teach correct handwashing](#) to students and staff.
- Ensure frequent access to handwashing facilities, or hand sanitizer that contains at least 60% alcohol.

### 4. Clean and maintain healthy facilities

- Perform regular cleaning and [disinfecting](#) of frequently-touched surfaces.
- SARS-CoV-2, the virus that causes COVID-19, can be reduced and killed from surfaces, objects, and hands if the right products are used correctly.
- The Environmental Protection Agency (EPA) has compiled a list of [disinfectant products](#) that can be used against the virus that causes COVID-19, including ready-to-use sprays, concentrates, and wipes.
- CDC provides information on [Ventilation in Schools and Child Care Programs](#)

### 5. Contact tracing in combination with isolation and quarantine

Schools play an important role in assisting public health officials in identifying teachers, staff, or students who have COVID-19 symptoms or who had recent close contact with someone with COVID-19 (including planning and implementation of prevention strategies; risk communications; disease prevention; contact tracing; determining when classrooms can be reoccupied after exposure; isolation and quarantine; etc).

# 01

## STEP ONE: Plan and Implement Layered Prevention Strategies continued

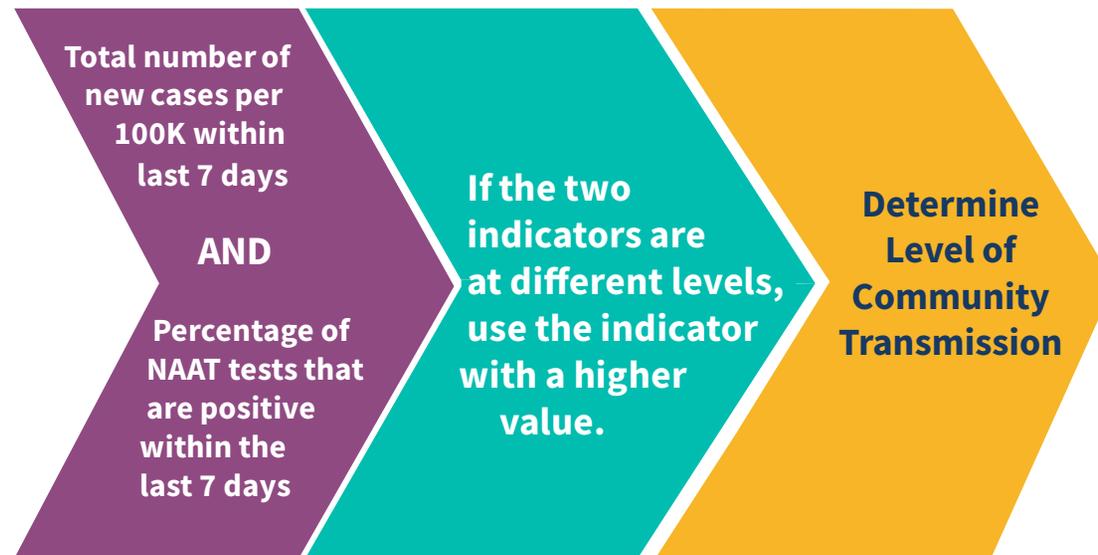
Consider the following to assess and continually improve a school's level of preparedness:

- Establish and maintain a working relationship with your local health department
- Familiarize yourself with [VDH's guide to contact tracing](#)
- If your school has been open for in-person instruction, review the effectiveness of your collaboration with the local health department. Make collaborative adjustments if necessary based on your experience with when there has been a student or teacher found to be COVID-19 positive
- Familiarize yourself with VDH/DOE [tabletop exercises for K-12 schools](#) and for residential secondary schools
- Review the [VDH When it is Safe to be Around Others: Ending Isolation in Non Healthcare Settings Infographic](#)

### Schools should also consider these additional actions:

- Ask parents or caregivers to monitor children's health daily. Students and staff should stay home when sick and follow all recommendations from public health officials.
- Provide remote learning exceptions and teleworking options for students and staff who are at [high risk of severe illness](#) (as defined by the CDC).
- Implement the relevant sections of the [Department of Labor and Industry \(DOLI\) Final Standard for Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19, 16VAC25-220](#), which provides guidance for employers regarding COVID-19. More information can be found in the [Coronavirus \(COVID-19\) FAQs webpage](#). This includes COVID-19 reporting requirements to the VDH/DOLI [using their online portal](#).

