Interim COVID-19 Response for Fairfax County Public Schools (FCPS) and Falls Church City Public Schools (FCCPS)

The Fairfax County Health Department (FCHD) has been working with FCPS/FCCPS to establish an approach to addressing COVID-Like-Illness (CLI) and COVID-19 positive cases in students and staff as schools reopen to in-person teaching. Significant measures have been put in place division-wide to limit the spread of COVID-19 in our schools. Given the level of community spread in Northern VA we acknowledge cases may occur in students and staff of school systems. The FCPS/FCCPS school systems and the FCHD have worked closely to construct standardized scenarios and response guidelines to address symptomatic and lab-confirmed individuals.

FCHD has a long history of conducting outbreak investigations. Similar to collaborations between FCPS/FCCPS and FCHD that occur routinely for case and contact investigations of other communicable diseases, (such as measles, TB, pertussis, norovirus, influenza), FCHD will work with the school systems to conduct a full case investigation for all COVID-19 cases based on the Centers for Disease Control and Prevention (CDC) and Virginia Department of Health (VDH) guidance.

It is important for teachers, staff, students, and their families to understand certain principles in advance and the general approach that will be taken to guide our schools through re-opening to in-person learning. The main objective is to have students and staff return to an environment that: 1) minimizes their risk; 2) has a mechanism for identifying individuals with CLI; and 3) addresses positive COVID-19 cases in the school buildings. FCPS/FCCPS Leadership worked with FCHD and has agreed to the following principles.

GUIDING PRINCIPLES FOR A SAFE RETURN TO IN PERSON SCHOOLING

- Community mitigation efforts such as maintaining social distancing, the use of cloth face coverings, frequent handwashing opportunities, decreased mixing of groups, and students and staff staying home when sick are key to decreasing risk in the school buildings. Although risk cannot be eliminated, these measures are known to significantly reduce the risk of transmission.
- School policies must remain flexible and nimble to respond to new information and the school system and health department will refine approaches depending on the level of viral transmission in the school and throughout the community. Students, parents, and staff must also have flexibility as information evolves. The changes required will be communicated to the school community.
- FCPS/FCCPS require families, faculty, and staff to self-monitor their signs/symptoms and stay home when ill.
- Staff, students, and parents must familiarize themselves with the symptoms of COVID-19 and to review them before attending school every day. If they have any of the symptoms prior to taking any fever-reducing medications, they should not attend school
  - Feeling feverish and/or having chills- (if documented, a fever of 100.4 degrees F or greater)
  - New cough, not attributed to another cause
  - New shortness of breath or difficulty breathing, not attributed to another cause
  - New sore throat, not attributed to another cause
- New loss of taste or smell
- New muscle aches, not attributed to another cause

Although schools will institute some measure of daily screening of staff and students for symptoms prior to the school day, the “stay at home” message is key. Staff, parents, and students need to understand the risk they are posing to the in-building school population if an individual attends school with symptoms of CLI and it is a personal responsibility that cannot be taken lightly. **It is required that staff or student self-monitor and to stay home and not attend school if they are exhibiting any signs of CLI.**

It will also be the responsibility of staff, the student, or their family to inform the school if they
a. are sick with COVID-like-illness (CLI) listed above.
b. tested positive for COVID-19.
c. are being tested for COVID-19; or 
d. have a COVID positive person in their household, or some other known exposure, and have been instructed to quarantine.

The Health Department will initiate an in-school investigation on positive test results. Other illnesses present similarly to COVID-19 and it will not be uncommon for other illnesses to occur in both the student and staff population and these need to be ruled out through a health care evaluation, and if warranted, a COVID test. While the COVID test is pending, the student or staff person, and their household, will not be allowed to return to school until the results are known.

During an in-school investigation the Health Department will follow CDC and VDH guidance of reviewing contacts of the sick (positive) individual from two days prior to the onset of symptoms—referred to as the “infectious period”. They will begin the investigation with individuals who were within six feet of the individual for greater than 15 minutes—referred to as “close contacts”. Parents should discuss the importance of adhering to physical distancing with their students.

