

VDH Frequently Asked Questions for [Revised Interim Guidance for the Prevention of COVID-19 in Virginia K12 Schools](#) Updated January 26, 2022

Masking in Schools

What is the VDH recommendation regarding masking in schools? Is VDH no longer recommending universal masking in schools?

Executive Order 2 allows parents to decide if their child will wear a mask at school. Specifically, it states that parents of any child enrolled in an elementary or secondary school or a school-based early childcare and educational program may elect for their children not to be subject to any mask mandate in effect at the child's school or educational program.

While parents and families can choose for their child to not wear a mask at school, VDH recommends:

- All persons aged two and older, regardless of vaccination status, wear masks indoors in public settings when [community level of transmission](#) is substantial or high.
- People who are not [up to date](#) on COVID-19 vaccines are recommended to wear a mask indoors in public settings regardless of the level of community transmission.
- People wear a mask when they return to school on days 6-10 following a 5-day isolation or quarantine period
- People who are exposed but do not have to quarantine (e.g., students who are up-to-date or if aged 12-17 and completed the primary series) wear a mask for 10 days
- Schools review the [DOLI standard](#) for any applicable mask requirements for teachers and staff
- Individuals who cannot wear a mask complete the 10-day isolation or quarantine period at home if feasible.

Do masks work against the spread of Omicron?

CDC offers guidance on how to use [masks](#) to slow the spread of COVID-19 and states that masks offer some protection against all variants. Respirators (specialized filtering masks such as N95s) do have better filtration, and if worn properly the whole time, can provide a higher level of protection than a cloth or procedural mask. Respirators are generally recommended for adults, and have not been tested for broad use among children. More information about the Omicron variant, its transmission, and the degree of protection provided by masks continues to emerge. VDH will continue to review the evidence for mask use and update guidance accordingly.

If not all persons in a school are masking, won't this potentially result in more students and staff being identified as close contacts?

It is possible. The definition of close contact and exceptions pertaining to K-12 schools can be found [here](#). Application of this close contact definition in an environment where all persons in K-

12 schools are not masking may result in additional students or staff being identified as close contacts.

If masks are optional, are masked students in a class with an unmasked student (positive) considered to be close contacts if they were within 3-6 feet of the positive student for more than 15 minutes? And would the recommendation be to quarantine the entire class?

Yes to the first question. The definition of close contact and exceptions pertaining to K12 schools can be found [here](#). Quarantining an entire class would only be recommended if there were reason to believe the entire class had been exposed. Schools should consult their local health department on appropriate actions to take when outbreaks or clusters of COVID-19 occur in schools.

Are masks still required on school buses?

Yes. Per a [federal order](#), masks are required when using public transportation, which includes school buses.

Case Investigation and Contact Tracing

Why is VDH changing its approach to case investigation and contact tracing in the general community, including in schools?

A number of scientific and other factors reduce the utility and feasibility of universal case investigation and contact tracing for each COVID-19 case at this time. These factors include:

- 1 - The large number of asymptomatic and less severe cases due to changes in the virus and widespread vaccination in the U.S.
- 2 - Many infections are never identified by public health agencies because persons with asymptomatic or mild cases may not get tested, as well as the increasing use of “over the counter” at-home tests, which are generally not reported to public health agencies
- 3 - The highest risk of transmission to others occurring prior to symptom onset and during the first few days of symptomatic illness (or immediately after first testing positive for those who remain asymptomatic)
- 4 - The shorter incubation period of the Omicron variant. Consequently, only a very small portion of total cases and close contacts are being reached by public health contact tracers in time to prevent onward transmission.

If school officials become aware of a case of COVID-19 in a member of their school community, does VDH recommend or expect that schools notify public health of every case?

In light of these changes, generally speaking, VDH no longer expects schools to report every case of COVID-19 to their local health department. However, in consultation with their local health department, schools may continue to do so if desired and capacity allows.

Schools should continue to report suspected outbreaks to public health and situations where the school has identified multiple cases comprising at least 10% of students, teachers, or staff within a specified group (e.g., 10% in a grade, among teachers, or school-wide, etc.). Public health epidemiologists in local health departments can assist with determining if there is an outbreak and/or if there is in-school transmission.

