

The Dominican

COMMUNITY *of* SCHOOLS

COVID-19 Health Plan St. Agnes Academy – St. Dominic School

The purpose of this policy is to outline the St. Agnes Academy-St. Dominic School Health Plan during the COVID-19 pandemic. The CDC, TN Dept. of Health, Shelby County Health Dept., and LeBonheur Children's Hospital guidelines have been carefully considered and adapted to address and promote the safety, health, and welfare of our students, faculty, and community. *Criteria may become more or less restrictive moving forward, depending on the most current guidelines. This is a working document and all information is subject to change.*

NOTIFICATION:

To help us track any illness, please contact the administrative assistant associated with each school division. If your student is going to be absent for illness, absent for any other reason, or check-in late, please notify the following people:

- NURSE - Sandra Miller (illness only) health@saa-sds.org
- ECC - Caitie Maurizi cmaurizi@saa-sds.org
- SAA LS - Tammy Brooks tbrooks@saa-sds.org
- SDS - Diane Pirozzi dmpirozzi@saa-sds.org
- SAA-SDS JH - Tammy Brooks tbrooks@saa-sds.org
- US - Renata Novarese rnovarese@saa-sds.org

Please be sure that parent contact numbers as well as approved persons to pick up your student in case of illness or emergency have been updated in MyBackpack as well as the emergency information form given at registration. Depending on the severity of the illness or injury, the nurse will contact an emergency contact person for the child if unable to reach the child's parent(s) first.

The ill child must be picked up and signed out with the appropriate office **within thirty minutes** of parent/emergency contact, for the safety of our faculty and other students. If there are siblings of the ill student or children of the ill staff in school, they will be checked out as well.

DEFINITIONS:

Close Contact: for COVID-19, a close contact is defined as any individual who was within 6 feet of an infected person for at least 15 cumulative minutes starting from 2 days before illness onset OR, for asymptomatic patients, 2 days prior to positive specimen collection, until the time the patient is isolated.

What counts as close contact:

- You were within 6 ft of someone who has COVID-19 for at least 15 minutes.
- You provided care at home to someone who is sick with COVID-19.
- You had direct physical contact with the person (touched, hugged, or kissed them.)
- You shared eating or drinking utensils.
- They sneezed, coughed, or somehow got respiratory droplets on you.

Cluster: a COVID-19 cluster is two or more confirmed or probable cases of COVID-19 that are linked by the same location of exposure (e.g., hospital, long-term care facility, grocery store, etc.) or exposure event (e.g., work party, vacation, etc.) that is not a household exposure.

Coronavirus: a specific type of virus named for the appearance of crown-like spikes on their surface. There are seven known types of coronaviruses that can infect human beings. A “novel” coronavirus is a new subtype of coronavirus to which human beings have not been previously exposed and are thus more susceptible to infection. SARS-CoV-2 is a novel coronavirus.

COVID-19: abbreviation of “Coronavirus Disease-2019”. The name for the actual disease state caused by the coronavirus. COVID-19 and SARS-CoV-2 are often used interchangeably, though this is inaccurate. The term “COVID-19” should be used to discuss the disease, while SARS-CoV-2 should designate the virus itself.

Epidemic: an outbreak of disease that spreads quickly and affects many individuals at the same time.

Fever: technically defined as a body temperature of **100.4° F or higher**.

Herd immunity: resistance to the spread of a contagious disease within a population that results when a sufficient number of persons are immune either through prior infection and recovery or through vaccination. Herd immunity does not begin to develop until at least 60-70% of the population has been infected and recovered.

Incubation period: the duration of time it takes for an infected person to begin to physically manifest symptoms that can be outwardly observed.

Influenza virus: another specific type of virus from a different family than coronaviruses. There are several types of influenza viruses, of which only three typically cause infection in humans on a seasonal basis.

Isolation: medical isolation refers to confining a confirmed or suspected COVID-19 case to prevent contact with others and to reduce the risk of transmission. Isolation separates sick people with a contagious disease from people who are not sick.

Low-grade temperature: classified as an oral temperature that is above 98.6° F but lower than 100.4° F for a period of 24 hours.

Pandemic: a specific type of epidemic — the outbreak of widespread disease — that spreads over greater geographic distances and affects an exceptionally high proportion of the population. Pandemics are relatively rare events, and not every epidemic qualifies as a pandemic. The World Health Organization declared the SARS-CoV-2 outbreak a pandemic in March 2020.

Quarantine: separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.

