Williamsburg-James City County Public Schools

Health Services Mitigation Guidelines

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These guidelines will be updated based on evolving medical information and recommendations.

BACKGROUND

Since March 2020, students, families, and staff have continued to be flexible in the face of COVID-19 and the unexpected closure of school buildings. Decisions to return students into schools for in-person learning depend upon identified health metrics and the division's ability to provide healthcare precautions and services. It is important to note that COVID-19 health plans mitigate (lessen) but do not eliminate the risk of getting the virus.

HOW COVID-19 SPREADS

The highly contagious virus that causes COVID-19 spreads from person to person primarily through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of nearby people or be inhaled into the lungs. Spread is more likely when people are in close contact with one another (closer than 6 feet).

PRINCIPLES OF MITIGATION/REDUCTION OF COVID-19

The most important things people can do to help reduce the spread of COVID-19 are: **Wear a face covering** (cloth face covering, disposable face coverings, face shields with face coverings); **practice social distancing** (at least 6 feet of separation); **ensure frequent hand washing and respiratory hygiene; clean and disinfect** areas regularly, and **stay home when ill.** (https://www.cdc.gov/coronavirus/2019-ncov/community/schoolschildcare/schools.html). Therefore:

A. All staff and students over two years old must wear a face covering in school and on the bus, especially when within 6 feet of others.
    1. Cloth face coverings are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people. This recommendation is based on the role respiratory droplets play in the spread of the virus that causes COVID-19, paired with emerging evidence from clinical and laboratory studies that shows cloth face coverings reduce the spray of droplets when **worn over the nose and mouth**. COVID-19 spreads mainly among people in close contact with one another (within about 6 feet), so the use of cloth face coverings is essential in settings where people are close to each other or where social distancing is difficult to maintain. A cloth face covering or disposable face covering is the preferred face covering per CDC guidelines.
    2. If students require a face covering break, it is advisable that these breaks take place outdoors, and students must be more than 6 feet apart. If brief face covering breaks are required indoors, they should happen in a well-ventilated area for less than 15 minutes with social distancing of more than 6 feet.
    3. Per CDC guidelines, face coverings should not be placed on children younger than two years old; anyone who has trouble breathing or is unconscious; or anyone who is incapacitated or otherwise unable to remove the face covering without assistance. Additional considerations may be made on an individual basis based on disabilities that would make face coverings difficult for students, such as students with autism, developmental delays, or sensory processing disorders. (See Face Covering Information Sheet, Appendix H, and Student Face Covering Support Plan, Appendix I).
    4. Face Shields: Experts do not know if face shields protect others from the spray of respiratory particles. In light of this, a face covering must be worn with a face shield on school property. The CDC does not recommend using face shields for everyday activities or as a substitute for cloth face coverings. Disposal face shields should be worn for single-use, reusable shields should be disinfected after each use. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html.
    5. Clear smile face coverings are available for teachers of the hearing impaired, English Language Learners, Bright Beginnings students, and children in kindergarten through grade three.

B. Staff and students will follow the CDC hand hygiene recommendations and, at a minimum, wash their hands with soap and water for a least 20 seconds or use an alcohol-based hand sanitizer when entering the building, before eating, and after using the restroom (https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html).

C. Students and staff will practice respiratory hygiene by covering their mouths and noses with a tissue when coughing or sneezing, disposing of the tissue after use in the nearest waste receptacle, washing their hands after disposing of the tissue, or coughing/sneezing into the crook of their arm.

D. Students and staff will practice social distancing to the greatest extent possible with the goal of staying 6 feet apart.

E. Parent/guardians will use the Student Symptom Checker (Appendix A) to assess student wellness before sending their child to school. Parents/guardians must sign and return an acknowledgment form stating they received and read this document (Appendix D: Acknowledgement Form).

F. Families and employees should review the Student or Employee Symptom Checker (Appendix A and B) daily before coming to school or work. If students or staff have any of the following symptoms, they must remain home. They are encouraged to seek advice and care from their healthcare provider.
    1. Fever (100˚F or higher) or chills
    2. Cough/shortness of breath or difficulty breathing when not associated with a previously diagnosed medical condition(s)

3. Fatigue when not associated with a previously diagnosed medical condition
4. Muscle or body aches
5. Headache (not just occasional; not a diagnosed medical condition; if accompanied with other symptoms)
6. New loss of appetite or loss of taste/smell
7. Sore throat
8. Congestion or runny nose
9. Nausea or vomiting
10. Diarrhea

Employees should notify their immediate supervisor or principal if they are sick.

