



Amended September 30, 2021





Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

July 30, 2021

Dear School Officials:

As Alabama schools begin the 2021-2022 academic year, the Alabama Department of Public Health (ADPH) is pleased to offer this latest update to our toolkit for schools.

The past 18 months have been incredibly difficult for our teachers, administrators, school staff members, students, and parents. None of us could have predicted the extent to which the COVID-19 pandemic would upend our normal activities and bring disease and hardship to so many. After a school year filled with outbreaks, interruptions, and cancellations, we are all happy to see Alabama's children returning to the classroom setting. Our task at ADPH is to ensure that our children can be educated in the safest environment possible.

These updates to our guidance reflect the most up-to-date recommendations from the Centers for Disease Control and Prevention (CDC), which are based on our best scientific understanding of how COVID-19 infects and spreads among our students and educators. For those who are eligible, vaccination remains our most potent strategy for preventing disease among students, faculty, and staff, and vaccination also eliminates the need for quarantine among many of the close contacts in our schools. Other mitigation strategies, such as face coverings, distancing, and hygiene measures are also important, especially in those communities that are experiencing high levels of COVID-19 transmission. While each school board will ultimately have the authority to determine local policy, ADPH strongly believes that this document contains our best recommendations for safely operating our schools.

I truly appreciate the dedication and hard work that each of you do in service to our children and our state. ADPH stands ready to assist you in protecting the health and safety of Alabama's educators and schoolchildren.

Sincerely,

Scott Harris, M.D., M.P.H.
State Health Officer

SH:SF

K-12 BACK TO SCHOOL GUIDANCE 2021-2022

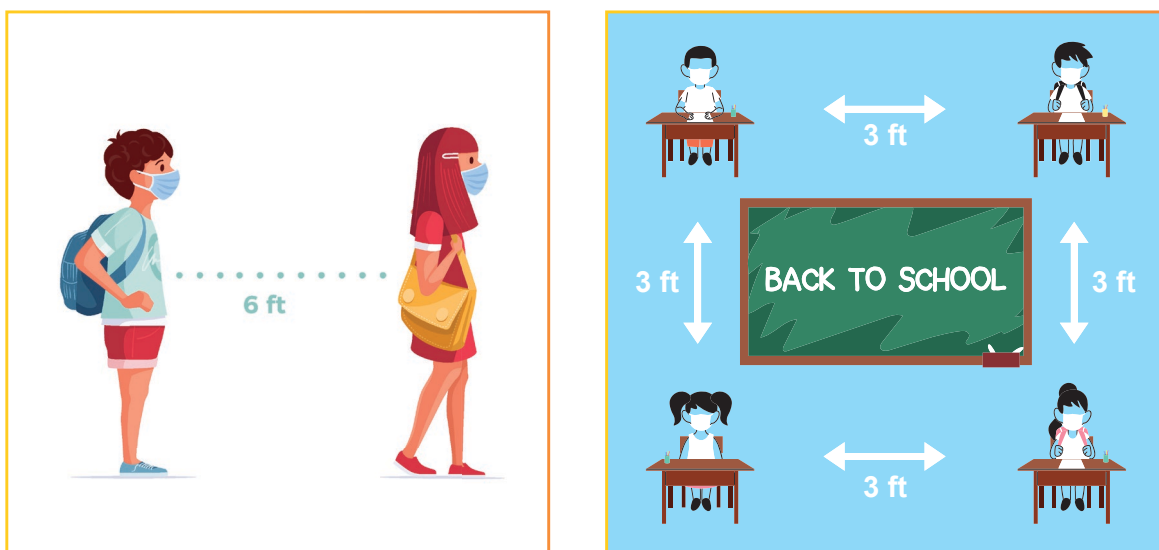
It is important to all Alabama Department of Public Health (ADPH) staff that children return to in class learning. ADPH staff represent parents and grandparents, nurses and disease investigators, doctors, epidemiologists, and health administrators --- all directly or indirectly touched by the Alabama education system in some way.

ADPH K-12 Back to School Guidance 2021-2022 contains recommendations based on the current Centers for Disease Control and Prevention (CDC) Back to School guidelines to ensure that school administrators and school nurses have the best health guidance to mitigate the spread of COVID-19 and keep students and staff safely in school.

The best CDC strategies for students to remain in the classroom, even if exposed to a positive COVID-19 case, are the use of masks, spacing, and vaccinations. For those students too young for vaccinations, consistent and correct mask use and three feet (six feet is better) of social distance in classrooms will help students to remain in the classroom, and mitigate the further spread of the COVID-19 virus and prevent outbreaks.

Implementing universal masking, spacing, and vaccinations (when age-appropriate) recommendations will allow more students to remain in school, more parents and grandparents to remain at work, and most importantly prevent an outbreak in the school that could spread to the community at large.

Please consider adopting these CDC recommendations as you prepare and plan for students returning to school during this evolving COVID pandemic.



Require masks and social distancing to open schools safely.

If these guidelines are followed, no quarantine is required when a student has been exposed.

K-12 BACK TO SCHOOL GUIDANCE 2021-2022

The Centers for Disease Control and Prevention (CDC) updated its Guidance for COVID-19 Prevention in K-12 Schools on July 9: [CDC Guidance for COVID-19 Prevention in K-12 Schools](#). The Alabama Department of Health (ADPH) has adopted this guidance and issues these recommendations for schools to safely return to in-person instruction for the 2021-2022 school year.

Local school systems, in collaboration with public health and community officials, and in conjunction with state and federal laws, are responsible for implementing routine measures and restrictions deemed necessary and prudent to address the impact and spread of COVID-19 for their buildings, facilities, and grounds, including transportation.

During school transportation: [CDC's Order](#) to wear masks while on public conveyances applies to all public transportation including school buses. Regardless of the mask policy at school, passengers and drivers must wear masks on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order. Learn more [here](#).

COVID-19 is a reportable disease, COVID-19 is a reportable disease, and as such, falls under Alabama's Notifiable Disease laws under Code of Alabama Title 22, Chapter 11A and the [Alabama Administrative Code for Notifiable Diseases, Chapter 420-4-1](#).

Schools are required to report suspected and diagnosed COVID-19 cases, just as they are required to report other communicable diseases in the school environment, such as chickenpox and measles. When COVID-19 cases are identified in or reported to a school, they must be reported to public health using the [Online COVID-19 Report Card](#). In addition, schools are required to report outbreaks of any kind, including outbreaks of COVID-19. To report an outbreak, schools should use the online [Communicable Disease Report Card](#).

K-12 School Responsibilities and Recommendations

Isolate and Report Suspected and Diagnosed Cases:

- Individuals who test positive for or are diagnosed with COVID-19 must stay home for 10 days following the onset of symptoms or the positive test result, be 24 hours without fever or fever-reducing medications, and experience symptom improvement before returning from isolation.
- School principals and nurses are mandatory reporters under Alabama's Notifiable Disease law; therefore, all suspected and diagnosed COVID-19 cases must be reported using the [Online COVID-19 Report Card](#) (see Attachment D).

