

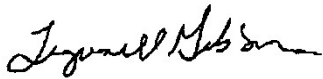


# Health Mitigation Plan

2022 - 2023



Health Mitigation Plan  
Norfolk Public Schools  
800 East City Hall Avenue  
Norfolk, VA 23510



Dr. Lynnell T. Gibson, Chief Schools Officer



Dr. Dennis Moore, Senior Director, Student Wellness

Plan developed in consultation with the Norfolk Department of Public Health.

## Table of Contents

NPS Division-Wide COVID-19 Team .....	3
Pandemic Legislation .....	4
Primary Strategies to Prevent the Spread of COVID-19 .....	6
Individuals that Develop Symptoms at School .....	9
Isolation .....	10
Ending Isolation .....	12
Preparing for When Someone Gets Sick .....	14
CDC Metrics .....	16
COVID-19 Community Level Indicators .....	19
Masks in Virginia PreK-12 Schools .....	22
Guidance from the CDC and VDOE - Mitigation Strategies .....	23
Guidance from the CDC and VDOE - School Operations .....	25
Criteria Considered when Looking at Local Health Conditions .....	26
Monitoring Absences Due to Covid-19 .....	26
Maintaining Healthy Environments and Operations .....	27
CDC COVID-19 Guidance .....	27
Cleaning and Disinfection Protocols .....	28
Continuity of Operations .....	29
Protecting Vulnerable Individuals .....	30
Testing Requirements .....	30
What Could Trigger the Closing an Individual Class or a School? .....	31
Volunteers .....	33
Communications Strategy .....	34
Student Health Services .....	35
Mental Health Services .....	36
Concluding Themes .....	37
Appendix A .....	39
Appendix B .....	42
References .....	43

## **NPS Division-Wide COVID-19 Team**

<b>Superintendent of Schools</b>	Dr. Sharon I. Byrdsong (628-3830)
<b>Chief Schools Officer</b>	Dr. Lynnell Gibson (628-3989)
<b>Chief Academic Officer</b>	Dr. James Pohl (628-3834)
<b>Chief Operations Officer</b>	Mr. Richard Fraley (628-1172)
<b>Chief Instruction and Instructional Technology Officer</b>	Dr. Michael Cataldo (628-3930)
<b>Chief Human Resources Officer</b>	Mr. Dandridge Billups (628-3905)
<b>Executive Director, Secondary Schools and Programs</b>	Dr. Barbara Kimzey (628-3989)
<b>Executive Director, Elementary Schools (Cluster 1)</b>	Dr. D. Jean Jones (628-3989)
<b>Executive Director, Elementary Schools (Cluster 2)</b>	Dr. Doreatha White (628-3989)
<b>Senior Director, Student Support Services</b>	Mrs. Carol Hamlin (628-3931)
<b>Sr. Director, Facilities Management/Custodial Services</b>	Mr. Daniel Johnson (628-3385)
<b>Senior Director, Student Wellness</b>	Dr. Dennis Moore (628-3931)
<b>Senior Director, School Nutrition</b>	Mrs. Lisa Winter (628-2760)
<b>Senior Coordinator, School Guidance and Counseling</b>	Mrs. April Harmon (628-3901)
<b>Senior Director, Risk Management</b>	Dr. Alisha Boring (628-3856)
<b>Director, Transportation</b>	Mrs. Ashley S. Fussell (892-3320)
<b>Director, Communications and Community Engagement</b>	Mrs. Michelle Washington (628-3459)
<b>Senior Coordinator, Athletics</b>	Mr. Stephen Suttmilller (628-3477)
<b>Nurse Manager</b>	Mrs. Shelley Lewis (837-8226)

### **School Covid-19 On-Site Teams**

The Principal/Site Coordinator will act as the primary point person at each school facility for Covid-19 concerns. The school nurse will work collaboratively with the principal/site coordinator to support school pandemic needs.