GENERAL CONSIDERATIONS

- Schools should anticipate and be prepared to address a wide range of social and emotional needs when students return to learn at their schools. School counselors and school psychologists will assist students requiring mental health supports.
- Each school will have a designated isolation room with appropriate supervision for students who become ill at school. (Appendix F)
- Health services staff must wear Personal Protective Equipment (PPE), including medical-grade KN95 face coverings, gloves, gowns, and a face shield while conducting any COVID-related assessment. It is also recommended that school clinic staff wear scrubs and have a change of scrubs available.
- School nurses should not eat lunch in the clinic. School administrators should provide coverage for the clinic or close the clinic for 30 minutes to allow the nurse to have a lunch break out of the clinic.
- Schools should eliminate the use of perfect attendance awards during the pandemic.
- Critical job functions and positions should be identified with plans for alternative coverage by cross-training staff. This training should be scheduled and time allotted to review plans to encompass COVID-19 changes to schools' health procedures.
- Schools will create either one-way hallways or two-lane hallway routes (similar to a two-way highway, for example) to reduce close contact, placing physical guides, such as arrow markers or tape on floors or sidewalks to create routes.
- Students should remain in the classroom with teachers rotating as needed, when feasible.
- Schools should consider staggering class periods by cohort for movement between classrooms to limit the number of students in the hallway. They may also consider assigning lockers by cohort or eliminating lockers altogether.

SYMPTOMS OF COVID-19

A. Students and staff are encouraged to stay home and contact a healthcare provider if they are ill or come in close contact with a person diagnosed with COVID-19. Close contact is defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset.
    1. Fever or chills
    2. Cough
    3. Shortness of breath or difficulty breathing
    4. Fatigue
    5. Muscle or body aches
    6. Headache
    7. New loss of taste or smell
    8. Sore throat
    9. Congestion or runny nose
    10. Nausea or vomiting
    11. Diarrhea

This list does not include all possible symptoms. The CDC will continue to update this list as we learn more about COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).

B. If someone is showing any of these signs, seek emergency medical care immediately:
    1. Trouble breathing
    2. Persistent pain or pressure in the chest
    3. New confusion
    4. Inability to wake or stay awake
    5. Bluish lips or face
    6. Pulse oximeter saturation reading of <95% unless the individual has an underlying health condition and typically has low oxygen saturation readings

SICK WHILE IN SCHOOL/WORK

- If a student experiences symptoms of COVID-19 while at school, staff should move the student out of the classroom or group setting, inform the school nurse, and isolate in a predetermined location (Appendix F). The school nurse will contact the student's parent/guardian. The student will need to remain home for 10 days if diagnosed with or presumed positive for COVID-19. If a healthcare provider does not assess them, the student must stay home for 10 days, whether they feel better or not.
- Employees experiencing symptoms at work should report to the school nurse or their supervisor. The employee should go home, contact their HCP, and self-quarantine for 10 days if presumed to have COVID-19 per their HCP.

Additional Considerations:

- The school nurse will notify the school administrator of their assessment and send the student or employee home.
- The building administrator will determine how to provide coverage for the employee if needed.
- Each school nurse will submit a daily COVID-19 Tracking Form to the Health Services Supervisor for follow-up with the Peninsula Department of Health (PHD) (as appropriate).

GUIDELINES FOR INDIVIDUALS WITH PRESUMED POSITIVE AND POSITIVE COVID-19

(See See "Appendix C – 10 things you can do to manage your COVID-19 symptoms at home" on page 9)

Anyone tested for COVID-19 must remain home until test results are received. If the test result is negative, and the individual is symptom-free for 24 hours, they may return to work or school. For students, test results should be shown to the nurse; for employees, test results should be provided to Human Resources.

- Individuals who test positive or are presumed positive for COVID-19 per their healthcare provider should contact the school nurse or supervisor. Notification by the employee or parent/guardian allows the school division to notify the health department and key personnel to contact trace, clean, and communicate with others (Appendix J).
- Employees will be notified if health department contact tracing or division level assessments show they have come in close contact with a person who has COVID-19. Per the CDC, close contact for COVID-19 is any individual who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset.

WHEN CAN INDIVIDUALS RETURN TO SCHOOL/WORK?

(See See "Appendix G – COVID-19 Return to Work Guidelines" on page 13)

When to return after COVID-19 illness or close contact with a person with COVID-19

Symptom-based:

- At least three days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications, **and**
- Improvements in respiratory symptoms such as cough or shortness of breath, **and**
- At least 10 days have passed since symptoms first appeared.

Those who do not meet these requirements must return home. Students waiting to be picked up by a parent/guardian will stay in the designated isolation room and wear a face covering.

Positive COVID-19 test result:

- At least 10 days have passed since the date of the first positive COVID-19 test or two negative COVID-19 test results at least 24 hours apart, **and**
- The individual continues to have no symptoms (no cough or shortness of breath) and is fever-free for at least three days (72 hours) without the use of fever-reducing medicine, **and**
- The school nurse or direct supervisor clears the individual. The supervisor will contact Human Resources if there are any questions or concerns related to the employee returning.

Close contact (less than 6 feet for more than 15 minutes) with a person who has COVID-19):

- A student/employee may return to school or work 14 days after the last contact with the person who has tested positive for COVID-19, **and**
- The student/employee has remained symptom-free during that time.
- The school nurse must evaluate students and school-based employees (Appendices A and B) before they return to the school building. Employees based at a facility that does not have a school nurse should report to their supervisor, who will contact Human Resources for guidance.