K-12 BACK TO SCHOOL GUIDANCE 2021-2022

People with COVID-19 may experience mild, severe, or no symptoms. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- 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

Immediate emergency medical care is needed for the following symptoms:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

Notify Close Contacts of Exposure: (Attachment F)

- School officials should notify individuals who are close contacts to a diagnosed COVID-19 case as soon as possible. This exposure notification is necessary to prevent COVID-19 outbreaks in schools (see Attachment F).
- The CDC definition of a close contact is someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet the criteria for discontinuing home isolation.
- In the **K-12 indoor classroom setting**, the close contact definition *excludes* students who were **3 feet or more (but within 6 feet) of an infected student** (laboratory-confirmed or a clinically compatible illness) if:
 - both students were engaged in the **consistent and correct use of well-fitted masks**; *and*
 - other K-12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the **K-12 school setting**.

K-12 BACK TO SCHOOL GUIDANCE 2021-2022

Provide Recommendations and Information to Staff who are Close Contacts and to Parents and Guardians of Students who are Close Contacts: (Attachment F)

- Asymptomatic vaccinated close contacts do not need to be sent home but should monitor for symptoms, and isolate if symptoms develop. (Page 3)
- Asymptomatic close contacts who have tested positive for and recovered from COVID-19 in the prior 3 months do not need to be sent home unless they develop symptoms.
- Asymptomatic close contacts who meet the K-12 indoor classroom student exclusion noted in the previous section do not need to be sent home unless they develop symptoms.
- Unvaccinated individuals who are identified as a close contact and do not meet the K-12 indoor classroom student criteria above must be sent home. School officials should share Attachment F with staff and parents of students.

Special circumstances to consider regarding COVID-19 Mitigation and Prevention Strategies:

Federal and state disability laws may require an individualized approach for working with children and youth with disabilities consistent with the child's Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), or Section 504 plan. Administrators should consider adaptations and alternatives to prevention strategies when serving [people with disabilities](#), while maintaining efforts to protect all children and staff from COVID-19.

[CDC Guidance for COVID-19 Prevention in K-12 Schools](#) includes layered mitigation strategies to decrease the risk of COVID-19 transmission such as universal masking.

COVID-19 Prevention Strategies

Schools should work with public health officials, consistent with applicable laws and regulations, including those related to privacy, to determine the prevention strategies needed in their area by monitoring [levels of community transmission](#) (i.e., low, moderate, substantial, or high) and local [vaccine coverage](#), and use of screening testing to detect cases in K-12 schools.

Information about community transmission is available on the [ADPH COVID-19 Surveillance Dashboard](#).

- [Promoting vaccination](#)

Vaccinated staff and students: No quarantine is needed if identified as a close contact as long as the individual remains asymptomatic (monitor for symptoms).

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- Consistent and correct mask use

Universal masking is recommended for all students, teachers, staff, and visitors.

- Physical distancing

Teachers, staff, students, and visitors should keep a social distance of at least 6 feet in all areas of the school.

Students may reduce social distancing to 3 feet in the classroom setting if all individuals are masked.

- Screening testing to promptly identify cases, clusters, and outbreaks

School testing gives communities, schools, and families added assurance that schools can open and remain open safely for all students. By identifying infections early, before symptoms appear, testing helps keep COVID-19 transmission low and students in school for in-person learning, sports, and extracurricular activities.

The UAB School of Public Health is currently collaborating with the Alabama Department of Public Health and the Alabama State Department of Education to offer voluntary asymptomatic COVID-19 testing in Alabama K-12 schools to students, faculty, and staff. For more information, please contact the Program's Director, **Beth Johns**, at covidALK12@uab.edu.

- Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems.

During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.

- Handwashing and respiratory etiquette

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.

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- If handwashing is not possible, use a hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Staying home when sick and getting tested
Students, teachers, and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, should stay home and be referred to their healthcare provider for testing and care. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. It also is essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19.
- Exposure notification and contact tracing, in combination with isolation and quarantine
Individuals who test positive for or are diagnosed with COVID-19 must stay home for 10 days following the onset of symptoms or a positive test result and must be 24 hours fever-free without fever-reducing medications and symptoms improved before returning from isolation. See attachments B and C: “What to Do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School” and “What To Do: A Student is Showing Signs of COVID-19 and Needs to be Isolated”.

In order to mitigate the spread of COVID-19, particularly in light of the more transmissible Delta variant, school officials should notify individuals who are close contacts to a suspected or diagnosed COVID-19 case as soon as possible.

When high levels of community spread exist, local school systems may want to consider adding additional mitigation strategies recommended by the CDC in order to prevent COVID-19 outbreaks and school closures.

Unvaccinated individuals who are identified as a close contact and do not meet the K-12 indoor classroom student exemption criteria must quarantine. School officials should include quarantine instructions for staff, students, and visitors for these individuals.

Public health staff will focus investigative efforts on reported clusters, outbreaks, severely ill, and hospitalized. Any identified cases in schools should be reported to public health and cases advised to follow CDC guidance for isolation. Close contacts should be notified of their exposure, advised to watch for symptoms, and quarantine, if appropriate.

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- Cleaning and disinfection

In general, cleaning once a day is usually enough to sufficiently remove the virus that may be on surfaces. Disinfecting removes most all remaining germs on surfaces, which further reduces any risk of spreading infection. If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.

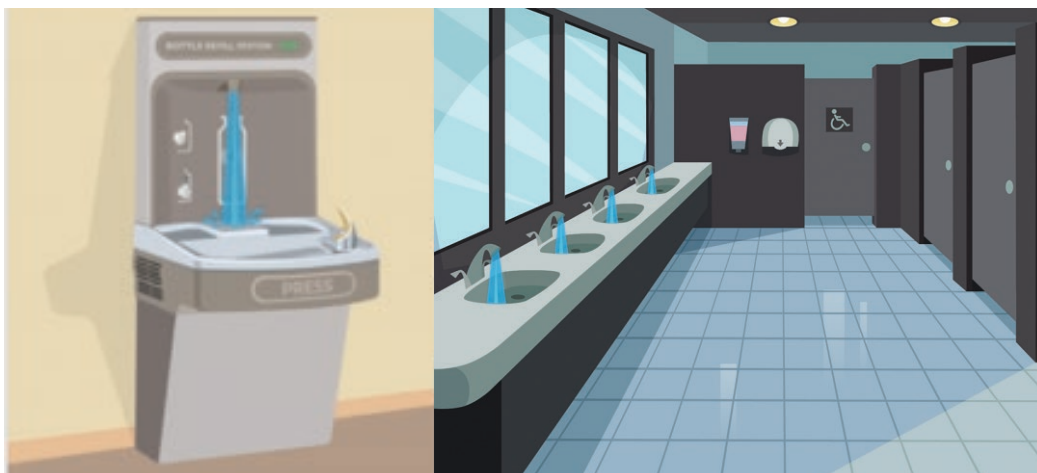
Additional Planning and Preparing

Emergency Operations Plan:

Each school district and school should have an Emergency Operations Plan (EOP) in place to protect students, teachers, staff, and families from the spread of COVID-19 and other emergencies. The EOP should:

- Describe COVID-19 prevention strategies to be implemented.
- Describe steps to take when a student, teacher, or staff member has been exposed to someone with COVID-19, has symptoms of COVID-19, or tests positive for COVID-19.
- Document policy or protocol differences for people who are fully vaccinated for COVID-19 versus those who are not fully vaccinated.
- Be developed in collaboration with regulatory agencies and state, local, territorial, and tribal public health departments, and comply with state and local licensing regulations.
- Be developed with the involvement of teachers, staff, parents and guardians, and other community partners (for example, health centers).
- Utilize the Whole School, Whole Community, Whole Child (WSCC) model to outline EOP policies and protocols across each component. Tools and resources from the U.S. Department of Education can be used by K-12 administrators to develop and update their EOP.