### **Norfolk Public Health Department (NPHD)**

NPHD Contacts:

- Ms. Delores Paulding - Nurse Manager (683-2788)

- Ms. Michelle Burnette - Epidemiologist (683-8384)
- Dr. Annie Williams – Deputy Director (683-2800)

**As concerns related to COVID-19 arise, the following NPS employees will be the primary contacts for communicating with the Norfolk Public Department of Health.**

- Mrs. Shelley Lewis, NPS Nursing Supervisor (837-8226)
- Dr. Dennis Moore, Senior Director, Student Wellness (617-9045)

## **Pandemic Legislation**

### **Virginia Senate Bill 1303**

Virginia Senate Bill 1303 (Appendix A) requires each school board to offer in-person instruction to each student enrolled in the local school division in a public elementary and secondary school for at least the minimum number of required instructional hours. It also requires that each student enrolled in the local school division in a public school-based early childhood care and education program be enrolled for the entirety of the instructional time provided pursuant to such program.

The bill requires each school board to provide such in-person instruction in a manner in which it adheres, to the maximum extent practicable, to any currently applicable mitigation strategies for early childhood care and education programs and elementary and secondary schools to reduce the transmission of COVID-19 that have been provided by the federal Centers for Disease Control and Prevention.

### **Virginia Senate Bill 739**

Since Virginia Senate Bill 1303 was passed, additional legislation related to COVID-19 has passed (Appendix B). The Virginia Assembly passed Senate Bill 739 on February 16, 2022. The law went into effect on Monday, March 1, 2022.

The legislation states:

“The bill permits, notwithstanding any other provision of law or any regulation, rule, or policy implemented by a school board, school division, school official, or other state or local authority, the parent of any child enrolled in a public elementary or secondary school, or in any school-based early childhood care and education program, to elect for such child to not wear a mask while on school property. The bill provides that no parent making such an election shall be required to provide a reason or any certification of the child's health or education status and no student shall suffer any adverse disciplinary or academic consequences as a result of this parental election.”

Effective February 25, 2022, the CDC is exercising its enforcement discretion to not require that people wear masks on buses or vans operated by public or private school systems, including early care and education/child care programs. The CDC is making this change to align with [updated guidance](#) that no longer recommends universal indoor mask wearing in K-12 and early education settings in [areas with a low or medium COVID-19 Community Level](#).  
<https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html>.

On March 18, 2022, the City of Norfolk School Board voted to end mandates that required students to wear masks on school buses. Additionally, bus drivers, bus attendants, staff and visitors to Norfolk Public Schools’ buildings and schools are no longer required to wear masks. Both actions took effect on March 18, 2022. The School Board’s resolution states that the Centers for Disease Control and Prevention has eliminated the federal requirement that students must wear masks while on school buses and has updated its guidance regarding masking against COVID-19. The resolution encourages families to decide whether to mask while on NPS property.

Superintendent Dr. Sharon I. Byrdsong has the authority to temporarily re-impose mask requirements if needed to follow the recommendations of the CDC and will report that decision as soon as possible to the NPS School Board.

The exemption to wearing a mask will not apply in the following circumstances:

1. A student or staff member is actively symptomatic and is being sent to the nurse/designee for assessment of potential COVID-19 symptoms.
2. A student or staff member has been quarantined for 10 days due to COVID, and it has been determined that the student/staff member may return to school, fever and symptom free, during days 6 through 10 of their quarantine. Returning early from quarantine requires that students or staff members are able to socially distance from others and wear a mask appropriately for days 6 through 10 of the quarantine period. Those that cannot or will not wear a mask for days 6 through 10 of their quarantine will not be able to return until a full 10-day quarantine has been completed (fever/symptom free).

## **Primary Strategies to Prevent the Spread of COVID-19**

### **Monitoring of COVID-19 Community Levels (Low, Medium, High)**

- These levels consider COVID-19 hospitalization rates, healthcare burden, and COVID-19 cases.
- Suggested Layered mitigation strategies when community levels are low or medium, are different than when community levels are high.