Living with a person who is positive for COVID-19 (household contacts):

- The student/employee must self-quarantine and monitor for symptoms while the person in the home is in isolation (because exposure is considered ongoing within the home) and **then**,
- The student/employee must self-quarantine for an additional 14 days **after** the person has been released from isolation and remains symptom-free (based on CDC guidance for community-related exposure).
- The school nurse must evaluate students and school-based employees before they return to the school building. Employees based at a facility that does not have a school nurse should report to their supervisor, who will contact Human Resources for guidance.

Students/employees must provide a note from a healthcare provider to the school nurse or their supervisor to return to school or work. Anyone who does not have a note to return must report to the school nurse for assessment and clearance. The school nurse will confirm the student/employee's approval to return to the school building. Non-school-based employees must report to their supervisor, who will contact the Human Resources for clearance for the employee to return to work, if appropriate.

ADDITIONAL SCHOOL DIVISION STEPS

- WJCC Schools may monitor students' attendance via VUE to determine an increase in absences per classroom and per school.
- School nurses will send the Health Services Supervisor daily COVID-Tracking data.
- The Health Services Supervisor will compile weekly COVID-19 data and report this to the Superintendent's Leadership Team.
- Decisions on class, school or division closures will be determined by the Superintendent using guidance from the health department and identified health metrics. Health department officials will make recommendations for school duration or class dismissals on a case-by-case basis.
- WJCC Schools will communicate with families and staff about positive COVID-19 cases in schools or WJCC Schools' buildings.

CLASSROOM AND/OR CLINIC PROCEDURES

(See "Appendix E – Clinic vs. Classroom-based Healthcare" on page 11)

Licensed school nurse specific clinic procedures may be found in the WJCC Schools Nursing Guidelines Manual.

Diapering. When diapering a child, wash your hands and wear gloves. Wash the child's hands before you begin. Procedures should be posted in all diaper changing areas and should include the following steps:

1. Put on gloves and any other PPE (face covering and shield)
2. Remove tape or tear sides of diaper/pull-up and remove the diaper/pull up
3. Using wipes, clean the student from any urine or soiled material
4. Discard wipes and soiled diaper/pull-up in the trash receptacle per division guidelines
5. Ensure student's skin is free from urine or soiled material
6. Reapply new diaper/pull-up
7. Remove gloves and wash hands
8. Wash child's hands
9. Return the student to a secure place
10. Reapply clean gloves
11. Remove trash with soiled diaper and used wipes to appropriate receptacle
12. Clean and disinfect diapering station with a fragrance-free, EPA registered sanitizing or disinfecting solution. If the surface is soiled, it should be cleaned with detergent or soap and water prior to disinfecting. (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html)
13. Remove gloves and wash hands thoroughly

Assistance with Activities of Daily Living (ADL) such as feeding or toileting. When providing support for ADL such as feeding and toileting assistance for a student, wash your hands and the hands of the student before you begin. Staff can protect themselves by wearing an over-large smock, and by wearing long hair off the collar. Steps should include:

1. Put on gloves and ensure the area is prepped for the ADL
2. Perform the procedure
3. Remove gloves
4. Wash your hands and the student's hands
5. Don clean gloves
6. Remove trash (soiled napkins/wipes per district guidelines)
7. Clean and disinfect the area
8. Remove gloves
9. Wash hands thoroughly

Early Intervention Services: When providing early intervention services for students, the following recommendations should be considered:

1. Call the parent to ensure the student and or family members have not had signs or symptoms of COVID-19 or exposure to someone with COVID-19 for the past 14 days. If so, postpone services.
2. Wear facial coverings or face shield.
3. If possible, measure the student's temperature with a non-contact thermometer.
4. Provide individual manipulatives/tools for students whenever possible.
5. When intervention services include shared equipment and/or manipulatives/tools, ensure they are cleaned and disinfected between students and wear gloves when handing to and from the student, or
6. Place manipulatives/tools where students can pick up items to minimize hand to hand contact.
7. Open the door to the assessment area so student does not have to touch the door.
8. If possible, keep the room well ventilated or assess outdoors.
9. To the degree possible, maintain physical distancing of 6 feet.
10. Clean and disinfect equipment/manipulative and testing area between students.

Home Services

1. For the 2020-2021 school year, all students have the option of 100% virtual learning (Family Choice option). There will be synchronous (live) instruction on a set schedule with the students' teachers.
2. In-home homebound services will not apply when virtual learning opportunities are available to all students.
3. When students return to school homebound services, requiring a Medical Certification of Need from a healthcare provider (physician, NP, licensed clinical psychologist), will be offered proportional to the current Path plan. In-home and virtual options will be determined by the division based on appropriateness and current health metrics. When providing in-home services for students the following recommendations should be considered:
4. Call the parent to ensure the student and or family members have not had signs or symptoms of COVID-19 or exposure to someone with COVID-19 for the past 14 days. If so, postpone services.
5. If possible, provide services via Zoom.
6. To the extent possible, keep physical distancing from the student.
7. If within 6 feet, wear a face covering.
8. Wash hands before and after services and ensure students wash their hands.
9. If assessment tools or other shared items are used between students, clean and disinfect appropriately.
10. Consider providing services outdoors or open windows if possible during your visit for proper ventilation.
11. Wash your hands and ensure students wash their hands after services.