Severe Acute Respiratory Syndrome-Coronavirus-2: abbreviated as SARS- CoV-2, the scientific name of the coronavirus causing the pandemic.

Social Distancing: also referred to as physical distancing, means keeping space between yourself and other people outside of your home.

Vulnerable Individuals: 65 yrs or older; underlying medical conditions.

There remains epidemiological uncertainty, a lack of established precedent, and insufficient data to make recommendations that entirely remove risk from returning to school. It is likely that, despite the implementation of all the recommendations and safety protocols, staff and students may still be infected and develop COVID-19. The risk cannot be eliminated. All requirements set forth in this document are meant to provide children, teachers, and staff with an environment that promotes safe practices for being in the classroom, moving about the school and during activities, and limiting the amount of coronavirus in the air.

GENERAL ILLNESS:

Students who feel ill or present symptoms of illness should **not** come to school. Tylenol, Advil, Ibuprofen, Aleve, Excedrin or any other fever-reducing medications should not be administered prior to school in the event that it masks symptoms. If a student or staff needs to miss school for symptoms of **any** illness, we request you notify the appropriate division office **and** the School Nurse by email health@saa-sds.org.

Should a student or staff present symptoms for **any** illness while at school, we will escort the student to a comfortable isolation room, and they will be seen by our school nurse for evaluation. The school nurse will contact the parent and the dean regarding steps taken and whether the student or staff needs to leave.

Students or staff may return to school when the following parameters are met:

- Vomiting or diarrhea - 24 hours after the last episode
- Antibiotic therapy for a full 24 hours for bacterial infections (such as pink eye, strep throat, etc)
- Cold symptoms are mild enough so as not to interfere with participation in school activities or infect others.
- **Doctor's note of clearance with a date of return upon request from the school nurse**

St. Agnes Academy – St. Dominic School will continue to support students with acute or chronic health conditions. Short-term absences will be handled on a case-by-case basis with the parent in touch with school officials. Long-term absences will be considered if criteria is appropriate for medical leave or other potential medical accommodations.

COVID-19 SYMPTOMS:

Should a student or staff present with symptoms related to COVID-19, we will isolate them in a pre-designated, comfortable isolation room within the school division building and ask that the parent or guardian pick them up within 30 minutes. **Siblings of the ill student or children of the ill staff will be sent home as well.** For the Upper School student who drives, parents will be notified that the student is departing campus.

COVID-19 symptoms may appear 2-14 days after exposure to the virus and typically include:

High risk symptoms for COVID-19 (those that are common and relatively specific for COVID-19):

- Fever - a temperature of **100.4°** or higher without the use of fever reducers
- Persistent cough or a child that is unable to cover mouth during coughing
- Shortness of breath
- Loss of taste or smell

Low-risk symptoms for COVID-19 (those that are more common and alone do not necessarily indicate COVID-19):

- Sore throat
- Nasal congestion/nasal discharge
- Headache
- Generalized body aches or muscle pain
- Nausea/vomiting/diarrhea

Any student or staff (including all family members) with a known or possible COVID-19 exposure and/or with any one symptom in the high-risk or two in the low-risk category should be seen by a physician and should have a COVID-19 test.

Any student or staff with at least one high-risk AND/OR two or more low-risk criteria will be considered to have a COVID-19 like illness. They will be isolated in a sick room until they are picked up by a parent/emergency contact. The child or adult will have a mask on at all times, and anyone entering the isolation room will wear full PPE (isolation room kit).

COVID-19 testing is highly recommended. If an individual is ill with symptoms of COVID-19 and has obtained a doctor's note confirming the illness is not due to COVID-19 but another diagnosis confirmed by lab results (i.e. strep with positive strep test, mono, UTI), then that student/staff may return to school at the discretion of the doctor after being fever free for at least 24 hours and symptoms have improved.

However, if the diagnosis is a respiratory and viral condition that cannot be confirmed by a lab test (i.e. upper respiratory tract infection (URI), pneumonia, sore throat without positive strep test, viral illness, sinus infection, seasonal allergies, etc) the student will not be able to return to campus without a negative COVID-19 test. If not COVID-19 tested, the student/staff will be restricted from campus for 10 days from the onset of their symptoms AND must be fever free for at least 24 hours AND show symptoms have improved before returning to school. During that time the student can participate in remote learning. Siblings will need to follow restriction protocol. A doctor's note of clearance with a date of return may be needed upon request from the school nurse.

