Communicable Disease Protocols
2021-2022

In the midst of the ongoing battle to gain control over the novel SARS-CoV2 Virus, DC continues our endeavor to provide a healthy school environment for in person instruction. By implementing solid and consistent public health measures, DC will apply the following health plan to all communicable disease episodes in the school setting. Please note because DC is a congregate setting, protocols and practices may differ from guidance designed for the general public. Additionally, because DC is an independent school with well-staffed and qualified health services, the measures we are able to implement may not always be congruent with the district guidance/implementation. With this said, DC will follow all government mandates instituted to limit the spread of COVID-19 both in the school and broader community.

The state required protocols will be applied to the following communicable diseases by the licensed health room staff. This list is not exhaustive but does cover the most common communicable diseases seen within a school setting.

**Respiratory**
- **COVID-19**
- Influenza
- Respiratory Syncytial Virus (RSV)
- Rhinovirus
- Other

**Gastrointestinal**
- Norovirus
- Presentation of vomiting and diarrhea
- Other

As in the past, DC must follow all regulated quarantine requirements for communicable diseases as declared by the Pennsylvania Department of Health (PADOH) and local health departments. Communicable diseases with a defined quarantine plan include but are not limited to: Mumps, Measles, Rubella, Varicella (Chicken Pox), Pertussis, Diphtheria, Conjunctivitis, COVID-19, and Influenza.

**Guidance regarding quarantine and limiting transmission is evolving as the medical community continues to learn more about this new virus. Until a clearly established protocol for this communicable disease is in effect, we may at times be constrained in the application of measures to limit the spread COVID-19 in the school setting. In school COVID-19 presence will be monitored based on the 14 day cycle of the virus.**
Public Health Protocols Specific to Limit COVID-19 in the School Setting

Symptom Monitoring
1. Students
   a. Parents are asked to assess their child(ren) every day prior to arrival at school for any respiratory or gastrointestinal symptoms.
   b. If a student arrives at school, it is assumed a parent has completed this assessment.
   c. Students will be sent to the health room if exhibiting any symptoms of illness. After being assessed by the school nurse, the student may be asked to return home until symptoms are resolved.
   d. Students with symptoms may be asked to present a negative test and/or be examined by a physician prior to returning to school

2. Faculty/Staff
   a. All faculty and staff will complete a daily symptom check prior to arrival to campus
   b. If faculty and/or staff develop symptoms during the school day, they will be assessed by the school nurse and may be asked to leave campus until symptoms resolve.
   c. Faculty with symptoms may be asked to present a negative test and/or be examined by a physician prior to returning to school.

**If your child has seasonal allergies or another health condition that might mask as a respiratory or gastrointestinal illness, please inform the respective campus school nurse.

Ventilation
1. All classrooms and common areas where students may congregate are equipped with ventilation in compliance with appropriate air exchange to limit the spread of virus.
2. Outside education or meetings will be the first choice whenever possible. This includes larger group gatherings.
3. When multiple classes or divisions gather, every effort will be made to keep classes and divisions grouped together.

Hygiene
1. Routine hand washing and use of hand sanitizer will be utilized throughout the day.
2. Cleaning and disinfection of surfaces and common use areas will be implemented daily and throughout the school as deemed appropriate.
3. All students and employees will be expected to cover their coughs and sneezes, and practice good hand hygiene.

Quarantine
Any individual who is considered a close contact must quarantine according to the CCHD and PADOH requirements. Currently there are four quarantine options available to schools.

The current definition of close contact in the K-12 classroom setting is:
- Students are within 3 feet of each other for longer than 15 minutes cumulative over a period of 24 hours regardless of masking. (If both students were three feet apart and both properly masked, the exposed individual would not have to quarantine)
- Students are unmasked and within 6 feet of the infected student. (Indoors or outdoors)

The optimal quarantine is 14 days from the date of last exposure. However, a school may opt to apply one of three quarantine options.

All quarantine options apply to individuals who are not fully vaccinated and/or have not tested positive for COVID within the previous 90 days. Vaccinated individuals are not required to quarantine if they remain asymptomatic. They will be asked to mask indoors for a specified amount of time as well as be tested following exposure.
As of December 3, schools have three options to implement as a quarantine:

1) The student remains home for 7 days and may return on day 8 if he/she has remained asymptomatic since exposure and produces a negative molecular PCR test for COVID taken on day 5, 6 or 7 post exposure.

2) The student remains home for 10 days and may return on day 11 post exposure without producing a negative molecular PCR test.