Water systems: Take steps to ensure that all water systems and features (for example, sink faucets, decorative fountains) are safe to use after a prolonged facility shutdown.



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Before students and staff return to a school or childcare building that has been closed for an extended time, look for ways to reduce potential hazards. [Flush plumbing](#) (including all sink faucets, water fountains, water bottle fillers, hoses, and showers) to replace all water inside building pipes with fresh water. This can help protect occupants from possible exposure to [lead](#), [copper](#), and [Legionella](#) bacteria. You can also follow the U.S. Environmental Protection Agency (EPA) 3Ts – [Training, Testing, and Taking Action](#)[external icon](#) – for reducing lead in drinking water at schools and childcare centers. Follow the [guidance](#) to check your building for [mold](#) and remediate as needed.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2–14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has Emergency Warning Signs of COVID-19

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



**Centers for Disease
Control and Prevention**
National Center for Emerging and
Zoonotic Infectious Diseases

cdc.gov/coronavirus

A Student is Showing Signs of COVID-19 and Needs to be Isolated: What Do I Do? Quick Guide for School Nurses or School COVID-19 POC(s)



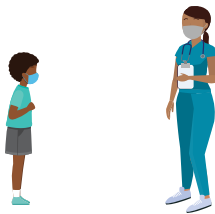
1. WEAR A MASK. PERSONAL PROTECTIVE EQUIPMENT (PPE) IS NEEDED IF UNABLE TO KEEP AT LEAST 6 FEET FROM THE STUDENT.

- When providing care for anyone with suspected or confirmed COVID-19 infection, personnel should wear appropriate PPE, including gloves, a gown, a face shield or goggles, and an N95 respirator (or equivalent). If an N-95 is not available, wear a surgical mask.



2. ISOLATE THE STUDENT

- Determine if the student can walk to the already identified isolation room/area on their own or if they need to be escorted or assisted.
- Assess their care needs and make the student comfortable while they are in the isolation room/area.
- Limit the number of people in health offices and isolation rooms. Try to keep the door closed.
- If there is more than one person in the isolation room/area, make sure everyone has a mask on and keep them **at least 6 feet apart**.



3. TALK TO THE STUDENT

- If possible, ask when and where the student started to feel sick (e.g., Did they start to feel sick at home or at school? What time of day was it? How did they feel a few days ago?). Note: Depending on student's age and cognitive ability, it may be necessary to modify these questions.
- If possible, ask if the student can remember who they came into contact with throughout the day? (e.g., Who did they sit next to? Were they within **6 feet** (2 arm lengths) of other students?). Note: Depending on student's age and cognitive ability, it may be necessary to modify these questions.



4. CALL PARENT(S), GUARDIAN(S), OR CAREGIVER(S)

- If the child has one of the following emergency warning signs: Trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face, or other signs of serious or life threatening illness, get emergency medical care first, then call the parent(s), guardian(s), or caregiver(s).
- If non-emergency, call the parent(s), guardian(s), or caregiver(s) and calmly explain that their child is not feeling well and may have symptoms of COVID-19, and should be picked up from school.
- Recommend that the parent(s), guardian(s), or caregiver(s) contact the child's healthcare provider for an evaluation and testing for COVID-19.



5. CLEAN AND DISINFECT ISOLATION ROOM/AREA

- After the parent(s), guardian(s), or caregiver(s) pick up the child or emergency care is coordinated, close off areas used by the ill student. When possible, wait up to 24 hours before beginning cleaning and disinfecting. The virus can remain in the air for some time, so waiting allows for the amount of virus in the air to decrease. If you cannot wait 24 hours to clean, be sure to wear PPE when cleaning. If possible, open outside doors and windows to increase air circulation in the area.



6. TALK TO YOUR ADMINISTRATOR AND TEACHER(S)

- Work with your school administration and staff to document and identify potential close contacts* to identify who should quarantine and to support contact tracing efforts by the local health department. Note: assure actions are in accordance with applicable privacy laws.

*Anyone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period.

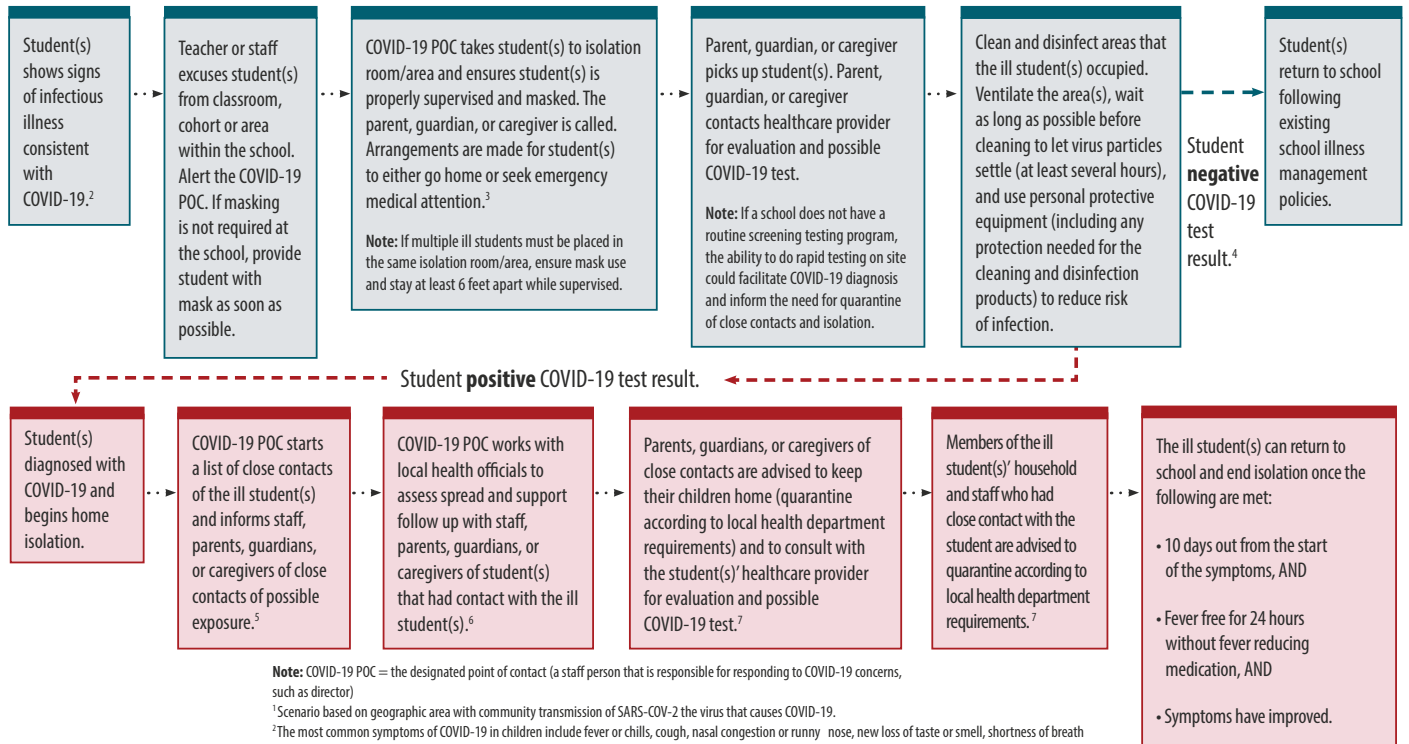


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cdc.gov/coronavirus

Attachment C: What to Do: Student Becomes Sick or Reports a New COVID-19 Diagnosis at School

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



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

¹ Scenario based on geographic area with community transmission of SARS-CoV-2 the virus that causes COVID-19.