- Use the [VDH Guideline: When Should a Child Stay Home from School and/or Child Care](#), the [VDH Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposures](#), and the [VDH Algorithm for Evaluating Non-Critical Infrastructure Workers with COVID-19 Symptoms or Exposures](#) as resources.
- Develop communication plans in concert with and be prepared to work with local health departments on contact tracing. Review your risk communication plans with your local health department. Be prepared to explain to families and staff what prevention measures are in place and what the plan is if there is a case or outbreak in the school. The VDH has issued specific [guidance for schools on contact tracing](#). Additionally, there is a [Contract Tracing in Schools Infographic](#).
- Follow any relevant [executive orders](#) related to social gathering limitations, foodservice, recreational sports, extracurricular activities etc. as relevant to operations of the school unless specifically exempted. This includes, but is not limited to, those related to wearing masks.
- Prevention strategies should be intensified if levels of community transmission and/or impact to school indicators worsen. If outbreaks occur, collaborate with the local health department to investigate cases and conduct contact tracing. It is also important to assess the situations where close contact occurred and implement focused interventions to address possible contributors to the outbreak. For example, determine whether inconsistent or incorrect mask use contributed, and/or assess the implementation of physical distancing and implement interventions to address issues as appropriate.

**STEP TWO: Evaluate the Level of Community Disease Transmission****Determine the Level of Community Transmission**

To determine the level of community transmission CDC and VDH recommend the use of two measures: total number of new cases per 100,000 persons in the past 7 days; and the percentage of nucleic acid amplification tests (NAATs) including RT-PCR tests that are positive during the last 7 days. The [School Metrics](#) section of the [VDH Pandemic Metrics Dashboard](#) includes a “School Metrics” tab that includes the CDC Indicators and Thresholds for Community Transmission of COVID-19. If the two indicators have different levels, actions corresponding to the higher threshold should be chosen.

These indicators should be reviewed weekly to continuously inform planning. The VDH dashboard provides indicator data by city or county by date. CDC recommends the use of these two measures for the community (e.g., county) as a whole, and not for the schools or school divisions themselves. Assessing the impact to a specific school is described below.

# 02

## STEP TWO: Evaluate the Level of Community Disease Transmission continued

**Working with the local health department (LHD) can help school leaders understand what the level of community disease transmission tells you about your community and also what it does not.**

Local health departments can help explain where cases are happening in a community and what populations are most affected,

or even if certain neighborhoods are experiencing different levels of transmission. High levels of community transmission may temporarily affect your local health department’s ability to provide contact tracing and other support in school environments and may also be a factor in their recommendations.

Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	0-9	10-49	50-99	>= 100
Percentage of NAATs* that are positive in the past 7 days	<5.0%	5.0%-7.9%	8.0%-9.9%	>-10.0%

\*NAAT: The former indicators called for use of RT-PCR (reverse transcriptase polymerase chain reaction) diagnostic tests, while the new thresholds for community transmission recommend using nucleic acid amplification tests (NAATs). (Note: This is an update in terminology. RT-PCR is a type of diagnostic test that tests for nucleic acid amplification).

Regardless of what the indicators determine, the more students or staff who interact, the closer the interaction is, and the longer the interactions last, the higher the risk of COVID-19 spread. While risk of introduction and transmission in a school may be lower when community transmission is lower, this risk is dependent upon the implementation of school and community prevention strategies. Adherence to prevention strategies in schools and the broader

community will reduce the risk of introduction and subsequent spread of COVID-19 in schools. Notably, even when a school carefully plans and prepares, cases of COVID-19 may still occur. Having detailed plans in place for the occurrence of cases in schools can help quickly mitigate the impact and may allow the school to remain open for in-person learning, if deemed appropriate in collaboration with the local health department.

# 03

## STEP THREE: Consider the Level of Impact to a School

Information about levels of community transmission (STEP TWO) should be combined with information about cases in schools and information about the implementation of prevention strategies to guide decisions. That is, schools open for in-person instruction should also evaluate the level of impact that COVID-19 transmission has had within their specific school. Schools should continually monitor the effectiveness of their plans and if the level of impact to a school is worsening, schools should intensify prevention strategies and consult with their local health department for advice. For example, if the level of impact to a school is worsening to medium or high, regardless of the level of community transmission, a school may need to institute cohorting among older students (if not already implemented), remind adults to adhere to strict distancing from others, or temporarily restrict sports or extracurricular activities where distancing is not possible.