3) **Test to Stay (TTS)** On December 3, the PADOH released a third quarantine option. Test to Stay allows students identified as close contacts to remain in the classroom setting under the following conditions:
   a) Student must remain asymptomatic.
   b) Participation in TTS is based on both individuals being properly masked at the time of exposure.
   c) Student will wear a mask during the TTS program while indoors in the school setting.
   d) Student will test within 2-4 days post-exposure.
   e) Student will test again within 5-7 days post exposure.
   f) Students are considered active within the TTS program for at least 7 days. A student will have completed the TTS and will no longer be considered a close contact or active in the program if:
      i) After day 7 if they receive a negative result from at least one test administered between day 5 and day 7
      ii) If a student is not able to receive a test between day 5 and day 7, they will be released from TTS as soon as they receive a negative test result (on or after day 7), or after day 10 without symptoms, whichever comes first.
      iii) If a student tests positive while enrolled in TTS, they will isolate until the positive antigen result is confirmed or negated by a molecular PCR test for COVID 19.

**Face Coverings**

While wearing face coverings to limit the spread of communicable respiratory disease is always welcome in the school setting, *it will be optional unless otherwise communicated to the DC community.*

Masking will be applied in a nuanced and evidence-based manner to a classroom, division, or schoolwide based on discernable spread.

**Mandates**

All government mandates regarding wearing of masks in public settings will be honored by all DC faculty, staff, students and families while on campus or at school related events. If mask wearing is mandated by the government, DC and other private schools are required to honor the mandates in order for the school to remain open.

The federal directive *requiring all passengers and drivers to wear a mask on school buses*, including on buses operated by public and private school systems; remain in effect.

**Exemption**

In the event of a government mask mandate, a mask exemption form will be required. This form can be found on the DC website.

**Mask Request**

Recognizing many families will opt to continue to have their student wear a mask while in school, a form may be completed to inform your child’s teacher of this desire. This form is not required for your student to continue to wear a mask while in the school setting but it does help a teacher to know how to encourage a student in the use of their mask.
Metrics Used to Inform COVID-19 Protocols in the School Setting

The following metrics measuring the local presence of COVID-19, as well as other communicable respiratory diseases, will be used to determine use of masks and other mitigating measures in the DC school setting. These metrics will be compiled from disease reports from the three counties with the strongest presence within the DC community; Delaware, Chester, and Montgomery counties.

DC will assess the percent positivity and the incidence of disease per 100,000 in the surrounding communities weekly.

Community Presence

1. Low - masks will be optional and welcomed to be worn at all times
2. Moderate - masks will be optional and welcomed to be worn at all times
3. Substantial - if a community(ies) is in the substantial category, DC will consult with the local health department for guidance regarding mask requirements. The community spread will be balanced with what is observed within the particular DC community both on campus and within families. (see outbreak guidance below)
4. High - if communities reach the high category, the decision for universal in-school masking will be made in conjunction with the local health department and the DC medical advisory team. This decision will be based on the rate of rise in the surrounding communities and its projected impact on the DC community.
5. Additional metrics showing the burden of COVID-19 on hospitals and numbers of deaths will be considered in making these decisions with a particular focus on the impact on and role of school age children.

DC Community Presence (school wide and division specific)

1. Incidence of Disease
   - Cases brought into DC—Cases brought into a classroom will result in contact tracing and quarantine of close contacts.
   - Cases due to in school transmission—One case of in school transmission within a class or cohort will result in contact tracing, quarantine of close contacts and required mask wearing for the class/cohort. Transmission beyond classroom of case origin may result in required mask wearing in grade, division, or campus.
     These numbers are meant as guides and considerations. At any time a school may implement necessary mitigation measures as they deem necessary to limit spread of disease and need for quarantine
2. Increased absences
3. Burden of illness on the goal of in person instruction
   Staffing, number of students distance learning
4. Considerations to Shift to Distance Learning

The following information will be considered when the Administration is making a decision to possibly close a class, grade, division or campus.

A maximum 14-day suspension of in-person learning may be recommended by DOH if the following criteria are met:

- 5% of students/staff confirmed cases in a 14-day window:
  - Small school (<500 staff & students): 25 case threshold
  - Medium school (500-900 staff & students): 25-45 case threshold
  - Large school (900+ staff & students): 45+ case threshold

- OR

- Three simultaneous classroom and/or core group outbreaks when:
  - Contact tracing cannot adequately identify close contacts or be completed in a timely manner; and
  - Other mitigation strategies such as physical distancing or universal masking are not being implemented or adhered to.