² The 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.

⁴ With no known close contact.

⁵ Close 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/contact-tracing-plan/appendix.html#contact>

⁶ To 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 or get tested after an exposure to someone with COVID-19.



cdc.gov/coronavirus

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Attachment D: When to Use the COVID-19 Report Card



WHEN TO USE THE COVID-19 REPORT CARD

COVID-19 Symptoms

Cough

Fever or chills

Diarrhea

Congestion or runny nose

Shortness of breath or difficulty breathing

Muscle or body aches

Headache

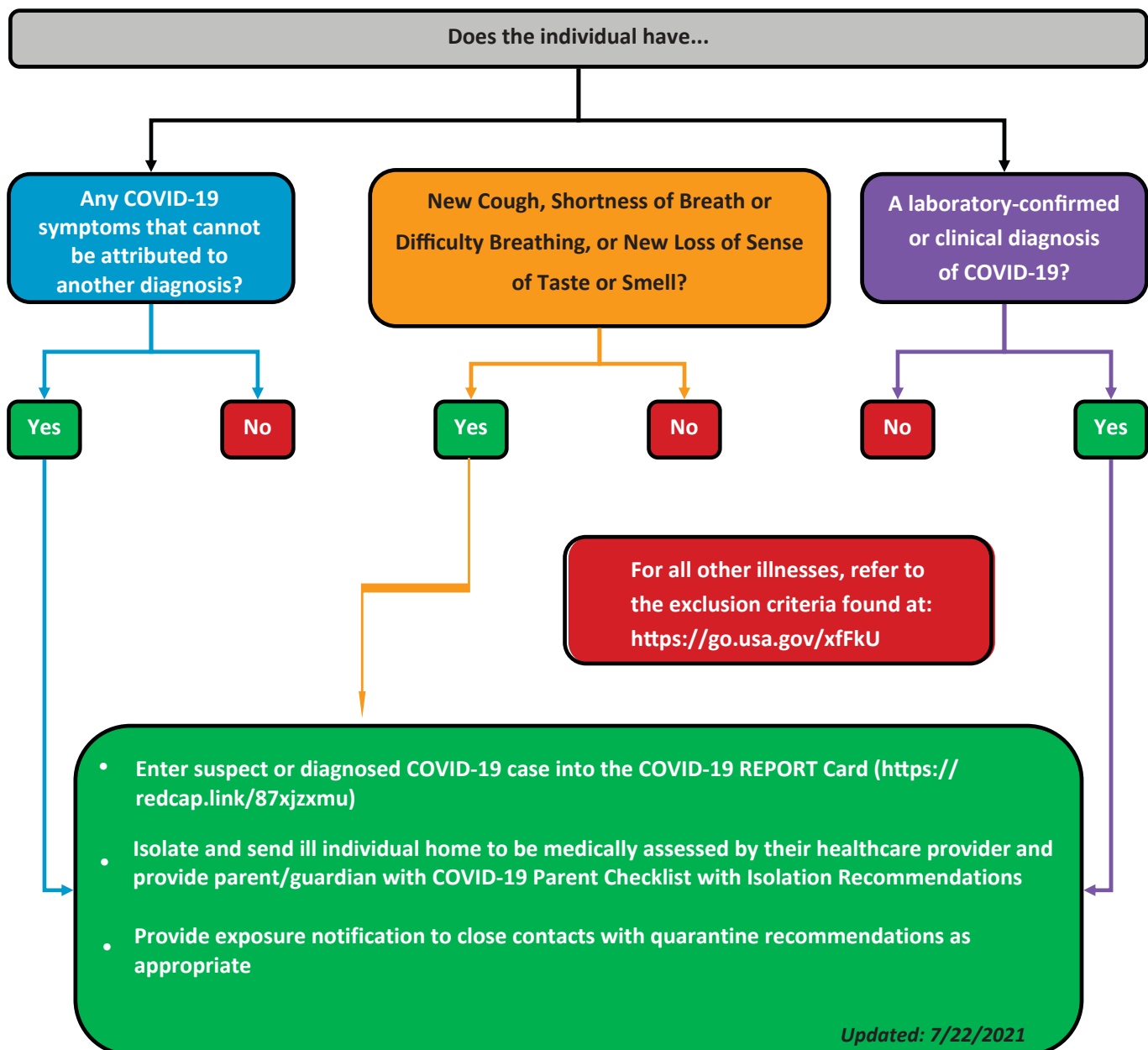
New loss of smell or taste

Nausea or vomiting

Sore throat

Symptoms can range from mild to severe illness, and appear 2-14 days after being exposed to the virus that causes COVID-19.

Seek medical care immediately if some has Emergency Warning Signs of COVID-19: *Trouble breathing* *New confusion*
Inability to wake or stay awake *Persistent pain or pressure in the chest* *Pale, grey, or blue-colored skin, lips or nail beds*



Attachment E: COVID-19 Student Screening Tool



Student Name: _____

Screening Date: ____/____/____

COVID-19 Student Screening Tool

This screening tool can be used in the event a student becomes ill or as a pre-screening tool for parents or school staff to determine if a student or staff member should be sent home and when they may return to school.

1. Does this student have any of the following symptoms? *If yes, date first symptom began:* ____/____/____

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

If a student has any of these symptoms and they cannot be attributed to another diagnosis, the student may have COVID-19. The student should be sent home to be medically assessed by the student's health care provider. Follow exclusion criteria for alternate diagnosis if a diagnosis of COVID-19 is not confirmed.

2. Has this student been diagnosed with or tested for COVID-19 in the last 14 days? *If yes, date:* ____/____/____

- ☐ Yes If a student is diagnosed with COVID-19 based on a test and/or their healthcare provider, the student should not be at school and should stay at home until they meet the criteria for returning to school. If a student has been tested, but has not received their result, the student should stay at home until the result is known and further guidance is received.
- ☐ No

Returning to School after a COVID-19 Diagnosis or Positive Test

A student can return to school when a family member can ensure that they can answer YES to ALL three questions:

- ☐ Has it been at least 10 days since the student first had symptoms?
- ☐ Has it been at least 24 hours since the student had a fever (without using fever-reducing medicine)?
- ☐ Has there been symptom improvement, including cough and shortness of breath?

If a student has had a negative COVID-19 test, they can return to school after at least 10 days from the date the first symptom began once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a student has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

A student can return to school, following normal school policies, if they receive confirmation of an alternative diagnosis from a health care provider that would explain the COVID-19-like symptom(s), once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

Attachment F: A Message from ADPH and COVID-19 Close Contact Exposure Notification



A Message from the Alabama Department of Public Health

Dear K-12 School Staff and Parents:

With numbers of cases of COVID-19 in Alabama increasing and the circulation of the more contagious Delta variant, persons who are not vaccinated are at very great risk to contract and spread disease. Because children less than 12 years of age cannot be vaccinated against COVID-19, it is imperative that adults take measures to protect children. The most important way to reduce COVID-19 in children is for those who are age eligible, 12 years of age and older, to be vaccinated with one of the available COVID-19 vaccines. If persons are not vaccinated, they should correctly and consistently wear masks, wash hands, social distance, and follow other preventive measures.