INFLUENZA, COVID-19 VACCINATION EFFORTS, IMMUNIZATION AND ROUTINE MEDICAL CARE

- As schools begin to phase in returning to school, it will be important to launch influenza vaccination efforts early in the school year. Herd immunity is an effective measure and occurs when the majority of a population is immune to an infectious disease (http://www.cdc.gov/flu/prevent/vaccinationa.html).
- Stress that employees and students should get their yearly influenza flu vaccine either through their healthcare provider or at any local pharmacy.
- The symptoms of COVID-19 and influenza are very similar, according to Johns Hopkins.
- The VDH is encouraging students and their families to prepare for the upcoming school year. Many students will need updated immunizations, physicals for enrollment, medication administration documentation, documentation for health conditions, and emergency action plans for chronic conditions (asthma, allergies, diabetes and seizures). Families should contact their healthcare provider to discuss their child's medical needs for the upcoming school year. Working with the school division's communication department to get this message to families is essential.

CLINIC CLEANING GUIDELINES

School nurses or their designee will be responsible for **cleaning the clinic between students**.

- Clean and disinfect high touch areas/surfaces within the clinic setting using approved disinfectants. These areas or surfaces may include, but are not limited to:
- Doorknobs/handles
- Cots, chairs
- Light switches (unless electronically censored)
- Desktops
- Sink faucet and handles
- Water coolers
- Restroom knobs, toilet, paper towel dispenser handle
- Keyboards, tablets, mouse, copy machines, phones and laptops

- Shared non-disposable medical equipment
- Counters that are frequently touched
- Microwave and/or refrigerator

In addition to ensuring sufficient time for enough air exchange to remove potentially infectious particles, clinic personnel should clean and disinfect environmental surfaces and shared equipment before the room is used for another student. Follow manufacturer's guidelines for correct application and use of EPA approved disinfectants. Keep products out of reach and away from students, preferably in a locked cabinet.

- Hand sanitizer dispensers will be available in all clinics.
- Operations will schedule the clinic to be extensively cleaned per their protocol on a daily basis after students leave the building.
- For a person who is not coughing or sneezing, has not undergone an AGP, and has occupied the room for a short period of time (less than 15 minutes), the risk to school clinic personnel and subsequent students visiting the clinic likely dissipates over a matter of minutes.

TRAINING STAFF ON MITIGATION GUIDELINES

- School staff will be trained by the school nurse on Health Mitigation Guidelines.
- Division staff will be trained by designated personnel on Health Mitigation Guidelines.

The CDC site www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html has additional information.

ACKNOWLEDGMENTS

The WJCC Schools Health Services Mitigation Guidelines is developed by division Health Services staff with ongoing consultation with the Peninsula Health Department and input from numerous medical and infectious disease professionals.

APPENDIX A – STUDENT SYMPTOM CHECKER

Working together we can help prevent the spread of disease and limit the days of school missed due to illness.

During times of potential health risk or modified access, it is important no one enters any WJCC Schools building if they are ill. Please review the following medical issues. If your child answers yes to any, the student should remain home. Please contact your healthcare provider for guidance.

These questions are about your child's health. If you respond NO to all questions, your child may come to school.

If you respond YES to any questions, he/she may not come to school. Your child should stay home until well and/or cleared by a doctor to return to school.

Does your child have or have they had any of the following symptoms NOW or in the PAST 14 DAYS?

Temperature of 100ºF or greater	NO	YES
Cough (new issue; more than just occasional or asthma related)	NO	YES
Shortness of breath (new issue, not a diagnosed medical issue)	NO	YES
Not feeling well; shaking/chills; feeling feverish; extreme fatigue	NO	YES
Headache (not just occasional; not a diagnosed medical condition; if accompanied with other symptoms no entry should be considered)	NO	YES
New loss of taste or smell	NO	YES
New onset sore throat	NO	YES
New congestion or runny nose	NO	YES
Muscle pain all over body (new issue, not a diagnosed medical issue)	NO	YES
Vomiting within the last 24 hours	NO	YES
Diarrhea today or within the last 24 hours (new issue, not a diagnosed medical issue)	NO	YES
Close contact with someone who has tested positive for COVID-19 OR presumed positive by a healthcare provider in the last 14 days	NO	YES

APPENDIX B – EMPLOYEE SYMPTOM CHECKER

During times of potential health risk or modified access, it is important staff DO NOT enter any WJCC Schools building if they are ill. Please review the following medical issues. If you answer yes to any, you should remain home. Please contact your healthcare provider for guidance.

These questions are about your health. If you respond NO to all questions, you may come to work.