Any student or staff with only one low-risk symptom is considered less likely to have COVID-19 and will be treated and sent home if necessary per the school nurse. These students and staff will be able to return after 24 hrs if the symptom has resolved and no further symptoms develop. Doctor's note of clearance with a date of return **upon request** from the school nurse.

At this time, only nasal swab test results are accepted by the school for a COVID-19 like illness. Covid blood tests are **not** accepted by the school. Please contact the school nurse for clinics that are offering nasal swabs.

The school reserves the right to request a medical note of clearance with a date of return for any illness. We will always make decisions based on the best interest of the school community.

PENDING COVID-19 TEST:

If a student, student's household family member and caregivers (including nannies, sitters, etc...), or staff have a pending COVID-19 test result, they should not come to campus, nor should their siblings or children (staff).

Exceptions are:

- Testing without known exposure or symptoms
- Testing prior to a medical procedure or surgery
- Testing of employees on a regular basis without exposure/symptoms, example: St Jude employee, healthcare workers

POSITIVE COVID-19 TEST (Isolation):

Any student or staff with a positive COVID-19 test should stay home and NOT come to school. During isolation they can participate in remote learning if feeling well enough. They should stay at home, **isolate**, email the school nurse, and contact those individuals deemed in close contact 2 days prior to being symptomatic or 2 days prior to testing. For the safety of the school community and to help stop the spread, we ask that you notify the school of any other school community members that would be affected by your positive test. Parents should notify the Shelby County Health Dept immediately if someone in their household (adults and school-aged children) has a positive test. Sick teachers or staff should do the same. The school will also notify the Shelby County Health Dept of confirmed COVID-19 infection. The number to call is 901-426-2624 or the COVID Call Center 833-943-1658.

If staff or student is symptomatic and COVID-19 positive, return to school may occur after:

- 10 days since symptoms first appeared **AND**
- 24 hrs fever-free **AND**
- Respiratory symptoms have improved (e.g. cough, shortness of breath) **AND**
- Contact the school nurse prior to return for an assessment and return to school plan.

If staff or student tested positive for COVID-19 but had no symptoms, return to school may occur after:

- 10 days have passed since positive test **AND**
- Contact the school nurse prior to return for an assessment and return to school plan.

The School Nurse must be notified prior to faculty or student's return to school to discuss re-entry plans. Please email health@saa-sds.org to discuss a return to school plan.

CLOSE CONTACT (Restricted/Quarantine):

If a student or staff is in close contact with someone who has tested positive, then the CDC recommends you quarantine for **14 days from your last exposure**, monitor for symptoms, and follow current CDC guidelines. If symptoms develop or a student/staff has a positive test during the quarantine period, the individual must start and complete isolation as stated above.

What counts as close contact:

- You were within 6 ft. of someone who has COVID-19 for 15 cumulative minutes.
- You provided care at home to someone who is sick with COVID-19.
- You had direct physical contact with the person (touched, hugged, or kissed them)
- You shared eating or drinking utensils.
- They sneezed, coughed, or somehow got respiratory droplets on you.

In quarantine, you should stay home for 7-14 days after your last contact with a person who has COVID-19. For all the following scenarios, even if you test negative for COVID-19 immediately or feel healthy, you should stay home (quarantine) since symptoms may appear 2 to 14 days after exposure to the virus. Please note if quarantine starts at noon on day 1, then it would end at noon on the last day. Household contacts of COVID-19 positive individuals may be required to quarantine for a longer period of time, depending upon the circumstances.

If someone in your home tests positive, please let us know that the student needs to quarantine. We have plans to make sure the student can still continue learning through synchronous ("live stream") technologies and asynchronous means.

Scenario 1: If staff or students have close contact with someone who has COVID-19 and will NOT have further close contact (i.e. neighbor or friend), return to school may occur after 14 days from the date of the last close contact. Acceptable alternatives to a 14 day quarantine are after Day 10 (returning to regular activities on Day 11) without testing if the person does not have symptoms OR after Day 7 (returning to regular activities on Day 8) if the staff/student does not have symptoms and if they test negative by a PCR or antigen test collected after Day 5. Contact the school nurse prior to return for an assessment and return to school plan.