With low vaccine rates in Alabama it will be a matter of a few weeks after school resumes before we see a rise in cases in the educational system. COVID-19 can be a significant disease in children. In Alabama, children have been hospitalized and some of those children have required mechanical ventilation for a period of time. At least 108 children in Alabama have had Multisystem Inflammatory Syndrome (MIS-C), a rare but serious condition associated with COVID-19. Some scientific data indicates that, short term, up to half of children may have residual COVID-19 symptoms for a time, with around 6% having long-term symptoms.

The Alabama Department of Public Health (ADPH) recommends that all unvaccinated persons ages 2 and above wear masks and follow other measures to reduce transmission of COVID-19. The Centers for Disease Control and Prevention's (CDC's) Guidance for Prevention of COVID-19 K-12 outlines layered mitigation, including masking. The American Academy of Pediatrics recommends universal school masking in order to reduce COVID-19 and continue in-person education.

Alabama is at a critical juncture. All of us want our children to be able to learn and thrive. COVID-19 presents a significant threat to our children, and we must make every effort to ensure the best outcome for their future.

Respectfully,
Karen M. Landers, M.D., F.A.A.P.
Medical Officer and Pediatrician
Alabama Department of Public Health

Attachment F: Delta Variant – What Should Schools Do?



Student Name: _____
Date: ____/____/____

COVID-19 Exposure Notification for Parents and Guardians

Your student may have been exposed to someone diagnosed with or suspected to have COVID-19.

Date of exposure: ____/____/____

The Centers for Disease Prevention and Control (CDC) defines a close contact 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 (for example, *three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

In the **K–12 indoor classroom** setting, the close contact definition **excludes** students who were within 6 feet of an infected student where

- both students were engaged in **consistent and correct** use of masks
- other **K–12 school prevention strategies** (such as universal masking, physical distancing, increased ventilation) were in place in the classroom.

Except in certain circumstances, people who have had close contact with someone who has COVID-19 should stay at home. However, people with recent exposure may NOT need to remain at home:

- They have been fully vaccinated
- They have been previously diagnosed with COVID-19 within the last three months

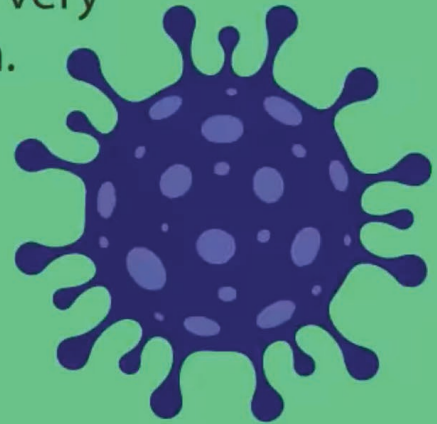
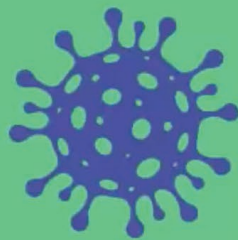
If your student does not meet the exception noted above for K-12 students, or has not been vaccinated or has not been previously diagnosed with COVID-19 in the last three months:

- ✓ Your student should stay at home. The COVID-19 incubation period and the ideal time period to remain at home continues to be 14 days after last exposure to a case. However, if 14 days is not practical, 10 days is acceptable if the following conditions are met:
 - Continue to monitor for symptoms daily through day 14.
 - If any one of the following symptoms are observed, isolate immediately and seek testing: fever, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new taste or smell disorder, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
 - Wear a mask, stay at least 6 feet from others, avoid crowds, wash hands frequently, and take other steps to prevent the spread of COVID-19 in case infectious without symptoms.
- ✓ If your student becomes symptomatic during this time, have them evaluated by their healthcare provider/doctor and report to the school nurse the results and outcome of the medical evaluation. Cases (includes symptomatic Close Contacts):
 - Must be isolated for at least 10* days after symptoms first appeared and
 - At least 24 hours since resolution of fever (without the use of fever-reducing medications) and
 - Other symptoms have improved.

SHOULD I BE CONCERNED ABOUT THE DELTA VARIANT?

New data show Delta is different than past versions of the virus: it is much more contagious.

- Vaccinated people can get breakthrough infections of Delta variant and may be contagious.
- Vaccinated individuals represent a very small amount of total transmission.

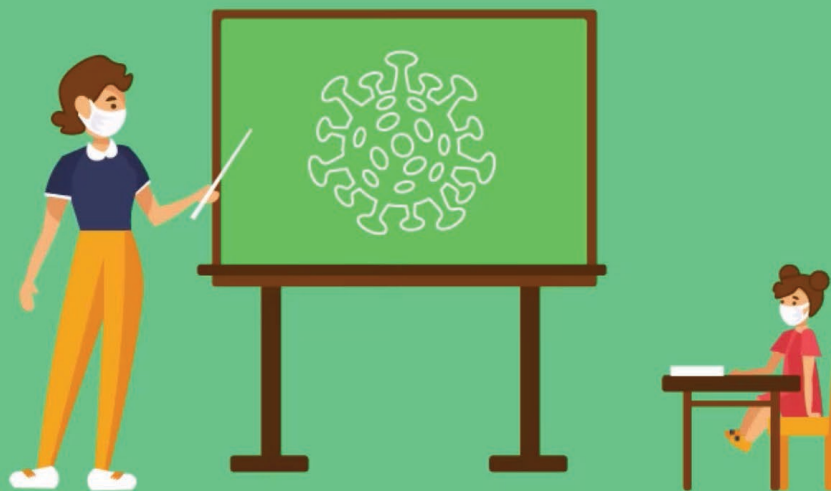


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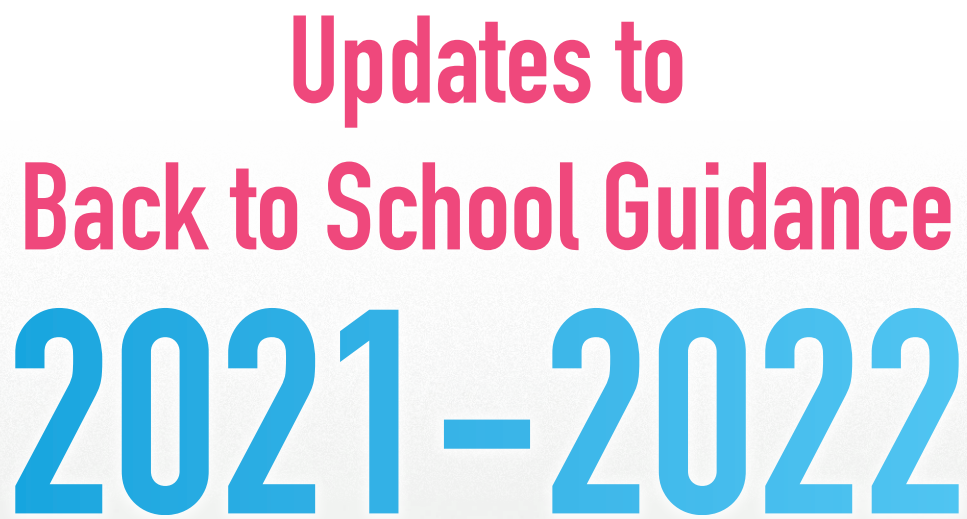
WHAT SHOULD SCHOOLS DO?

CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place.



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Table of Content – Changes to the Guide:

- Update to Quarantine Guidance for Unvaccinated students, teachers or staff who are identified as close contacts
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- Case Studies
- Review of definitions and protocols
- K-12 Testing Program – UAB

Introduction

The K-12 Back to School Guidance has been updated to provide an optional modified quarantine strategy for COVID-19 exposures/close contacts in the K-12 School setting. Layered mitigation strategies for keeping staff, students and teachers safe in the learning environment continue to be important during this high community transmission of the COVID-19 Delta variant.

The change in quarantine for unvaccinated K-12 students, teachers, or staff allows schools to use a “test to stay” strategy for asymptomatic (no symptoms) close contacts after 7 days of self-quarantine instead of the 10 to 14 day previously recommended close contact quarantine.

There is NO Change in isolation guidance for those students, teachers or staff infected with COVID-19.
(Isolation for 10 to 14 days)

The ‘Test to Stay’ Modified 7 Day Quarantine for close contacts

Who is Eligible?

1. K-12 student, teacher or staff member who have been exposed to the person with COVID-19
AT SCHOOL ONLY
2. Have no symptoms of COVID-19 at all.
3. Wear a mask at school
4. Quarantine when not at school.
5. The Test to Stay Modified 7 Day Quarantine for close contacts in K-12 schools:

Unvaccinated students, teachers or staff who are identified as close contacts who were exposed within the school setting should be instructed to either:

- Self-quarantine away from school for 7 days after the last exposure. The individual may return on Day 8 if they are symptom free and receive a negative COVID-19 PCR or antigen test on Day 5, 6 or 7. Home COVID tests are Not acceptable.
- Self-quarantine away from school for 10 days after the last exposure. The individual may return on Day 11 without testing if they are symptom free.

Exceptions to Quarantine:

- Fully vaccinated persons do not need to quarantine following an exposure to a person diagnosed with COVID-19 if they are NOT experiencing symptoms. Fully vaccinated people who are exposed to a person diagnosed with COVID-19 should wear a mask and are recommended to have a COVID PCR or antigen test between day 3 and 5 following the exposure.
- Asymptomatic close contacts who have tested positive for COVID-19 and are fully recovered in the prior 3 months do not need to be sent home unless they develop symptoms.
- In the K-12 classroom setting where both students are engaged in consistent and correct use of well-fitted masks and have 3 feet or more distance from an infected student, are not considered a close contact and do not have to quarantine. However, these students should monitor for symptoms and isolate if symptoms develop.

Attachment E: COVID-19 Student Screening Tool



Student Name: _____

Screening Date: _____

COVID-19 Student Screening Tool

This screening tool can be used in the event a student becomes ill or as a pre-screening tool for parents or school staff to determine if a student or staff member should be sent home and when they may return to school.

1. Does this student have any of the following symptoms? If yes, date first symptom began: ____/____/____

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

If a student has any of these symptoms and they cannot be attributed to another diagnosis, the student may have COVID-19. The student should be sent home to be medically assessed by the student's health care provider. Follow exclusion criteria for alternate diagnosis and isolation criteria for a diagnosis of COVID-19.

2. Has this student been diagnosed with or tested positive for COVID-19 in the last 14 days? If yes, date: ____/____/____

- ☐ Yes If a student is diagnosed by their healthcare provider with COVID-19 based on a test and/or their symptoms, they should not be at school and should stay at home until they meet the criteria below. If a student has been tested, but has not received their result, the student should remain home until the result is known and further guidance is received.
- ☐ No

Returning to School after a COVID-19 Diagnosis or Positive Test

A student can return to school when a family member can ensure that they can answer YES to ALL three questions:

- ☐ Has it been at least 10 days since the student first had symptoms?
- ☐ Has it been at least 24 hours since the student had a fever (without using fever-reducing medicine)?
- ☐ Has there been symptom improvement, including cough and shortness of breath?

If a student has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID 19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

Return to School if not suspected COVID and not a contact to COVID:

A student can return to school, following normal school policies, if they receive confirmation of an alternative diagnosis from a healthcare provider that would explain the COVID 19 like symptom (s), once there is no fever without the use of fever reducing medication and they have felt well for 24 hours.

Statement for Return to school from healthcare provider: This patient does not appear to have COVID 19 at the time of evaluation. This patient can return to school and continue to follow school guidelines for the school system.

Physician Name: _____ Date: _____

Attachment F: Delta Variant – What Should Schools Do?



Student Name: _____

Date: _____

COVID-19 Exposure Notification for Parents and Guardians

Your student may have been exposed to someone diagnosed with or suspected to have COVID-19. Date of exposure: ____/____/____

The Centers for Disease Prevention and Control (CDC) defines a close contact 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 (for example, three individual 5-minute exposures for a total of 15 minutes). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

Symptoms of COVID 19 include:

Fever, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea.

In the **K–12 indoor classroom** setting, the close contact definition **excludes students** who were within **3 to 6 feet of an infected student** where

- both students were engaged in consistent and correct use of well-fitting masks; and
- other K–12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K–12 school setting.

Except in certain circumstances, people who have been in close contact with someone who has COVID-19 should stay at home. However, the following people with recent exposure may NOT need to remain at home:

- People who have been fully vaccinated do not have to quarantine unless they develop symptoms but should be tested 3–5 days after exposure.
- People who were previously diagnosed with COVID-19 within the last three months

If your student does not meet the exception noted above for K–12 students, or has not been vaccinated or has not been previously diagnosed with COVID-19 in the last three months see below:

Home quarantine update REVISED 9/13/2021:

If your student remains without symptoms during home quarantine:

14-day home quarantine: The standard recommended home quarantine after exposure to COVID 19 remains 14 days. In the K–12 school setting, options for home quarantine can be considered if there is not ongoing exposure to COVID 19 in the household setting or other potential ongoing exposure. Ongoing exposure means being in contact with an infected person by sharing the same living space, sleeping with an infected person, eating with an infected person, or any other circumstances where persons are closely exposed to one another.

10 day home quarantine: 10 day home quarantine is allowed if there is no ongoing exposure (as outlined above), the quarantined person has not had symptoms during the quarantine, and the quarantined persons can symptom monitor, follow masking, and six feet of social distancing.

7 day home quarantine alternative: 7 day home quarantine is allowed as an alternative in schools if there is no ongoing exposure (as outlined above), the quarantined person has no symptoms during the quarantine, the quarantined person has a negative COVID-19 test (molecular or antigen) result which has to be collected NOT BEFORE day 5 of the quarantine period, and the quarantined person can symptom monitor, follow masking, and six feet of social distancing.

Home Based-Tests: Home-based tests are not accepted for the 7-day home quarantine. If a person has a positive home-based test, they are considered to be a COVID 19 case and should follow Isolation and Exclusion for the full 10-day period.