If you respond YES to any questions, you may not come to work. You should stay home until well and/or cleared by a doctor to return to school.

Have you experienced any of the following symptoms NOW or in the PAST 14 DAYS?

Temperature of 100ºF or greater	NO	YES
Cough (new issue; more than just occasional or asthma related)	NO	YES
Shortness of breath (new issue, not a diagnosed medical issue)	NO	YES
Not feeling well; shaking/chills; feeling feverish; extreme fatigue	NO	YES
Headache (not just occasional; if accompanied with other symptoms stay home)	NO	YES
New loss of taste or smell	NO	YES
New congestion or runny nose	NO	YES
Muscle pain all over body (new issue, not a diagnosed medical issue)	NO	YES
Vomiting within the last 24 hours	NO	YES
Diarrhea today or within the last 24 hours (new issue, not a diagnosed medical issue)	NO	YES
Close contact with someone who has tested positive for COVID-19 OR presumed positive by a healthcare provider in the last 14 days	NO	YES

10 things you can do to manage your COVID-19 symptoms at home

Accessible Version: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

If you have possible or confirmed COVID-19:

1. **Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.

2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.

3. **Get rest and stay hydrated.**

4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.

5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.

6. **Cover your cough and sneezes** with a tissue or use the inside of your elbow.

7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a mask.

9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.

10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

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APPENDIX D – COVID-19 DAILY SYMPTOM CHECKER ACKNOWLEDGEMENT FORM

This is to acknowledge I received a copy of the Is My Child Well Enough to Go to School Form. I have reviewed and clearly understand when to keep my child home from school. In signing this document, I agree to abide by the guidelines stated in the document. I realize I may contact the school for assistance in understanding any of these guidelines.w

Parent/Guardian Signature

Child's Name

Date

APPENDIX E – CLINIC VS. CLASSROOM-BASED HEALTHCARE

Teachers should contact the school nurse prior to sending a student to the clinic. Teachers may also call the school nurse if they need guidance about student care. *Students presenting COVID-19-like symptoms should be relocated to the isolation area unless the nurse determines that the student needs supervision in the clinic.*

Appropriate Clinic Visit/School Nurse Visit to Classroom

- Symptoms of COVID-19
- Scheduled medications that may not be given by classroom staff; allow for physical distancing; stagger times
- Avulsed Tooth
- Scheduled specialized healthcare procedures
  - Diabetic care
  - Catheterization
  - G-tube feedings
- Altered levels of consciousness
- Difficulty breathing, shortness of breath, active wheezing
- Head injury/complaining of neck pain – DO NOT move student, keep student calm, call for nurse
- Sudden vision impairment
- Diabetic "lows" or unconscious
- SEVERE bleeding or other traumatic injury
- Severe abdominal/groin pain
- Seizure
- Signs and symptoms of Multisystem Inflammatory Syndrome in children which may include rash, swollen red eyes, hands and feet

May Consider Classroom-based Care

- Scheduled medications where designated school staff trained in administration of medication may deliver medication to students
- Health services personnel visit classroom and administer medication (schedule/PRN) to the student (similar to hospital model)
- To the extent possible, students self-administer medication that may be self-carried per Code of Virginia
- Minor toothache/primary tooth comes out
- Small paper cuts, abrasions, picked scabs
- Minor wound care/ice packs for small bumps/bruises
- Localized bug bites
- Minor headache or fatigue with no other symptoms
- Mild stomachache or nausea
- Readily controlled nosebleeds where student can deliver self-care
- Anxiety/stress/psychological issues – try calming techniques and/or contact school counselor or psychologist

APPENDIX F – ISOLATION AREA RECOMMENDATIONS

These recommendations were drafted based on COVID 19 recommendations from the Centers of Disease Control (CDC), Virginia Department of Health (VDH), Virginia Department of Education (VDOE), National School Nurses Association (NASN) and the Virginia School Nurses Association (VASN). This information is intended to be utilized in all WJCC School locations, but due to physical spacing differences among schools, the implementation may vary from school to school. These recommendations are intended to support the mitigation (lessen the spread) of COVID-19.

A. Each principal, in conjunction with the school nurse, will designate an isolation room. The purpose of this room is to isolate symptomatic students/staff as soon as possible, away from office staff and other students. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

B. School nurses or medical designees, will send students to the isolation room after determination that student/staff have reported possible COVID-19 symptom(s).

C. The symptomatic person will sit at least 6 feet apart in this isolation room, wearing a face covering and separated from the general school population, until the parent/guardian or designated emergency contact is able to collect student.

D. If a student or staff person is too sick to go to the isolation room, a space will be designated in the clinic and the clinic will alter operations and close until the person leaves the clinic and the clinic can be cleaned and ventilated for ideally 24 hours but as long as reasonably possible.

E. Students or staff that are actively coughing will be isolated separately from other students and staff; ideally in a separate isolation room, but at least 10 feet from others. If they are unable to wear a face covering due to respiratory concerns, they will isolate in clinic.