### **Low/Medium Community Levels**

Mitigation strategies when community levels are low or medium include:

- Promotion of vaccination efforts - Make vaccinations available on-site by hosting school-located vaccination clinics (when services are available), or connect eligible children, students, teachers, staff, and families to off-site vaccination locations.
- Individuals should isolate themselves from school after testing positive for COVID-19.
- Staying home when sick - People who have symptoms of respiratory or gastrointestinal infections, such as cough, fever, sore throat, vomiting, or diarrhea, should stay home.
- Testing if you suspect you are sick - Testing is recommended for people with symptoms of COVID-19 as soon as possible after symptoms begin. People who are at risk of getting

extremely sick with COVID-19 who test positive should consult with a healthcare provider right away for possible treatment, even if their symptoms are mild. Staying home when sick can lower the risk of spreading infectious diseases, including COVID-19, to other people.

- Maximizing ventilation
  - Open windows
  - Use of HEPA (High Efficiency Particulate Air) Filter ventilators in the highest-risk areas (clinics, isolation rooms, small meeting rooms, front offices). Air sanitizers may be used in other areas as available.
  - Holding activities outside when it is safe, practical, and appropriate
- Hand hygiene
  - Handwashing with soap and water should take place as often as is practicable.
  - Hand sanitizers should be used to supplement hand washing and when hand washing is not possible.
  - Schools and early childhood education programs should teach and reinforce proper handwashing to lower the risk of spreading viruses.
- Cleaning of hard surfaces
  - If a person positive for COVID-19 has been inside a school or ECE facility within the last 24 hours, the space that they occupied should be cleaned and disinfected.

### **High Community Levels**

When community levels are HIGH, additional layered mitigation strategies may be considered.

Mitigation strategies when community levels are high include:

### **Masking**

- Masks may be optional for use by students, staff, and visitors, but they are an effective mitigation strategy and their use is encouraged, especially in circumstances when social distance cannot be maintained.



- Masks are required by staff for use in healthcare settings such as the clinic when students/staff requiring care are present.
- Masking should not be used with those under two years of age or those with disabilities that prevent appropriate and safe use.
- Because mask use is not recommended for children ages younger than 2 years and may be difficult for very young children or for some children with disabilities who cannot safely wear a mask, early childhood education (ECE) programs and K-12 schools may need to consider other prevention strategies, such as improving ventilation and avoiding crowding when the COVID-19 Community Level is medium/high **or** in response to an outbreak (3 or more cases in a group of students).

## **Testing**

Those seeking to perform COVID-19 testing at schools should obtain parental consent for minor students and assent/consent from students themselves, when applicable. Communication strategies should consider the needs of people with limited English proficiency who require language services, and individuals with disabilities who require accessible formats.

Confidentiality of students and staff tested should be maintained to the degree possible when addressing potential medical concerns.

CDC no longer recommends routine screening testing of all students in K-12 schools. However, at a high COVID-19 Community level, K-12 schools and ECE programs can consider implementing screening testing for students and staff for high-risk activities. Examples include:

- Close contact sports
- Band
- Choir
- Theater
- Cheerleading
- During specific events
  - Prom

- Graduation
- Tournaments
- Group travel
- When returning from breaks (holidays, spring break, at the beginning of the school year)
- Schools serving students who are at risk of getting extremely sick with COVID-19
  - Moderate or severe immunocompromised students
  - Students with complex medical conditions

### **Diagnostic Testing**

- K-12 Schools and Early Childhood Education programs can offer diagnostic testing for students and staff with symptoms of COVID-19 or who were exposed to someone with COVID-19.
- Students and staff can be referred to a community testing site, healthcare provider, or to use an at-home test.
- Covid-19 tests of any kind should not be administered to minor students without parental consent.

### **Screening Testing**

- Screening testing identifies people with COVID-19 who do not have symptoms or known or suspected exposures.
- Screening testing is a proactive step that can be used to prevent further spread of COVID-19.