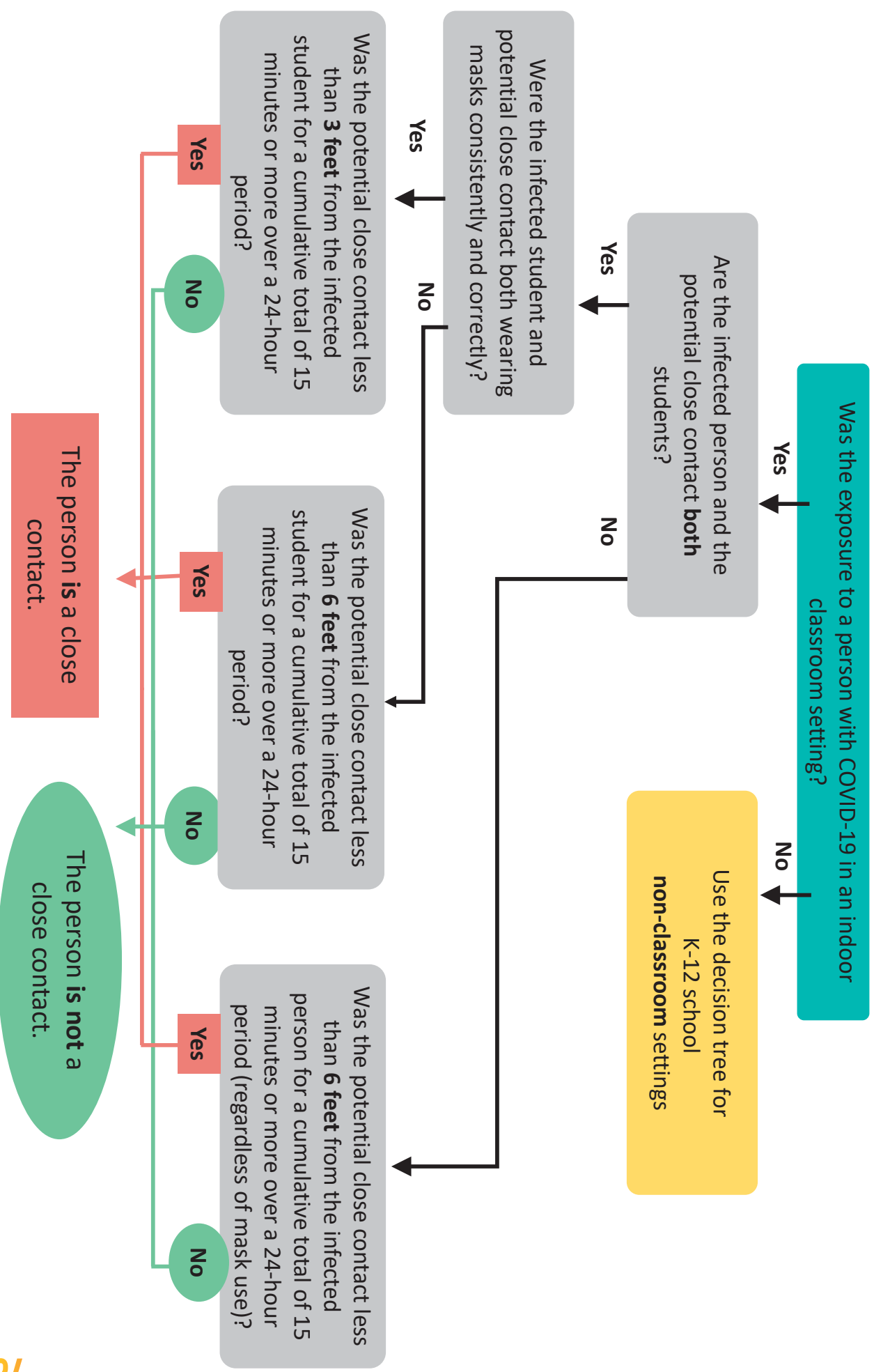
If your student becomes symptomatic during home quarantine, see below:

Have them evaluated by their healthcare provider/doctor and report to the school nurse the results and outcome of the medical evaluation. Cases (includes symptomatic Close Contacts):

Must be isolated for at least 10* days after symptoms first appeared and at least 24 hours since resolution of fever (without the use of fever-reducing medications) and other symptoms have improved.

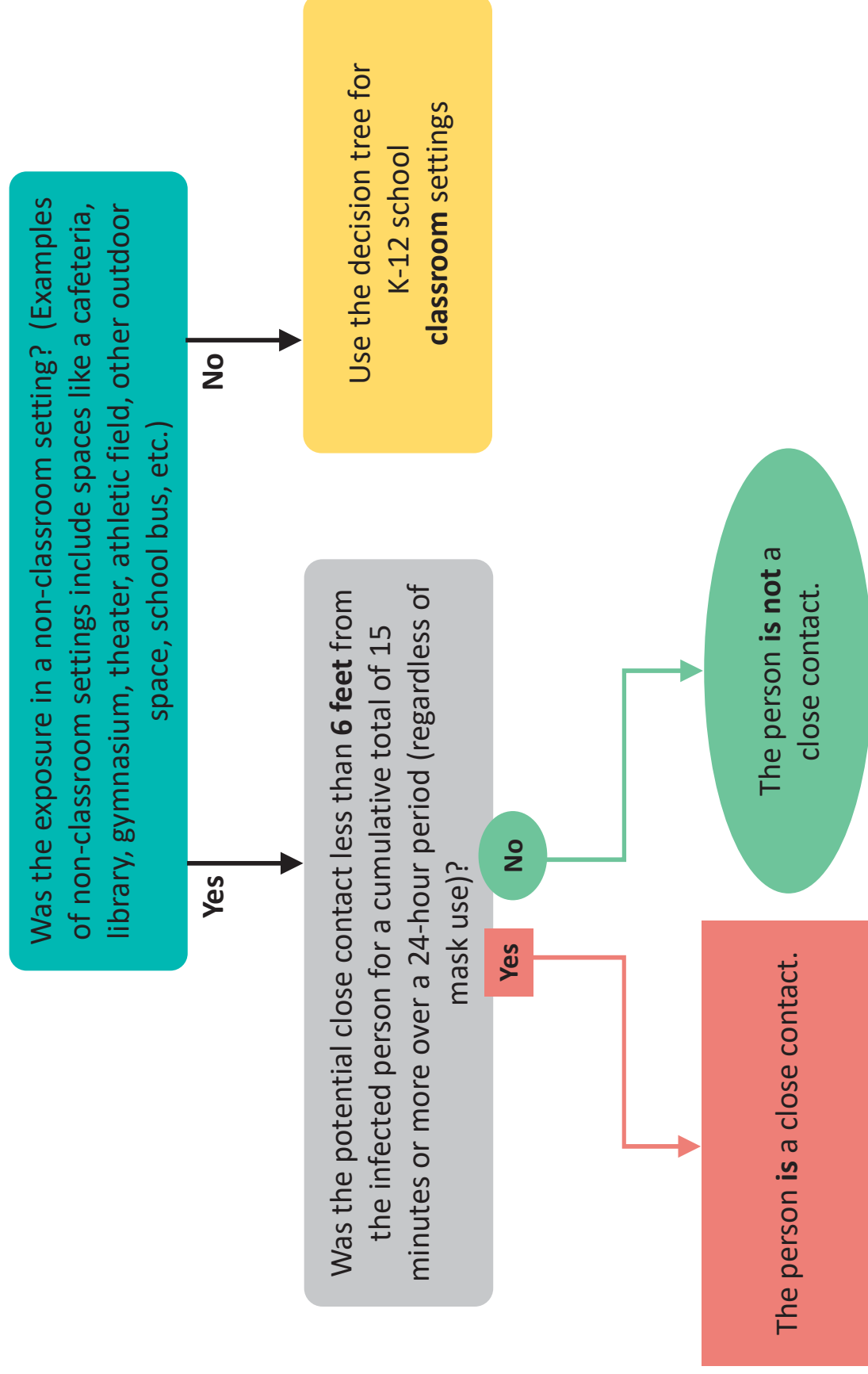
Decision Tree for Identifying COVID-19 Close Contacts in K-12 School INDOOR CLASSROOM Settings

Note: Complete this decision tree for students and adults in an indoor classroom setting who were within 6 feet of the infected person starting 2 days prior to symptom onset or positive test. If the infected person is not showing symptoms, use the date the test was collected.