When school officials become aware of a student, teacher or staff person with COVID-19, does VDH recommend or expect that schools will identify the school-associated close contacts of that person?

Schools are no longer expected to conduct contact tracing on every individual case of COVID-19. However, contact tracing remains one component of the layered prevention strategies approach and should be continued in partnership with local health departments when there are outbreaks and sustained transmission within schools. Regardless of the level of contact tracing at a school for COVID-19, schools should notify parents and families of a case of COVID-19 when a member of the school community becomes known to them.

What is the definition of a COVID-19 outbreak in school?

A COVID-19 outbreak is one in which 3 cases have onset of illness (or if asymptomatic, positive specimen collection date) within a 14-day period, and are epidemiologically-linked (associated in person, place and time) without another more likely source of exposure (e.g., household of close contact to a confirmed case outside of the school setting).

Schools should also report identification of multiple cases comprising greater than 10% of a group/population without well-defined epi-links (e.g., in a grade, among teachers, school-wide, etc).

When does VDH recommend isolation for students, teachers and staff for COVID-19?

VDH recommends that people who have tested positive for COVID-19, regardless of symptoms, should isolate for at least 5 days for COVID-19. For more information on when it is safe to release from isolation, please refer to this [infographic](#). A helpful [flowchart](#) intended for K12 parents can be found here.

When does VDH recommend quarantine for students and staff for COVID-19?

Generally speaking, anyone not up-to-date on COVID-19 vaccinations who learns they have had close contact with someone with COVID-19 is recommended to quarantine at home for 5 days and follow other [public health advice](#). For more information on when it is safe to release from isolation, please refer to this [infographic](#). A helpful [flowchart](#) intended for K12 parents can be found here. VDH may also recommend strong adherence to quarantine recommendations in situations of sustained outbreaks or ongoing transmission within schools. People who have recently recorded a positive test within 90 days do not need to quarantine.

If students, teachers and staff report testing positive for COVID-19, what should schools do with this information?

When cases are identified in a student, teacher or staff person and are known to school officials, VDH recommends that schools exclude these people from the school environment according to public health recommendations for isolation. In addition, schools should continue to communicate isolation and quarantine recommendations to the school community so that students, teachers and staff are aware of recommended practices. Schools are also important partners in educating parents, teachers and staff about actions to take if they are exposed such as testing, monitoring for symptoms, self-reporting illness, and staying home if they are sick. Some school communities may expect higher levels of contact tracing than others.

If students, teachers and staff report being a close contact of a COVID-19 case, what should schools do with this information?

Schools may not always be aware of which persons in their school community are recommended to quarantine at any given time. When close contacts who are recommended to quarantine are identified in a student, teacher or staff person and are known to school officials, VDH recommends that schools consider excluding these people from the school environment according to public health recommendations for quarantine. VDH acknowledges that quarantine may not always be practicable for all people. An alternative to traditional quarantine is Test to Stay.

Schools are also important partners in educating parents, teachers and staff about actions to take if they are exposed such as testing, monitoring for symptoms, self-reporting illness, and staying home if they are sick. Some school communities may expect higher levels of contact tracing than others.

Are school officials required to exclude children who are known to be close contacts from school? What entity has the authority to make the decision whether a student should stay home from school?

VDH provides [recommendations for quarantine and isolation](#). The State Health Commissioner has the authority to order isolation or quarantine in certain circumstances. In the vast majority of

situations, people cooperate with public health and voluntarily isolate and quarantine. The decision to order isolation or quarantine is taken very seriously and is only invoked when absolutely necessary.

Schools have the authority to direct a student to stay home from school due to illness or exposure to COVID-19 as per school policy, and should consider CDC and VDH recommendations on isolation or quarantine when making these decisions, as they do for other communicable diseases.

Why do students who are fully vaccinated not need to quarantine and can stay in school? Can't vaccinated persons also contract and transmit COVID-19 to others?