## **Individuals that Develop Symptoms at School**

Students or staff who come to school with symptoms or develop symptoms while at school should be asked to wear a well-fitting mask or respirator while in the building and be sent home. They should be encouraged to get tested if testing is unavailable at school.

Symptomatic people who cannot wear a mask (under two years of age/significant disabilities/cannot remove mask by themselves) should be separated from others as much as possible. Children that are positive for COVID-19 should be supervised by a designated caregiver who is wearing appropriate PPE equipment until the student/staff member leaves school grounds.

**Possible Symptoms of Covid-19 Include:**

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

## **Isolation**

The following recommendations do not change based on COVID-19 Community Levels. Those positive for COVID-19 infection should be isolated from others to avoid spreading the infection to others.

If you are positive for a COVID-19 infection, you can spread the virus to others. There are precautions you can take to prevent spreading it to others including isolation, masking, and avoiding contact with people who are at high risk of getting very sick. Isolation is currently only being used to separate people with confirmed or suspected COVID-19 from those without COVID-19.

Requiring that people stay home is **no longer recommended** for people who have **only been exposed** to individuals that are positive for COVID-19.

Schools should send out a general notification that indicates if a fellow staff member has tested positive. The notification should indicate that they need to monitor themselves for symptoms.

Individuals that have been reported as positive should still be reported on the Health Incident Report so that accurate data can be collected and monitored.

Continued promotion of vaccines is an effective strategy for prevention.

### **When to Isolate**

Regardless of vaccination status, those that have tested positive for COVID-19 should isolate away from others. One should isolate themselves if they are sick and suspect that they have COVID-19 but do not yet have test results.

If an individual tests positive for COVID-19, they should stay home for at least 5 days and isolate from others in their home. Those that are typically positive are most infectious during these first 5 days. CDC recommendations suggest that those isolated:

- Wear a high-quality mask if you must be around others at home and in public
- Do not go places where they are unable to wear a mask
- Do not travel
- Stay home and separate from others as much as possible
- Use a separate bathroom, if possible
- Take steps to improve ventilation at home, if possible
- Do not share personal household items, like cups, towels, and utensils
- Monitor your symptoms. If you have an emergency warning sign (like trouble breathing), seek emergency medical care immediately

**When you have COVID-19, isolation is counted in days, as follows:**

If you test positive but have **had no symptoms**

- Day 0 is the day you were tested (not the day you received your positive test result)
- Day 1 is the first full day following the day you were tested
- If you develop symptoms within 10 days of when you were tested, the clock restarts at 0 on the day of symptom onset

If you test positive and have **had symptoms**

- Day 0 of isolation is the day of symptom onset, regardless of when you tested positive
- Day 1 is the first full day after the day your symptoms started Isolation

## **Ending Isolation**

### **Returning to Work**

If you had no symptoms, you may end isolation after day 5 if:

- You are fever-free for 24 hours (without the use of fever-reducing medication)
- Your symptoms are improving

If you still have fever or your other symptoms have not improved, continue to isolate until they improve.

**Regardless of when you end isolation, you are required to mask and socially distance from others on days 6-10.**

Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.

### **Removing Your Mask**

**After you have ended isolation, you should continue to wear your masks through day 10. After you have ended isolation, if your COVID-19 symptoms recur or worsen, restart your isolation at day 0. Talk to the school nurse or a healthcare provider if you have questions about your**

symptoms or when to end isolation. People who are not able to wear a well-fitting mask or respirator should isolate for 10 full days.

### **Responding to Outbreaks**

If a school or ECE program is experiencing a COVID-19 outbreak they should consider adding prevention strategies regardless of the COVID-19 Community Level. Outbreaks are defined as (3) cases within a specified core group of students/staff members.

Strategies that can help reduce transmission **DURING AN OUTBREAK** include wearing a well-fitting mask, improving ventilation (for example moving school activities outdoors, opening windows and doors, using air filters), screening testing, and case investigation and contact tracing.