If there is high impact (or worsening impact) to a school, schools may need to temporarily adjust instructional modality (hybrid, reduced attendance or virtual instruction) to control spread of disease. To inform these decisions, consider:

- the number of outbreaks experienced and their proximity in time to each other;
- the size of any outbreak(s) (number of cases and close contacts identified);
- the level of spread within the school (e.g., whether cases are confined to a particular classroom or grade level);
- the level of student and/or staff absenteeism due to illness or necessary isolation/quarantine and the staff capacity.

Criteria to Consider	Level of Impact to a School*		
	Low	Medium	High
Transmission within school	Zero or sporadic cases with no evidence of transmission in school	Single outbreak or sporadic outbreaks in school. Sizes of outbreaks remain small.	Several outbreaks in school within a short time period; sizes of outbreaks are large or scope of outbreak is significant (e.g., multiple classrooms or grade levels are impacted).
Student absenteeism	At baseline/Low	Slightly above baseline	High
Staff Capacity**	Normal	Strained	Critical

\*Level of impact to school can only be assessed for those schools that have offered some level of in-person instruction. Schools should collaborate with local health departments on contact investigations. Depending on the level of COVID-19 transmission in the school and outbreak status, public health may recommend adjustment to prevention strategies. In some circumstances, public health may recommend temporary closure of school/remote learning for a short period of time to control transmission before re-opening.

\*\*This subjective assessment should factor in a school's ability to maintain adequate staff for facility operations, transportation, teaching, and administrative functions. It should include input from teachers/staff regarding their availability to return to in-person instruction.

# 04

## STEP FOUR: Understand Your Community Capacity and Needs

### Apply a health equity lens.

**Try to balance the goal of disease prevention and the goal of providing in-person instruction.** Per CDC, the absence of in-person educational options may disadvantage children from all backgrounds, particularly children in low-resourced communities who may be at an educational disadvantage. On the other hand, COVID-19-related health disparities are evident even among school-aged children, suggesting that in-person instruction may pose a greater risk of COVID-19 to disproportionately affected populations. For these reasons, health equity considerations related to in-person instruction are an integral part of this complex decision-making.

Make a plan to bring students back to school and maintain in-person learning, most especially for the youngest learners, students with

disabilities, students who do not have access to the internet or other services, English learners, and other populations who need it most. Consider whether schooling from home is feasible for these populations and make a plan for providing support services (childcare, food, internet) for those who do not have it. Schools should also consider other aspects of students' risk and well-being that arise if schools are not open for in-person classes. Regardless of operational status, divisions should provide remote options for students and staff who are at [higher risk](#) for severe complications from COVID-19, as defined by the CDC. Divisions should phase in in-person offerings as students and staff are willing and able.

<p><b>Percent of young learners, English Learners, and students who need special education services or mental health services</b></p>	<ul style="list-style-type: none"> <li>• Are there populations in your school community about which you are particularly concerned if in-person school is not provided?</li> <li>• Are there safe places for children to learn at home?</li> <li>• Are there certain populations for whom you want to prioritize in-person learning during high transmission?</li> <li>• Evaluate the potential adverse impacts on students' social-emotional, behavioral, and mental health.</li> <li>• Identify methods for continuing the critical services provided to students to help mitigate health disparities and serve children in need, such as school lunch programs, special education services, ESL/ELL, after-school programs and mental health services.</li> </ul>
<p><b>Percent of children who do not have internet availability at home.</b></p>	<ul style="list-style-type: none"> <li>• Are there adequate internet/IT resources to support virtual learning?</li> <li>• Are there additional support options for those in the community who do not have internet access in the home?</li> <li>• Are there adults in the home who are able to assist students with internet connectivity and navigation challenges?</li> </ul>

# 04

## STEP FOUR: Understand Your Community Capacity and Needs continued

Apply a health equity lens.