Yes, but their risk is much lower than for unvaccinated persons. People who are up-to-date on their COVID-19 vaccines by getting all recommended doses, including booster doses if eligible, have the highest level of protection against COVID-19 from Omicron. Early studies from other countries suggest reduced effectiveness of COVID-19 vaccination against symptomatic Omicron infection, but moderate to high protection in people following a booster dose. A [CDC study](#) found that during the emergence of the Omicron variant adults who were unvaccinated had 5 times the risk of infection compared to adults who were fully vaccinated and boosted and 3 times the risk of infection compared to adults who were fully vaccinated with no booster dose. Additionally, a [study of transmission](#) (or spread) of the virus in Danish households found that people who were fully vaccinated and boosted generally had reduced transmissibility. Comparatively, unvaccinated people had higher transmissibility than those fully vaccinated but not boosted. Given the increased protection against Omicron infection and the reduced transmissibility following a booster dose, those who have received a booster dose are at lower risk of SARS-CoV-2 infection and at lower risk of spreading to others after coming into close contact with someone with COVID-19.

In summary, vaccination decreases the chance that an individual will become infected with the virus that causes COVID-19 and further transmit the virus to others. However, booster doses are needed to provide higher vaccine effectiveness against the Omicron variant. Unvaccinated individuals remain the most vulnerable to COVID-19 infections.

VDH recommends that everyone stay up-to-date with COVID-19 vaccinations.

- Children ages 5-11 years who have completed their primary series are up-to-date.
- Students ages 12-17 years old who completed their primary series but have not yet received all eligible boosters can forgo quarantine at this point in time, to allow time for them to catch up on booster doses. These students are advised to continue to monitor symptoms and take other precautions such as masking for the 10 days following known exposure.

Who is the responsible party for decision making regarding closure of classrooms when outbreaks occur? Is this a local public health decision or decision of the Local Education Agency (LEA)?

The local school district makes the decision, in consultation with local health departments.. During outbreaks with sustained transmission in schools, local health departments can make recommendations on appropriate steps to reduce transmission and prevent further spread.

Public health will make recommendations based on the specific risks of an outbreak. Examples of the strategies that may be considered include:

- Notification to parents of cases identified in classrooms
- Maintaining daily or weekly dashboards or reports of total cases identified throughout school as a method of providing school-wide situational awareness on presence of COVID-19.
- Increased messaging that parents may opt for children to wear masks as a strategy to reduce disease transmission. Encouraging mask use among teachers/staff.
- Temporary pause in non-educational activities when it is related to the outbreak (e.g., sports and extracurricular activities)
- Temporary pause in higher risk activities in the school environment (e.g., indoor singing/live performances; large in-person activities, etc) if it is related to the outbreak
- Increased physical distancing and cohorting
- Increased education about hand washing, ventilation, respiratory etiquette, staying at home while ill, etc.
- Decreased nonessential visitors, volunteers, and activities involving external groups or organizations
- Increased testing of students, teachers, and staff
- Cleaning and disinfection to remove potential virus on surfaces, which further reduces any risk of spreading infection.

Should schools and local health departments also consider impacts to local health care systems when making decisions about COVID-19 mitigation measures in schools?

Schools should make decisions based upon the situation in the school, but after consultation with the local health department. Even when the circulating variant of COVID-19 is not causing severe illness in children or adults, variants that are very transmissible such as Omicron can result in large volumes of patients seeking care at hospitals and health care facilities. Considering impacts to health care systems is an important component of decision making related to mitigation strategies. Local health departments monitor hospitalization trends and data on health care capacity and can provide information to school officials to help with decision-making.

Are there any special considerations for classes such as chorus or band?

Activities that increase respiration, such as singing, can generate an increased amount of respiratory droplets and aerosols that may contain the COVID-19 virus if a person is infected. Schools may wish to consider several prevention strategies such as increased distancing, reminders about masking as prevention, screening testing, cohorting, and moving performances outside where feasible.

Testing

Will the ViSSTA program continue to be offered to schools?

Schools may continue to implement the ViSSTA screening testing program. Screening testing remains an important mitigation strategy to prevent transmission of COVID-19 in schools. Screening testing can help promptly identify and isolate cases, which then can assist in identifying those who may have been exposed to COVID-19 and are not fully vaccinated so that they can be told that it is recommended they quarantine, and identify clusters or outbreaks of COVID-19 earlier. This can help reduce the risk to students, teachers and staff, and controlling outbreaks before they expand can help limit any disruption to in-person education. Please visit the ViSSTA website for more information, or contact your designated K12 Testing Coordinator.