The school will put strategies in place to remind students and staff of social distancing, for example; one-way hallways and stairwells; markers on hallway flooring and decreasing sizes of class cohorts in hallways so that there is less chance of mixing. However it is important to know that public health guidance states that incidental contact such as passing someone in a hallway or passing close by another person momentarily in a classroom while getting a supply or handing in a paper—are not considered close contact or an at-risk exposure.

Students that feel ill, or are observed to be ill by school staff, during the day with symptoms consistent with CLI will be isolated in a pre-determined room and will be assessed by the School Health Aide (SHA). The SHA will call the parent for pick up and give follow-up guidance. Parents will be required to pick up the student immediately via private car. Students should only take the bus home as a last resort. If they need to take the bus home, they should wear a surgical mask, enter the bus last, and sit in the front seat with 6 feet of social distancing. These individuals, and their household contacts, will be excluded from school until they have seen their health care provider to seek a medical evaluation and obtain a COVID test, if appropriate. If they test positive for COVID-19 the Health Department will start an investigation. If they have an alternate diagnosis or a negative COVID test, the routine school health practices will be followed.

Isolation refers to a directed action by the Health Department where a sick person stays home and away from others so as not to pass on their illness and make other people sick. Persons in isolation with positive COVID illness will reach a point in their isolation where they are released from isolation and can return to their activities i.e. school, work etc. This occurs when an
individual has not had a fever for 24 hours without the use of fever-reducing medications AND has had improving symptoms AND it is 10 days from their onset of symptoms. At this point the Health Department will notify them they are released.

This discharge from isolation is based on CDC and VDH guidance. It is important that schools, the staff, and the student body accept that person back into the school community without fear or stigma.

- Quarantine refers to a directed action where a **well individual**, who does not have symptoms and is not sick with COVID, was exposed and is asked to stay home in case they develop symptoms during the most likely time for symptoms to appear, in this case 14 days. Persons in quarantine will reach the end of their quarantine period 14 days from the date of their last exposure to a sick individual. At this point the Health Department will notify them they are released. It is important that schools, the staff, and the student body accept that person back into the school community without fear or stigma.

- The Health Department conducts case and contact investigations regularly for many different communicable diseases in our school system and these occur every year in multiple of our schools. “Case investigation is the identification and investigation of patients with confirmed and probable diagnosis of COVID-19, and contact tracing is the subsequent identification, monitoring and support of their contacts who have been exposed to, and possible infected with the virus.” (VDOE FAQ 7/7/2020). The decisions on who is at risk after an exposure is a clear process guided by the CDC and VDH. The school system will act in accordance to the findings of the FCHD investigations as it relates to excluding students, quarantining contacts, quarantining a class or in the extreme possibility– closing a particular class or school for a time period. These decisions will be made following the foundational principles of communicable disease transmission and outbreak strategies used by the FCHD.

- Decisions on classroom or school closures need to be made on a case-by case basis and in consultation with the Health Department. The size of the class, extent of social distancing in place while the ill persons were present and infectious, extent of interactions and exposure in the area, and location of the case(s) in the class need to be assessed to determine the potential risk to others. FCPS/FCCPS decision will be based on these assessments of risk and how instruction can continue in as safe a manner as possible. (VDOE FAQ 7-7-2020)

**CASE AND CONTACT INVESTIGATIONS:**

FCHD has a long history of conducting outbreak investigations. Similar to collaborations between FCPS/FCCPS and FCHD that occur routinely for case and contact investigations of other communicable diseases, (such as measles, TB, pertussis, norovirus, influenza), FCHD will work with FCPS/FCCPS to conduct a full case investigation for all COVID-19 cases based on CDC and VDH guidance.

**A. If there is a confirmed case of COVID-19 in school, the Health Department will work closely with school administrators to determine a course of action for the school.**

The process, which will begin with the Identification of student(s) or staff with confirmed or probable diagnosis of COVID, will be as follows:

1. Isolation of the individual
   - a. The student (and their parents/guardians) or staff member will be interviewed to
determine possible exposures inside and outside of the school.
b. The student/staff will be isolated at home and the Health Department will monitor them daily.
c. For greater detail please see CDC’s Case Investigation Workflow Diagram.