<b>Percent of children who do not have other childcare options</b>	<ul style="list-style-type: none"><li>• Are there safe, affordable childcare options in the absence of in-person school?</li><li>• Evaluate the capacity for community partners or the division to provide safe learning environments for virtual students.</li></ul>
<b>Percent of teachers/staff who have shared concerns that they are in high-risk categories for illness</b>	<ul style="list-style-type: none"><li>• If possible, and while maintaining confidentiality/privacy, evaluate how many staff fall into a <a href="#">high-risk category</a>, based on CDC guidance.</li><li>• Do you have additional staff to train as back up if teachers/staff need to isolate/quarantine?</li><li>• Are there adequate internet/IT resources to support their teaching in a virtual classroom?</li></ul>

# 05

## STEP FIVE: Determine/Maintain School Status Through Phased Prevention

At any level of community transmission, all schools have options to provide in-person learning (e.g., full-time, hybrid) through strict adherence to prevention strategies. School leaders may use the guidance from CDC and VDH and apply local contextual factors to make decisions based on what is working well and what needs to be adjusted to strengthen prevention in their own communities and schools. The recommendations in the [CDC Operational Strategy](#) and this Virginia Interim Guidance are not intended to require schools to close or restrict in-person learning for those schools that are already providing in-person instruction (either hybrid or full in-person).

In the recommendations matrix below, schools should first consider the level of community transmission, and implement recommendations as described. If the level of impact to the school is worsening, re-evaluate prevention strategies and intensify efforts. Consider a committee or assigned team members to continually audit the implementation of prevention measures in the spirit of continuous improvement.

Schools that are already open for in-person instruction can remain open, if they strictly implement prevention strategies and there is limited impact to the school as demonstrated by few cases/outbreaks. A decision to remain open (either hybrid or full in-person) should involve considerations for further strengthening prevention strategies as necessary and continuing impacts to the school to reassess decisions. Level of Impact to a School (Step 3) should also be considered and is assessed through outbreak data/information, student absenteeism and staff capacity. For schools opening for the first time, consider the level of community transmission in your planning and be prepared to closely monitor for cases and outbreaks. If the level of impact to a school increases, schools should be prepared to adjust instructional modality or intensify prevention measures as needed.

- Adherence to all prevention strategies is critical no matter the level of community transmission. Universal masking (persons age 5 and older) in schools is required per [Executive Order 72](#).
- Physical Distancing should be maximized to the greatest extent possible. See previous detail provided.
- Regardless of the level of community transmission, schools that are already open can remain open for in-person instruction if they strictly adhere to prevention strategies and experience minimal impact to the school (e.g., few cases/outbreaks, adequate staff capacity, etc).
- Community Transmission is assessed via case incidence, test positivity and secondary disease indicators. To find community transmission levels, please visit the [VDH School Indicators Dashboard](#).
- Impact to School is assessed through outbreak data/information, student absenteeism and staff capacity.
- Hybrid or reduced attendance is intended to maximize opportunities for physical distancing between students and/or staff when necessary.

# Recommended Prevention Strategies for K-12 Schools by Levels of Community Transmission

## Prevention Strategies: All Schools:

### Implement 5 key prevention strategies:

- Universal and correct use of masks
- Physical distancing
- Handwashing and respiratory etiquette
- Cleaning and maintaining healthy facilities
- Contact tracing, isolation and quarantine in collaboration with the local health department.

**Prevention Strategies by Level of Community Transmission (4 levels indicated in top line of colors below).** Level of Impact to School should also be considered and if either set of indicators is worsening, officials should re-evaluate strategies and prevention should be adjusted and/or intensified.

Low (Blue)	Moderate (Yellow)	Substantial (Orange)	High (Red)
<b>Adults:</b> 6 feet distance between adults (teachers and staff), and between adults and students at all times in the school building.			
<b>Elementary Schools</b> Physical Distancing at least 3 feet between students in classrooms	<b>Elementary Schools</b> Physical Distancing at least 3 feet between students in classrooms Cohorting* recommended when possible.		
<b>Middle and High Schools</b> Physical distancing at least 3 feet between students in classrooms	<b>Middle and High Schools</b> Physical distancing at least 3 feet between students in classrooms.  Cohorting* recommended when possible.  If high impact to school, consider changes to instructional modality to optimize distancing (e.g., temporary hybrid or reduced attendance) if needed.	<b>Middle and High Schools</b> Physical distancing at least 3 feet between students in classrooms. Consider a minimum of 6 feet distance standard for middle/high students in classrooms when cohorting is not possible.  Cohorting is strongly recommended when possible.  If high impact to school, consider changes to instructional modality to optimize distancing (e.g., temporary hybrid or reduced attendance) if needed.	
<b>Sports and Extracurriculars:</b> VDH recommends activities occur indoors or outdoors. Distance to the greatest extent possible.	<b>Sports and Extracurriculars:</b> VDH recommends activities occur outdoors only. Activities where distancing can be maintained are preferred. If impact to school is high, consider temporarily cancelling sports that cannot be played outdoors or with masks.		
<b>Additional distance considerations:</b> When possible, at all levels of transmission, a minimum of 6 feet of distance should be maintained in certain settings such as when masks cannot be worn (e.g., when eating or drinking) or during activities when increased exhalation occurs such as singing, shouting, playing wind instruments or during exercise. This is increasingly important at higher levels of transmission.			