The Revised K12 Interim Guidance emphasizes testing. Are there enough tests available to implement widespread school testing programs?

School divisions participating in ViSSTA and Test to Stay initiatives are receiving support for testing. VDH has provided vendors to conduct PCR screening testing at schools and has also provided supplies of at-home antigen test kits for Test to Stay and/or diagnostic testing for members of the school community who have symptoms or known exposure. Please visit the K12 Testing webpage for more information or contact your assigned K12 Testing Coordinator if you have additional questions.

Do parents have to notify the schools if their child tests positive?

VDH and DOE expect that parents would adhere to the best practice of keeping their child home from school if their child has signs/symptoms of COVID-19 or has a positive test for COVID-19. Parents should follow local school policy regarding notification to school officials regarding positive tests of students. VDH recommends that persons with a positive test result stay home for the recommended isolation period, follow other public health advice, and notify their close contacts of potential exposure. Staying home

from school or work when we are sick is one of the most effective ways to prevent the transmission of COVID-19.

Can schools accept antibody tests in lieu of negative molecular or antigen tests?

Not recommended. The CDC [advises](#) that antibody testing is not a replacement for virologic testing and should not be used to establish the presence or absence of acute SARS-CoV-2 infection. Individuals who test positive by direct viral detection methods for SARS-CoV-2 (such as antigen detection tests) typically do not develop measurable antibodies until 7-14 days after their illness begins.

Antibody testing is not recommended for Test to Stay as it would not provide accurate information on whether the student has an acute infection with SARS-CoV-2 (the virus that causes COVID-19), which is necessary to determine if a student needs to immediately isolate at home or can proceed to in-person instruction. VDH recommends the use and has provided supplies of the eMed Abbott BinaxNOW rapid antigen test kits for schools participating in Test to Stay.

As a reminder, public health does not recommend nor require a test to be released from isolation.

Test to Stay

Is Test to Stay (TTS) still needed?

Yes. The new guidance and shift to more outbreak focused containment strategies will likely result in fewer school age children being identified as close contacts and therefore fewer children identified as needing to quarantine. When children are identified as needing to quarantine (e.g. as part of an outbreak investigation), Test to Stay is a helpful strategy to keep kids in school during their 5 day recommended quarantine period.

Many schools already implement screening testing programs through the ViSSTA program, and have supplies for diagnostic testing for those persons who present with signs/symptoms of illness or are close contacts of an individual with COVID-19.

Schools may utilize testing programs to meet their needs, which may be more generalized testing for the school population, or more focused testing targeted to classrooms, grades, or other groups where an increase in cases or an outbreak is suspected. VDH encourages the use of screening and diagnostic testing as a tool to mitigate new introductions into schools.

If interested, can schools still enroll in the Test to Stay program?

Yes. VDH continues to support interested schools in implementing Test to Stay. School divisions can still send in their attestation forms. School divisions interested in [Test to](#)

[Stay](#) can contact test2stay@vdh.virginia.gov with any questions and visit the [VDH Test to Stay Website](#) for more information.

Must a school division have a universal masking mandate to participate in "Test to Stay"?

No. A parent has the choice of whether or not their student participates in the Test to Stay program. If a parent consents to the student's participation in the program, then the parent agrees to the student wearing a mask at all times (except for when eating and drinking) for 10 days after the exposure. The [consent form](#) is clear on this expectation.

If the parent consents for their student to participate in the test to stay program, then the school can require the student to wear a mask for 10 days following exposure to stay in school. If the student does not wear a mask, then the alternative is to quarantine. This is in line with the new [flow chart](#). Schools implementing Test to Stay should consider privacy and confidentiality concerns for students participating in Test to Stay in light of any other school masking policies.

Department of Labor and Industry (DOLI)

Does the Virginia Department of Labor and Industry (DOLI) Emergency Temporary Standard require employees to wear masks when COVID-19 rates are high? And does this include teachers?

The [Virginia DOLI Standard](#) states that employers shall provide and require employees that are not fully vaccinated, fully vaccinated employees in areas of substantial or high community transmission, and otherwise at-risk employees (because of a prior transplant or other medical condition) to wear face coverings or surgical masks while indoors, unless their work task requires a respirator or other PPE. Exceptions are provided in the standard.