F. Physical location considerations:

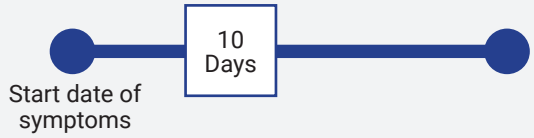
1. Students will be separated by at least 6 feet (marked off) and more if they are coughing.
2. Space will contain chairs not cots. Chairs should be a material that can be easily cleaned, not cloth covered.
3. Space will be near a restroom, and the rest room will be cleaned after each student use. The restroom ideally will have electric eye towel and soap dispensers, towels will allow the student to turn off the tap without re-touching a contaminated surface.
4. Space will preferably be ventilated by open windows.
5. Space will ideally have a window in the door or a see-through barrier to allow the designated staff person assigned to monitor the students to see the students while they remain in the isolation room.
6. This room should be cleaned per WJCC Schools Operations protocol after use.
7. The school may consider some type of separation between chairs such as plexiglass partitions.
8. Schools may consider portable filters for clinics with no windows for ventilation.
9. Space should ideally be located so student does not need to pass through high traffic areas when they exit the building to minimize exposure to others.
10. Parents or parent designee/emergency contact should sign students out electronically per WJCC Schools policy.
11. Staff personnel assigned to monitor the isolation room should be given a radio, so they can be contacted when a parent has arrived for pick up, and to contact the nurse, custodian or an administrator.

APPENDIX G – COVID-19 RETURN TO WORK GUIDELINES

Return to Work (Symptom Based/Positive Test)
All staff returning must either report to the school nurse or to their supervisor.

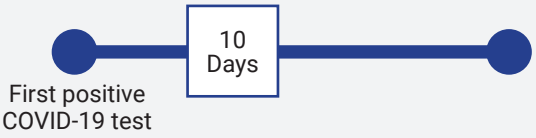
If you had COVID-19 symptoms and were directed by a healthcare provider to care for yourself at home with assumed COVID-19, you may return to work after these 3 things have happened:

- At least 10 days have passed since symptoms first appeared, **and**
- At least 3 days (72 hours) have passed with no fever without fever-reducing medication, **and**
- Other symptoms have resolved (such as respiratory symptoms of cough or shortness of breath).



If you tested positive for COVID-19, you may return to work after these 3 things have happened:

- At least 10 days have passed since the date of the your first positive COVID-19 test or 2 negative COVID-19 test results as least 24a hours apart, **and**
- At least three days (72 hours) have passed with no fever without fever-reducing medications, **and**
- Other symptoms have resolved (such as respiratory symptoms of cough or shortness of breath).



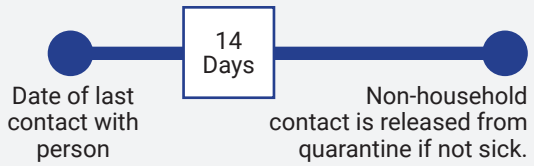
Return to Work (Direct Exposure)
All staff returning must either report to the school nurse or to their supervisor.

Close contact includes:

- Living with a person who has COVID-19, or
- Providing care for a person with COVID-19, or
- Being within 6 feet of a person with COVID-19 for at least 15 minutes, or
- Having exposure to respiratory secretions (being coughed or sneezed on, sharing a drinking glass or utensil from a person with COVID-19.

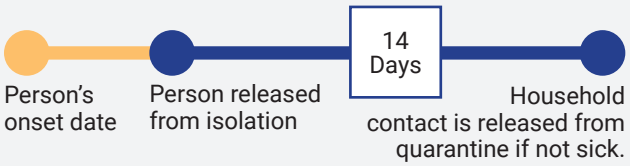
For non-household contacts, you may return to work when these 2 things have happened:

- You have self-quarantined (stayed home) and monitored for symptoms until 14 days after the date of last close contact with the person with COVID-19, **and**
- You have remained symptom free the entire time.



For household contacts, you may return to work when these 2 things have happened:

- You have self-quarantined (stayed home) and monitored for symptoms for 14 days **after the person has been released from isolation** (because exposure is considered ongoing within the home), **and**
- You have remained symptom free the entire time.



If an employee opts to get tested for COVID-19 without displaying symptoms, they must stay home until they receive a negative test result.

APPENDIX H – FACE COVERING INFORMATION SHEET

WJCC Schools supports Centers for Disease Control and Prevention (CDC) guidance that wearing a face covering is one of the most important steps students and staff can do to help keep each other safe. This is new for all of us, and together we can support each other in creating a safe learning environment.

From the WJCC Mitigation Guidelines:

All students and staff will be required to wear a face covering when at school and on the bus. CDC guidelines for those individuals who should not wear face coverings are children younger than two years old, anyone who has trouble breathing or is unconscious, and anyone who is incapacitated or otherwise unable to remove the face covering without assistance. The CDC recommends cloth or disposable face masks.