Decision Tree for Identifying COVID-19 Close Contacts in K-12 School NON-CLASSROOM Settings

Note: Complete this decision tree for anyone in a non-classroom setting who was within 6 feet of the infected person starting 2 days prior to symptom onset or positive test. If the infected person is not showing symptoms, use the date the test was collected.



Case Studies

CASE 1:

Ethan, 8 years old and in school, has been exposed to COVID by his mother. She was diagnosed with COVID by her provider and was advised to isolate for 10 days after her first symptom or from her positive test, whichever is earlier. Ethan will immediately be quarantined as he has not developed symptoms of COVID.

Luckily, Ethan's mother was able to isolate herself away from Ethan and another family member resumed the responsibility for his care. Therefore, Ethan's quarantine will be 10 or 14 days from the last contact with his mother as he was exposed outside of the school setting and he can return to school on days 11 or 15 if he remains without symptoms. If he develops COVID, he will be moved to isolation for 10 days from his test or his first symptom, whichever is earlier. Although a 14 day quarantine is optimal, the 10 day option can be used if the 14 day quarantine period will result in physical/mental burdens or economic hardship.

CASE 2:

Samantha, like Ethan, is also 8 years old and is in school. She was exposed to COVID by her father who was diagnosed by his provider. However, Samantha's father has no other support and must care for Samantha.

Samantha will be placed into quarantine just like Ethan. However, her quarantine will start from her father's last day of isolation. Her father will be in isolation for 10 full days from his diagnosis or first symptoms, whichever is earlier. Samantha's isolation will be either 10 or 14 days from his last day of isolation, returning to school on days 11 or 15 as above.

CASE 3:

Jamal, 15 years old and in school, was diagnosed with COVID by his provider. Luckily, the school has a universal masking mandate and Jamal and all his classmates were masked and were more than 3 feet apart.

Jamal will isolate for 10 days, but his classmates can stay in school while monitoring for COVID symptoms and continuing with masking and social distancing.

CASE 4:

Erika, also 15 years old and in school, was diagnosed with COVID by her provider. Although she was masked and distanced in her classroom like Jamal, she spent 20 minutes eating lunch with a friend at school without her mask on the day she developed symptoms.

Erika will be placed in isolation for 10 days and the school nurse will notify the other student's family that their child was exposed to COVID. Her friend will be required to quarantine for 10 days from the contact with Erika, or seven days if tested and is 5 to 7 days after the exposure (returning to school on day eight post exposure) while continuing to monitor for COVID symptoms. If her friend subsequently develops COVID during her quarantine period, she will be moved to isolation for 10 days from her positive test or her first symptom, whichever is earlier.

CASE 5:

Estelle, 6 years old, was exposed to a classmate who was exposed to a cousin who was on quarantine due to an exposure.

Estelle is a contact of a contact and can return to school immediately while continuing to monitor for symptoms consistent with COVID.

CASE 6:

Ms. Jones, a schoolteacher, was exposed to COVID by a coworker. She was in a meeting with her assistant principal, Steve, the day before Steve tested positive. They were together for 20 minutes, were masked for the entire meeting, were separated by 3 feet but not by 6 feet, and all other cleaning and ventilation procedures were followed.

Unfortunately, the 3–6 feet rule only applies to K–12 students and Ms. Jones must quarantine for 7 or 10 days. She is eligible for the quicker return option at 7 days post exposure if testing is negative as listed above.

Review of Definitions and Concepts

The State Health Officer may act to prevent the spread of any notifiable disease or health condition in a manner that is consistent with current medical and epidemiologic knowledge about the mode and transmission of the disease or health condition. COVID-19 is a notifiable disease and the state of Alabama is currently at a substantial level of community transmission. This means that there is large scale, uncontrolled community transmission of COVID-19. The Alabama Department of Public Health and the Centers for Disease Control and Prevention recommend that individuals that test positive for COVID-19 isolate for 10 days and close contacts quarantine for 10 days. However, based on widespread community transmission and the number of daily positive COVID-19 cases and close contacts, the Department of Public Health is unable to investigate, contact trace or issue quarantine orders for all positive cases and close contacts.

Isolation: Keeping a person diagnosed with COVID away from other people to prevent other people from getting sick. 10 days is mandatory, and a person cannot test out of isolation.

Quarantine: Watching a person exposed to COVID, while keeping them away from other people, to see if the person gets sick. 14 days is ideal, although a shorter 10- or 7-day option is available if 14 days will cause physical or mental burdens and/or economic hardship.

Exposure notification: Letting a person or caregivers know that someone has been exposed to an infectious disease and that the person exposed needs to follow recommendations.

Contact tracing: A process of investigation used by public health officials to track the pattern of a disease contracted by an individual and look for other people who could be infected or at risk to be infected.

Review of Mitigation Strategies in K-12 School

The Department of Public Health in this update of the Back to School Guidance that includes possible mitigation strategies based on current medical knowledge about the mode of transmission for COVID-19. This science based guidance provides appropriate measures to limit the spread of disease. To prevent the spread of COVID-19, schools should:

1. Understand definition of close contacts and exclusions as outlined in School Guidance.
2. Exclude individuals that test positive for COVID-19 for 10 days
3. Notify persons who meet definition of close contacts and exclude unvaccinated close contacts for 7 days if the contact has a negative test performed on day 5-7 and remains asymptomatic they may return to school on day 8 post exposure. Be mindful that persons must not have ongoing contact with a positive case to qualify for the 7 day and test.
4. Follow all mitigation standards for close contacts returning to school as outlined in Isolation and Quarantine Guidance.
5. Strongly encourage the use of cloth face coverings for students and staff in order to reduce disease transmission and reduce numbers of persons who are close contacts.
6. Teach and reinforce the proper use of cloth face coverings
7. Teach and reinforce practicing hand hygiene and respiratory etiquette
8. Regularly clean high touch surfaces and objects
9. Modify layouts to promote social distancing

If schools follow these recommendations to protect the health of their students and staff, the state can mitigate the spread of COVID-19 in school settings.

COVID Testing in Alabama K-12 Schools

The UAB School of Public Health is currently collaborating with the Alabama Department of Public Health and the Alabama State Department of Education to offer voluntary asymptomatic COVID-19 testing in Alabama K-12 schools to students, faculty, and staff.

The UAB COVID-19 Testing program is voluntary, free and safe. Testing is available to students K-12 whose parents or legal guardians have given consent and to faculty and staff who have given consent.

Routine testing is one of the COVID mitigation strategies available to maintain a safe in-person learning environment and prevent the spread of COVID in asymptomatic individuals.

For more information:

COVID Testing in Alabama Website: <https://sites.uab.edu/covidalk12/contact/>

COVID Testing in Alabama Schools email: covidALK12@uab.edu