\*A cohort or pod is a distinct group that stays together throughout the entire school day during in-person learning, or over the course of any predetermined period of time, so that there is minimal or no interaction between groups. Cohorts should be 6 feet apart to the extent possible. Middle and High schools may need to implement hybrid or reduced attendance or other strategies to ensure 6 feet of physical distance between students. Cohorting can be implemented in full in-person instruction or hybrid instruction, or through other strategies.

## Recommended Prevention Strategies for K-12 Schools by Levels of Community Transmission

### Additional COVID-19 Prevention in Schools

**Vaccination:** Vaccinating teachers and school staff (and students when eligible for vaccination) can be considered one layer of prevention and protection for staff and students. Virginia has prioritized vaccination of PreK-12 Teachers and Staff into Phase 1b. Strategies to minimize barriers to accessing vaccination for teachers and other frontline essential workers, such as vaccine clinics at or close to the place of work, are optimal. Access to vaccination should not be considered a condition for reopening schools for any type of in-person instruction. Even after teachers and staff are vaccinated, schools need to continue prevention measures for the foreseeable future, including requiring masks in schools and physical distancing. Per recent CDC guidance, fully vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet the following criteria:

- Are fully vaccinated (i.e.,  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine) AND
- Have remained asymptomatic since the current COVID-19 exposure

It is very important that people who are not required to stay home (quarantine) monitor themselves for symptoms for 14 days after their last exposure and continue following all recommendations (e.g., wear a mask, stay at least 6 feet away from others, avoid crowds, and wash hands often). Please check the [VDH](#) and [CDC](#) websites for the most up to date information on testing guidance.

**Testing:** Testing can be a part of a comprehensive prevention approach as an additional layer of protection, if feasible. Testing should not be used alone but in combination with other prevention components to potentially reduce risk of transmission in schools. When testing is combined with other prevention strategies, schools can detect new cases

to prevent outbreaks, reduce the risk of transmission, and protect the school community from COVID-19.

**Referrals to Diagnostic Testing:** At all levels of community transmission, schools should continue to offer referrals to diagnostic testing to any student, teacher, or staff member who exhibits symptoms of COVID-19 at school or who is exposed to someone with a confirmed or suspected case of COVID-19. Diagnostic testing is intended to identify COVID-19 infection at an individual level and is performed when there is reason to suspect a person may be infected, such as having symptoms or recent exposure. Diagnostic testing is typically conducted at a healthcare facility or clinic. In some schools, school-based diagnostic testing may be available as capacity allows. As a reminder, schools should continue to advise teachers, students and staff to stay home if they are sick or if they have been exposed to COVID-19 and encourage them to talk to a healthcare provider or local health department about getting tested.

**Screening Testing:** Screening testing is an optional prevention component and is intended to identify infected individuals without symptoms (or prior to development of symptoms) who may be contagious so that measures can be taken to prevent further transmission. Screening testing may be more valuable in areas experiencing moderate, substantial and high levels of community transmission as it can identify cases and can minimize secondary transmission. Refer to CDC guidance for further details and strategies to determine if this is an option for your school division.

Because the implementation of screening testing strategies is complex and dependent upon available resources and dedicated infrastructure, expanded screening testing may not be feasible in many communities. School officials should coordinate with public health and other partners to ensure there is support for this approach from students, teachers, parents and staff. If screening testing is not feasible, schools can adopt a referral-based diagnostic testing approach.

## References:

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