The criteria outlined above will be used by DOH to determine if a recommendation for a maximum 14-day suspension of in-person learning is appropriate. DOH and PDE support continuation of in-person learning and will limit closure recommendations when possible. Recommendations for one- to two-day closures may be provided when schools need additional time to identify, notify, and exclude close contacts. Longer closures may be recommended for an entire school or specific cohort (e.g., an entire grade) when the large numbers of cases or close contacts present logistical and safety concerns. The decision to close for any length of time remains a local decision. Schools may use other criteria to determine if a suspension of in-person learning is necessary for their local school community.
**Other Considerations**

1. Cold weather seasons
2. ECC and LS students who ride public transportation will wear masks in the bus line prior to dismissal. Masks are required by federal mandate on all public transportation
3. To decrease the risk of a particular educational, social or co-curricular activity
4. To limit the spread of COVID while keeping students in class when exposure has occurred. (based on 14 day cycle of the virus)
5. Written notification will be given prior to asking students to wear masks in the school setting

**Communication**

Written communication related to COVID-19 presence on campus will occur in the following circumstances:

1. When in class transmission is determined
2. When an individual or class needs to quarantine according to the health department mandates
3. When a pivot in implementing protocols is deemed necessary

**Visitors**

1. Mask wearing will be determined by the nature of the visit to campus as well as the current protocols implemented on campus.
   a) Masks are always welcomed.
   b) Visitors who are closely engaged with students indoors will follow the current faculty protocols in place during their time on campus.
   c) Please wear a mask if you are not vaccinated and meeting in a small space indoors.
2. Additional COVID-19 safety protocols may also be in place in our buildings/facilities. Up to date protocols will be available on our Protocol Dashboard.
3. The COVID-19 health screening must be completed by all visitors on either campus through VisitU.
4. While social distancing of six feet is no longer required, we do encourage maintaining a comfortable distance from others when possible and as space allows.
5. We kindly ask that anyone feeling ill or exhibiting symptoms, to reschedule your visit. For more information on symptoms, please refer to the Chester County Health Department symptom checker.

**Vaccinations**

1. DC does not require faculty, staff, students or parents who are on campus to be vaccinated for COVID-19.
2. DC will communicate the percentage of staff and faculty who are vaccinated for COVID-19 during the 2021-22 school year.
3. DC will continue to be in compliance with all state mandated immunizations related to school attendance.
4. DC will not accommodate requests by parents for their child to be assigned to a classroom with a vaccinated teacher.
5. DC respectfully requests that proof of COVID vaccination(s) be shared with our health services to assist with in-classroom and schoolwide health management.
6. Vaccinated and unvaccinated individuals will only be distinguished when health department required quarantine is necessary. This is the same practice with other communicable diseases for which quarantine is required.

**Testing**

Rapid antigen and Molecular PCR COVID-19 testing are available to on-campus symptomatic individuals and/or individuals who have been deemed a close contact. All testing of students will be performed after obtaining parental consent.
Test Procedures
- Individuals will perform an anterior nasal swab in each nostril under the guidance of a DC health care employee.
- Results will be available within 10 minutes.
- Parents will be notified by phone if their student presents a positive test result.
- Positive Antigen Test Result
  - Followed by molecular PCR for confirmation (with parental consent)
  - Individual isolates until test results return
  - If follow up PCR is negative, at the discretion of the nurse the individual returns to campus or sent home until symptoms subside
  - If follow up PCR is positive, individual continues to isolate and follows all required health department quarantine guidance

DC Campus Covid-19 Test Proctors
Minda Garner, RN, CSN
Karissa Creedon, RN
Renee Blackburn, RN
Alice Ho, RN

Testing Locations
Upper Campus Health Room
Lower Campus Health Room

One Anothering

Please be mindful that members of our community differ in their convictions about the threat of and recommended mitigation measures for coronavirus. Some have medical conditions or hold convictions which make them very concerned about the virus and extremely cautious in mitigation measures. Others may not have such medical conditions or convictions.

Students and employees are requested to yield to the consciences of others, and to practice grace and humility when interacting over such issues. Those who do not have a high level of concern about the virus threat are requested to look with charity on those who do. And those who do have a high level of concern about the threat and mitigation measures are in the same way asked to look with charity on those who do not. Finally, we do ask that full respect be given to those, including faculty members, who may express their own desires and parameters for social distancing.