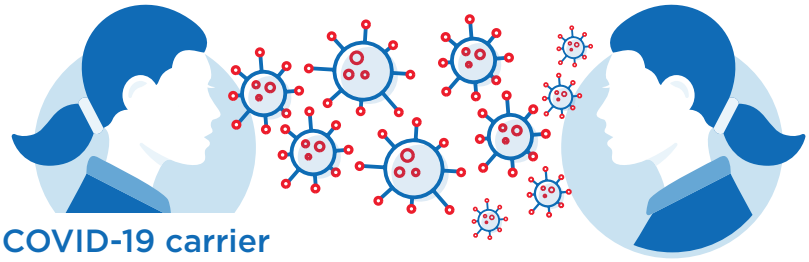
For our younger students, schools will use stories to share the importance of wearing a face covering. For all students, positive reinforcement and face covering breaks (outdoors as much as possible) will be include in the daily schedule.

How You Can Help Prepare Your Child to Wear a Face Covering at School:

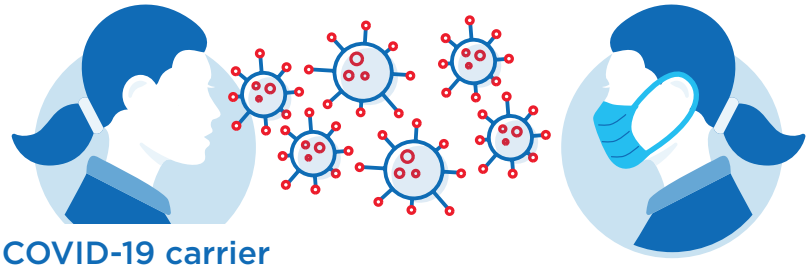
- *Practice wearing a face covering at home. With younger students reinforce with positive rewards.*
- *Try different face coverings to see which are most comfortable for your child.*
- *Talk with your child about the school day and wearing the face covering at appropriate times.*
- *Review this chart with your child to help explain the positive impact of wearing a face covering.*

Probability of contagion

Ballad Health™



Very high



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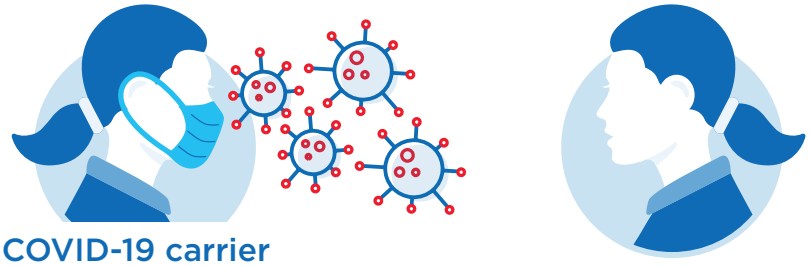
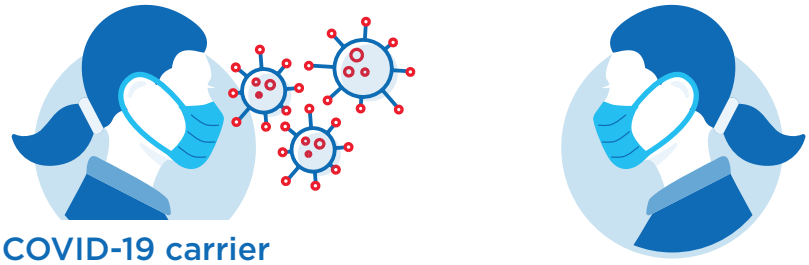
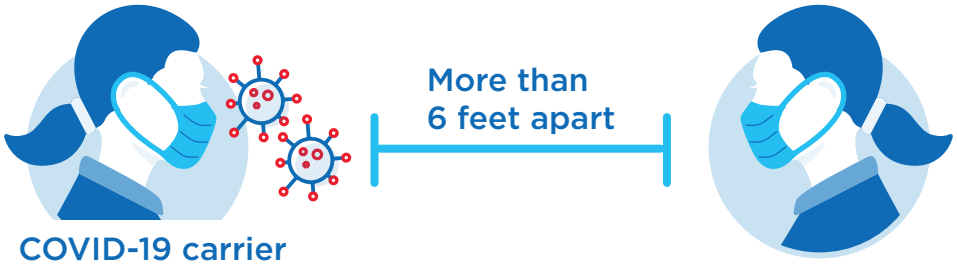


