

Clarification of VDH K-12 Close Contact Definitions and Quarantine Periods September 10, 2021

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Close Contact in the K-12 Setting

Close contact means:

- Being within 6 feet of a person who has COVID-19 for a total of 15 minutes or more over a 24-hour period, or
- Having direct exposure to respiratory secretions (e.g., being coughed or sneezed on, sharing a drinking glass or utensils, kissing), or
- Caring for a person who has COVID-19, or
- Living with a person who has COVID-19.

Exception: In indoor and outdoor K-12 settings, a student who was within 3 to 6 feet of an infected student is not considered a close contact as long as both students wore well-fitting masks the entire time (see [Table 1](#), below). This exception may also be applied to school buses when the following criteria are met:

- Documented seating charts and
- Assurance that masks are worn and students remain in assigned seats, either via video monitoring if available, or attestation from the bus driver or monitor.

Students who were less than 3 feet apart for a total of 15 minutes or more are considered close contacts, even if both students wore masks. The K-12 exception does not apply to teachers, staff, or other adults. This means that the standard close contact definition is applied when assessing exposure in a K-12 setting that involves a student with an infected adult or an exposed adult. VDH will continue to monitor the science regarding the effectiveness of this close contact definition and the associated K-12 exception, and will update guidance as necessary.

School-sponsored sports and extracurricular activities are beneficial to students and can help them learn and achieve; however, schools and communities should continue to use a “classroom-first” approach. To minimize

risk of transmission in schools and protect in-person learning, safety-optimized in-person instruction should be prioritized over extracurricular activities including sports and school events, as these events are a common source of school transmission. During times of [substantial or high transmission](#), schools may want to consider prioritizing educational activities over extracurricular activities. This may mean temporarily pausing athletics and other extracurricular activities until transmission levels have declined.

Table 1. Additional details about assessing close contact exposure at K-12 schools

	Less than 3 feet between students	3-6 feet between students*	Greater than 6 feet between students
Setting: Indoor or outdoor K-12 school setting**	Regardless of whether or not students are wearing a mask, spending more than 15 minutes less than 3 feet apart is considered close contact.	<p><u>If BOTH students are wearing masks correctly and for the entire duration of contact:</u> This is not considered close contact.</p> <p><u>If only one student is wearing a mask:</u> This is considered close contact.</p> <p><u>If neither student is wearing a mask:</u> This is considered close contact.</p>	<p>This does not count as close contact.</p> <p>Mask use is not considered when determining close contact exposure.</p>

*The exception to the close contact definition only applies to student-to-student exposures in K-12 settings. The exception does not apply to student-to-teacher exposures, teacher-to-student exposures, or teacher-to-teacher exposures. For these exposures, being within 6 feet for a total of 15 minutes or more over a 24 hour period is considered close contact.

**This exception may also be applied to school buses when the following criteria are met:

- Documented seating charts and
- Assurance that masks are worn and students remain in assigned seats, either via video monitoring if available, or attestation from the bus driver or monitor.

Close Contact References

- CDC Guidance for COVID-19 Prevention in K-12 Schools
 - [cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html)
- VDH: What to do if you were potentially exposed to coronavirus disease (COVID-19)
 - [vdh.virginia.gov/coronavirus/local-exposure/](https://www.vdh.virginia.gov/coronavirus/local-exposure/)
- VDH Interim Guidance for COVID-19 Prevention in Virginia PreK-12 Schools
 - [vdh.virginia.gov/content/uploads/sites/182/2021/03/Interim-Guidance-to-K-12-School-Reopening.pdf](https://www.vdh.virginia.gov/content/uploads/sites/182/2021/03/Interim-Guidance-to-K-12-School-Reopening.pdf)

Quarantine Length

It can take up to 14 days after an exposure for you to develop COVID-19. This is why VDH and the Centers for Disease Control and Prevention (CDC) recommend people stay home (quarantine) for 14 days after their last contact with someone with COVID-19. It is safest to stay home for 14 days.

If you live with someone with COVID-19, you should stay home (quarantine) for 14 days after the last sick member of your household can end isolation and safely be around others again. If household members are able to be completely separate from the sick person, then they should stay home for 14 days after their last contact with the person. Complete separation means having no contact, spending no time together in shared spaces, staying in a separate bedroom, and using a separate bathroom.

VDH and CDC recognize that the 14-day quarantine duration can cause substantial personal burden and might lead to low compliance. Therefore, VDH allows for shorter quarantine durations as acceptable alternatives, including for teachers, staff, and students of K12 schools. (See [Table 2](#), below.) If you are not able to stay home for 14 days after your last exposure and you do not have symptoms, you have 2 options:

- Counting your date of last exposure as Day 0, you may leave home after Day 10; **or**
- If PCR or antigen testing is available, you can get tested on or after Day 5. You may leave home after Day 7 if the PCR or antigen test performed on or after Day 5 is negative.

Persons who use one of the alternatives of shorter quarantine duration are advised to continue daily symptom monitoring and to strictly adhere to all recommended mitigation strategies (e.g. masking). If any symptoms develop, they should immediately isolate (stay home) and contact their local public health authority or healthcare provider. Testing for the purpose of earlier discontinuation of quarantine should be considered only if it will have no impact on community diagnostic testing. Testing of persons seeking evaluation for infection must be prioritized. If VDH has information that indicates that diagnostic testing capacity is being strained, recommendations may be revised.

Note: A full 14-day quarantine period might be required by your school, daycare, or workplace. Contact your school, daycare, or workplace to learn more and follow its quarantine recommendations.

Table 2. Additional details about application of 7, 10, and 14-day quarantine periods

	14-Day Quarantine	10-Day Quarantine	7-Day Quarantine
When to use?	Preferred Option	If 14-day quarantine causes undue physical, mental and economic hardship, and testing cannot be obtained for the exposed person	If 14-day quarantine causes undue physical, mental and economic hardship, and testing can be obtained for the exposed person
What is the risk?	0-3% risk that the person will become positive for COVID-19 after Day 14*	1-10% risk that the person will become positive for COVID-19 after day 10*	5-12% risk that the person will become positive for COVID-19 after day 7*
Additional Considerations	May be necessary for large or uncontrolled outbreaks, or in sports teams		At-home tests are acceptable for releasing from quarantine at 7 days
<p>CDC recognizes shorter options to help reduce physical, mental and economic hardship caused by a 14-day quarantine and to increase likelihood of compliance. Local health departments should work with the local school district to adopt a policy (standard 14 day quarantine or 7-10 day quarantine based on testing availability) that will be implemented uniformly across the district.</p>			

*Numbers cited from [Science Brief: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#) and were calculated before the Delta variant became the predominant variant in the United States.

Quarantine References

- VDH K-12 Education – Coronavirus
 - vdh.virginia.gov/coronavirus/schools-workplaces-community-locations/k-12-education/
- VDH Discontinuing Isolation and Quarantine Infographic
 - vdh.virginia.gov/content/uploads/sites/182/2020/04/Home-IsolationQuarantine-Release-Graphic_FINAL.pdf
- CDC Science Brief: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing
 - cdc.gov/coronavirus/2019-ncov/science/science-briefs/scientific-brief-options-to-reduce-quarantine.html