2. Identification of all who had close contact (defined as 6 feet for greater than 15 minutes) with the COVID-19 positive student(s)/staff and quarantine them.
   a. Each close contact will be interviewed for symptoms, advised on what symptoms to watch out for, asked to get tested between days 5-7 after the exposure, and will be monitored by the health department for the duration of their quarantine.
   b. Coordination with the school will be required as part of the contact tracing activities.
   c. For greater detail please see the CDC’s Contact Tracing Workflow Diagram

3. Monitoring of individuals in isolation and quarantine to break the chain of disease transmission
   a. This will be accomplished through daily contact by the Health Department with the quarantined individuals.

4. If there is more than one case in a school or a class, FCHD will work to establish if there are connections between cases.
   o If it is determined there is no connection, the cases will be investigated separately to determine each individual’s close contacts as described above, FCHD will reach out to these individuals and public health actions will be directed to the family and the contacts of the case.
   o If it is determined the transmission could have occurred in the school setting, the investigation will be expanded (based on rings of exposure) to determine if a broader set of individuals in the school (e.g. a small cohort of students, a whole class or multiple classes or even the whole school, depending on the findings of the investigation) might have been exposed.
     ▪ FCPs/FCCPs, in collaboration with FCHD, will reach out to contacts individually or more broadly via a letter or some form of communication to the school community.
   o FCPs/FCCPs will also plan for increased cleaning within the school to occur according to CDC guidance.

KEY ASPECTS RELATED TO FCPs/FCCPs NOTIFICATIONS TO FAMILIES

B. Notifications to families and staff are a key component of case and contact investigations involving school settings. As noted above, there are instances where FCHD will reach out to student/families or staff directly. There will be times that coordination with the school will be required as part of the contact tracing activities. FCHD staff conducting case investigations and contact tracing will make every effort to preserve the confidentiality of the information gained through these processes and will follow strict procedures that allow for sharing the minimal amount of information that is deemed necessary to ensure protection of the health information of others.

It is important that FCPs/FCCPs works collaboratively with FCHD to use the most appropriate
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notification methods to communicate to the school community when there are public health actions for them to take. The six possible scenarios related to notifications are as follows:

1. A student or staff member was **asked to quarantine due to an exposure** they had in their household or otherwise.
   a. Quarantined individuals are not positive for COVID and not infectious and therefore no notification will be sent by the school.

2. The COVID-19 positive student or staff member was **not in the school during their infectious period**
   a. No notification will be sent from the school.

3. An ill student or staff member is being tested for COVID-19, but **results are not yet available**—the individual and household members will be asked to stay home until results are available.
   a. No notification will be sent from the school until an alternative diagnosis is ruled out and a positive test is available.
   b. Notification on the positive test will only be made to the school community if the person was in the school during their infectious period and will be directed to the groups identified in #4 and #5 below.

4. The COVID-positive student or staff member was **in the school during their infectious period and close contacts were identified**.
   a. Close contacts would be notified directly as to their next steps and others in the exposure sites that were deemed not to be at high risk, as determined by the investigation, may be notified for situational awareness but advised no further public health actions are needed by them (e.g. a lab group, a classroom, etc.).
   b. If the investigation determines all exposed can be reached, notification to the entire school community will not be sent.

5. The positive student or staff member was in school during their infectious period and **close contacts were identified in multiple exposure sites with multiple cohorts of contacts**.
   a. Close contacts would be notified directly as to their next steps and all others in the exposure sites that were deemed not to be at high risk, as determined by the investigation, will be notified for situational awareness and with exposure criteria and an explanation of why they are not deemed at risk (if warranted). They will also be advised if no further public health actions are needed by them. (e.g. multiple classrooms, the entire school)

6. If the investigation determines **there is no connection between cases and ongoing transmission within the school is suspected**.
   a. The entire school will be notified, and public health actions will be outlined, including the potential closure of the specific school.

Note: Depending on the findings of the investigations and the risk to the community, FCPS/FCCPS and FCHD may have to modify the plan for notifications.