Scenario 2: If staff or students have close contact with someone who has COVID-19 whom they live with but can avoid further close contact (i.e. roommate, family member). That person has been isolated by staying in a separate bedroom and no close contact with the person since they were isolated. Return to school may occur 14 days from when the person with COVID-19 began home isolation. Acceptable alternatives to a 14 day quarantine are after Day 10 (returning to regular activities on Day 11) without testing if the person does not have symptoms OR after Day 7 (returning to regular activities on Day 8) if the staff/student does not have symptoms and if they test negative by a PCR or antigen test collected after Day 5. Contact the school nurse prior to return for an assessment and return to the school plan.

Scenario 3: If staff or students are under quarantine and have additional close contact with someone who has COVID-19, they will have to restart the quarantine from the last day they had close contact with the person who has COVID-19. Anytime a new household member gets sick with COVID-19 and you had close contact, the quarantine restarts. This quarantine time frame could range from 7-24 days. Contact the school nurse prior to return for an assessment and return to school plan.

Scenario 4: If staff or students live with someone who has COVID-19 and cannot avoid continued close contact (i.e. caring for a child, don't have a separate bedroom to isolate a sick person, or live in close quarters). If the staff or student cannot separate from the COVID-19 positive person within the home, the staff or student must quarantine for the COVID-19 positive person's (minimum) 10-day isolation period plus an additional 7-14 days. Once exposure is no longer occurring (either the COVID-19 positive person has completed their 10-day isolation or the staff/student has separated within the home), then quarantine can end after Day 14 OR after Day 10 (returning to regular activities on Day 11) without testing if the staff/student does not have symptoms OR after Day 7 (returning to regular activities on Day 8) if the contact does not have symptoms and if they test negative by a PCR or antigen test after Day 5. Contact the school nurse prior to return for an assessment and return to school plan.

NOTE: Previous COVID-19 positive cases (within the past 90 days) who are in close contact with an individual with COVID-19, do not require quarantine.

The following are acceptable alternative options to shorten quarantine time period:

- Quarantine can end after day 10 without testing and if no symptoms have been reported during daily monitoring.
- Quarantine can end after day 7 with a negative test and no symptoms have been reported during daily monitoring. The specimen may be collected and tested within 48 hrs before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7. For example, for a quarantine that would end on Day 7, the diagnostic test could be collected starting on Day 5 or thereafter.

Students and staff can discontinue quarantine at these earlier time points only if the following criteria are also met:

- No symptoms during the entirety of the quarantine period up to the time at which quarantine is discontinued; AND
- Daily symptom monitoring continues throughout quarantine Day 14; AND
- Mitigation strategies such as correct and consistent mask use, physical distancing of 6 ft or more, hand hygiene, cleaning, avoiding crowds, and continued self monitoring for symptoms are strictly adhered; AND
- If symptoms develop, the person should immediately self-isolate and contact their healthcare provider.

These updated quarantine guidelines are effective December 7, 2020.

CONTACT TRACING:

If there is a confirmed positive COVID-19 case in the cohort(s) then that cohort(s) where the exposure took place may shut down for at least 24 hours for a thorough cleaning and to allow time for complete contact tracing by SAA-SDS in consultation with the SCHD School COVID-19 Task Force. The school, in consultation with the SCHD may choose to shut down the cohort(s) for 2-5 days for cleaning and contact tracing. During that time students will participate in remote learning until further determination by SCHD. In instances where it is difficult to clearly identify close contacts, this may result in the quarantine of the entire cohort/classroom. Those who are considered close contacts should stay home and quarantine for 7-14 days from the last date of contact with the COVID-19 positive person. The SAA-SDS COVID-19 Task Force will notify those deemed to be close contacts while at school.

If a cluster of cases occurs in a cohort or school division, or if widespread exposures have occurred as a result of an infected teacher or counselor who spent time in multiple locations within that division, then that division may need to close to allow for contact tracing and cleaning. This will be done in consultation with the Shelby County Health Department.

COMMUNICATION:

SAA-SDS is committed to keeping the lines of communication open and to working together with parents to ensure the safest possible environment for your child. The school will notify parents via email if a member of your child's cohort/classroom tests positive for COVID-19. If your child is deemed to have been in close contact with an individual who has tested positive the SAA-SDS COVID-19 Task Force will notify you via email or phone call.

The school will send an email notification as well as a follow up email providing updates as needed. Emails will be sent from the Dean with the subject line *COVID-19 Cohort Update*. Due to privacy regulations names will not be shared.