Medium



Low



Very low

None

Source: Centers for Disease Control and Prevention

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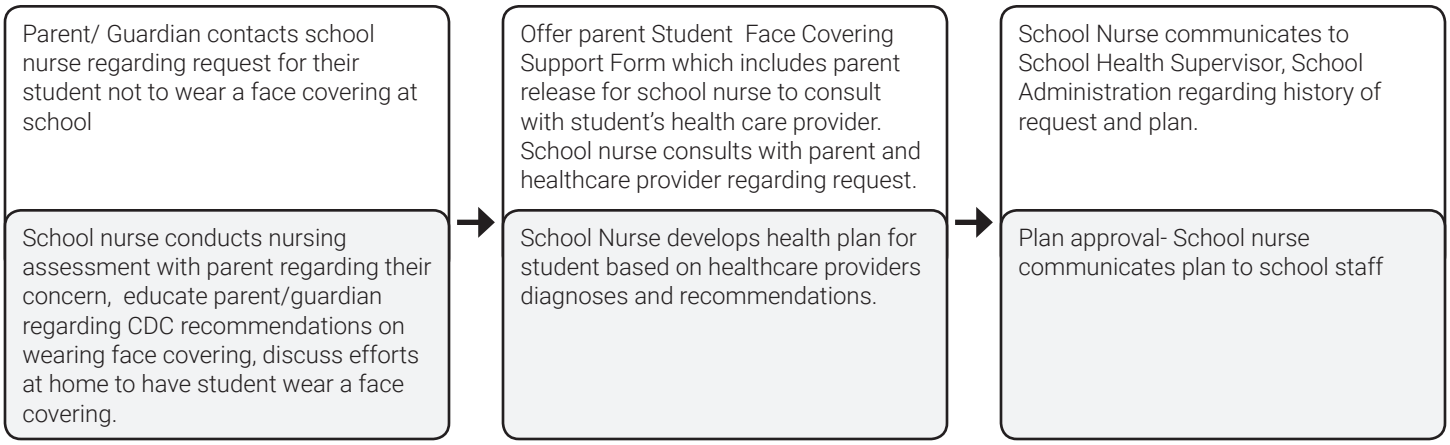
APPENDIX I – STUDENT FACE COVERING SUPPORT PLAN PROCESS

The WJCC Mitigation Guidelines:

All students and staff over 2 years old will be required to wear a face covering when in school and on the school bus. CDC guidelines for those individuals who should not wear face coverings are children younger than 2 years old, anyone who has trouble breathing or is unconscious, and anyone who is incapacitated or otherwise unable to remove the face covering without assistance. Additional considerations may be made on an individual basis based on disabilities that would make face coverings difficult for students, such as students with autism, developmental delays or sensory processing disorders. If students require a face covering break, it is advisable that these breaks take place outdoors, and students must be more than 6 feet apart. If brief face covering breaks are required indoors, they should take place in a well-ventilated area for less than 15 minutes, and they must maintain social distancing requirements of more than 6 feet of separation.



APPENDIX I – STUDENT FACE COVERING SUPPORT PLAN PROCESS

Student Name	Grade	School	Contact Information

Plan Development Participants:

Parent Name	Parent Signature
Teacher Name	Teacher Signature
Parent Name	Parent Signature
Building Administrator Name	Building Administrator Signature
Nurse Name	Nurse Signature
Case Manager Name	Case Manager Signature

Background Information (Mask wearing attempts, medical documentation, parent provided information, teacher observations)	**Student Support Plan Implementation Steps:**

APPENDIX J – TRACKING AND COMMUNICATION OF CONFIRMED OR PRESUMED POSITIVE COVID-19/SENT HOME WITH SYMPTOMS CASES

Topic/Action Item/Steps	Responsible Staff	Timeline/Deadline	Resource
General Tracking			
Daily tracking sheet completed for each school/ facility	School Nurses/Supervisor of Health Services	Daily	COVID-19 Tracking Sheet
Daily tracking sheet submitted to Supervisor of Health Services	School Nurse	Daily	COVID-19 Tracking Sheet
Data compiled into one tracking document	Supervisor of Health Services	Daily	To be determined
Data update provided to Senior Leadership	Senior Director of Student Services	Weekly	
For All Reported Positive/Presumed Positive Cases for Staff and Students			
Incident Report Form completed for all positive and presumed positive cases.	Principal	Immediately upon notification	Incident Report Form
Submission of Incident Report Form Triggers:			
VDH Notification	Supervisor of Health Services	Immediately	
Division Level Assessment using established protocol (if notification is after 9:00 PM will be initiated by 7:00 AM the next morning)	Nurse and/or Supervisor of Health Services	Immediately	
Notice Letter determination (1st case, 2nd case, etc.) and communication of messaging to principal	Communications	Immediately	
Cleaning and disinfecting of identified areas of building	Operations		
Employee Leave Notification	Human Resources		FFCRA@wjccschools.org
School Leadership will check-in with principal to identify any additional supports needed/ requested and provide verification that incident report was received.	School Leadership		
Next Steps for All Cases			
Based on initial division level assessment, notify close contacts (less than 6 feet for more than 15 minutes) as identified by: • Employee report • Student/staff report Notification will state 1) this is based on division assessment and not the formal VDH contact tracing, and 2) based on assessment information the identified employee/student must quarantine for 14 days unless otherwise directed by the VDH	Supervisor of Health Services	Same Day if Possible	
After contact from Communications, principal will provide the identified message to staff and families	Principal	Same Day	COVID-19 Positive Initial Notification Letter

Note: This process is not activated by a student or staff member being sent home with symptoms. It is recommended in these cases that additional cleaning and disinfecting occur proactively.