### **What Counts as Fully Vaccinated?**

- Moderna – 2 shot vaccination series with 28 days in between first and second dose –  
Booster after 6 months from second dose
- Pfizer – 2 shot vaccination series with 21 days in between first and second dose -  
Booster after 6 months from second dose
- Johnson and Johnson - 1 shot vaccine - Booster after 2 months from original dose

### **Who is Eligible to Receive 1 or more Booster Doses?**

Individuals are eligible to receive a first booster dose of an mRNA COVID-19 vaccine if it has been at least 5 months since their completed Pfizer-BioNTech or Moderna primary series or at least 2 months since their completed J&J/Janssen single-dose vaccine.

- CDC recommends COVID-19 vaccines for everyone ages 6 months and older, and boosters for everyone ages 5 years and older if eligible
- Some **should** receive a second booster dose:
  - Those ages 50 years and older

- Those aged 12 years and older who are moderately or severely immunocompromised
- FDA/CDC guidance is currently under development for a new generation of vaccines that address more recent variants.

## **Preparing for When Someone Gets Sick**

### **Isolation Room Guidance**

Collaborative efforts have been undertaken to develop a guidance plan and guidance documents that addresses concerns regarding the use and staffing of the isolation room in instances where students or employees are determined to have symptoms that could be associated with COVID-19. An overview of the plan is described below.

Each school is unique; therefore, principals/administrative designee(s) will ensure collaboration among all staff affected, including the nurse, other staff who are designees, and administrators to create a workable plan for the school. The principal will establish a COVID-19 Response Team (CRT) that includes the principal, assistant principal(s), school nurse(s), and at least 4/5 designees (possibly school data specialist, office manager, office secretary, support staff, athletic director, paraprofessional, ISS monitor, wellness assistant). The school nurse will provide training for the COVID-19 Response Team (CRT) and submit a list of the CRT to the Senior Director of Student Wellness.

This training will include:

- administration of medication
- understanding and implementing layered mitigation strategies
- appropriate donning and doffing of PPE
- how to use an air purifier

### **Process**

Isolation room protocols and procedures are currently in effect and require the use of a team of trained and vaccinated individuals to limit the amount of exposure that one person may experience when working with potentially COVID-19 positive students and staff members.

- Initial assessment of whether a student should be isolated will be made by the nurse/or staff member who is serving as the designee in the absence of the nurse. The nurse will then communicate with the principal the need to activate the isolation room protocol, when applicable.
- If the school nurse cannot stay with the student in the isolation room due to skilled nurse specific duties required of other students, the school nurse will inform the principal so that the designee can stay with the student in the isolation room.
- When the isolation room needs to be staffed for longer than 30 minutes, switching staff members is recommended. Whenever the isolation room is activated, the nurse should notify the alternate staff members who will serve in the isolation room that they may be called upon to cover the isolation room. The duration of each staff member's rotation in the isolation room will not exceed 60 minutes. As each new staff member rotates into the isolation room, the next staff member on the CRT will be notified that he/she will be next to staff the room.
- The principal/administrative designee will be kept informed of when students in the isolation room are picked up or have not been picked up. The principal will implement appropriate measures regarding the individual situation in cases where immediate student pick-up does not occur.
- If applicable, isolation rooms may be equipped with partitions (clear shower curtains are a suggestion) to provide additional separation between students in the room. Six feet social distancing must be maintained for any/all students and staff in this room.
- Paraprofessional staff who serve as 1:1 attendant for students with disabilities must accompany their assigned student into the isolation room if that student needs to be isolated. The paraprofessional will put on the appropriate PPE to be in the isolation room. The paraprofessional must remain with the student until the student is picked up.



- The principal/administrative designee will identify an appropriate method of communication for use between the isolation room and other staff. This may be by phone or radio, as appropriate for the school.

Isolation Cart – located right outside the isolation room or in an area where the designees can easily access isolation room instructions and PPE.

Isolation PPE located on the isolation cart should include gloves, gowns, KN95 masks, surgical masks, face shields and/or goggles.