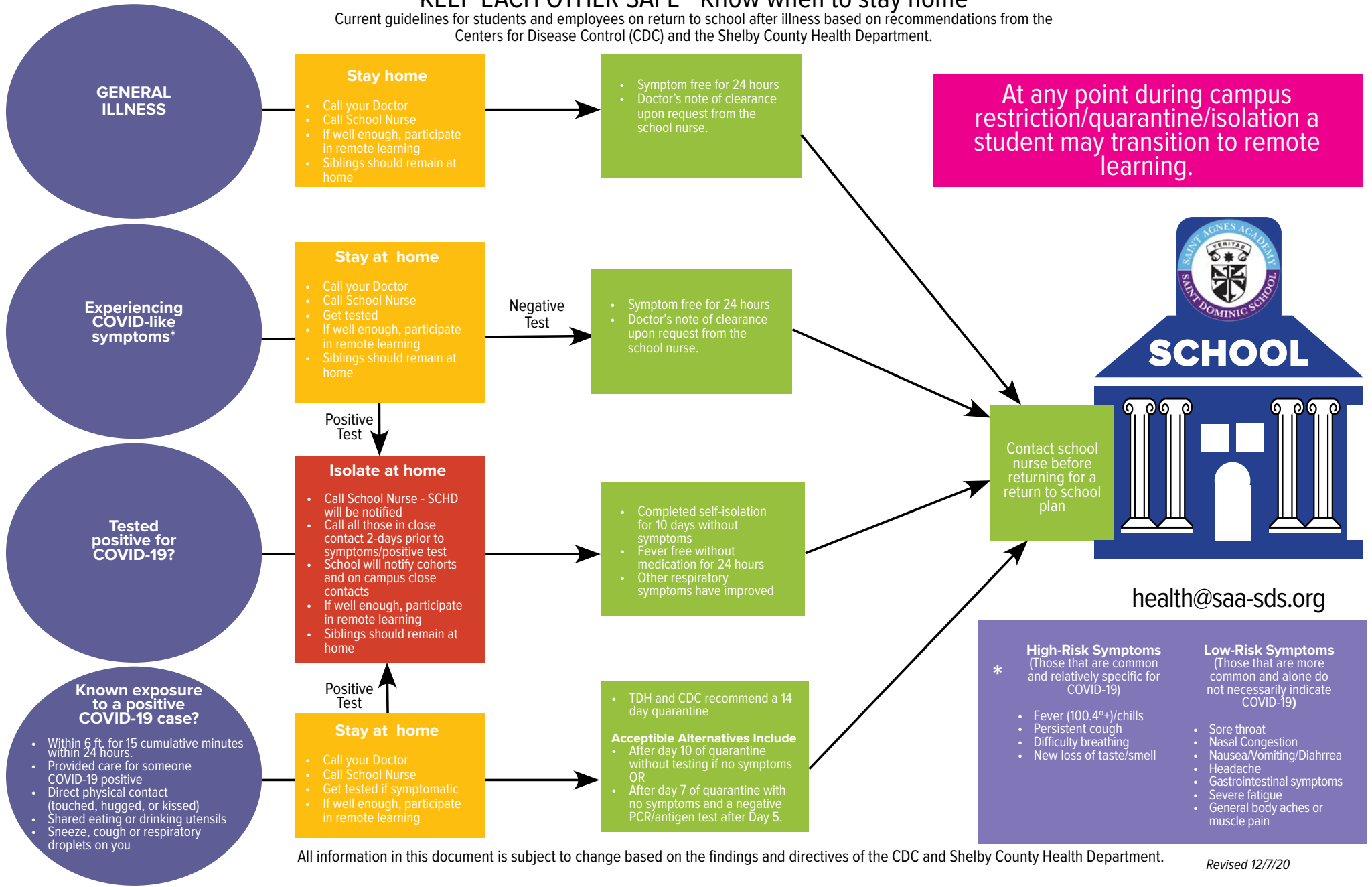
St Agnes Academy-St Dominic School has created a **COVID-19 Support Team** that is ready to provide assistance for our families. This team includes members of our health, counseling, faith, and academic departments. They will be working in coordination to ensure the physical, academic and emotional needs of our students and families are being cared for. Should your family need support during this time, please reach out to us.

SAA-SDS Health and Safety Task Force
health@saa-sds.org

Revised December 7, 2020

KEEP EACH OTHER SAFE - Know when to stay home

Current guidelines for students and employees on return to school after illness based on recommendations from the Centers for Disease Control (CDC) and the Shelby County Health Department.



All information in this document is subject to change based on the findings and directives of the CDC and Shelby County Health Department.

Revised 12/7/20