### **Facilitate Safe Transportation of Those who are Sick to Their Home or Healthcare Facility**

- If an individual staff member is unable to drive home or do not have a vehicle on site, the infected individual must be isolated while waiting for the ride home or to the doctor.
- Students will not be able to self-transport. A parent/guardian or someone authorized to pick up the student must pick up the student.
- Any individual presenting with emergency signs/symptoms of COVID-19 (e.g., acute respiratory distress) will receive emergency treatment and care.
- In case of a medical emergency, 911 will be called to address the needs of the sick individual.
- The sick individual's emergency contact will be notified immediately to notify them of the COVID-19 infection concerns.
- The designated crisis plan at each school facility will be utilized when appropriate, and the individual will be transported to the nearest emergency department via ambulance.

## **CDC Metrics**

Various sources of information are reviewed when looking at how Covid-19 transmission is impacting local public health conditions. Layered mitigation strategies are in place to reduce the transmission of COVID-19. To measure the effectiveness of the layered mitigation

strategies, CDC Metrics are monitored on an ongoing basis, and the information provides insight into current conditions.

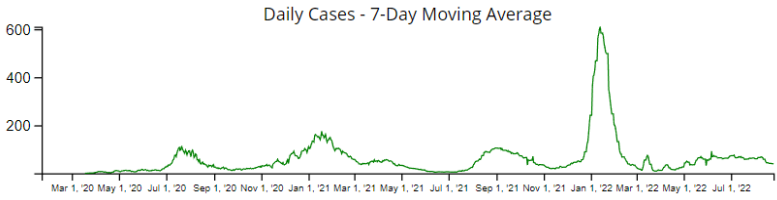
Three primary COVID-19 indicators that are reviewed are: the total new cases per 100,000 persons in the past 7 days; the percentage of Nucleic Acid Amplification Tests (NAATs) that are positive during the past 7 days; and the current levels of community transmission. The indicators provide quantitative measures of COVID-19 transmission levels.

**COVID-19 Transmission Levels**

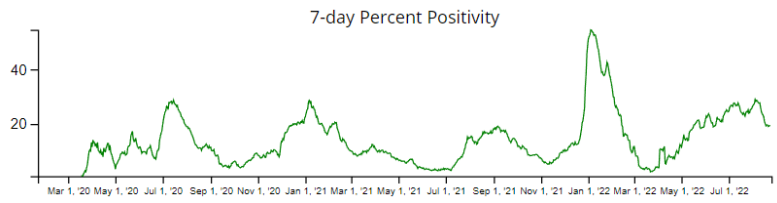
Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
	Total new cases per 100,000 persons in the past 7 days	0 - 9.9	10 – 49.9	50 - 99.9
Percentage of NAATs that are positive in the past 7 days	<5.0%	5.0% - 7.99%	8.0% - 9.99%	> 10.0%

As indicated by the graphs below, the data has trended up and down over time, but is currently trending downward. The final data points on the graphs below represent data posted on August 29, 2022 (cases and percent positivity).

<b>Total Cases</b>	238
Case Rate (last 7 days)	98.05
% Change (last 7 days)	-15.3



<b>% Positivity</b>	17.9
% Change (last 7 days)	-1.31
Data through Fri Aug 19 2022	



In recent weeks, the case count and transmission rates are trending downwards.

The CDC metrics (over time) associated with the City of Norfolk can be found on the NPS website at the following link: [iDashboards \(npsk12.com\)](https://npsk12.com).

As layered migration strategies are decreasing over time, COVID-19 Community Level Indicators are being used to make informed decisions about the use of mitigation strategies.

## COVID-19 Community Level Indicators

CDC recommends the use of three indicators to measure COVID-19 Community Levels: (1) *new COVID-19 hospital admissions per 100,000 population in the last 7 days*; (2) *percent of staffed inpatient beds occupied by patients with confirmed COVID-19 (7-day average)*; and (3) *new COVID-19 cases per 100,000 population in the last 7 days* (Table 1).

TABLE 1. COVID-19 Community Levels, Indicators, and Thresholds

New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the *new admissions* and *inpatient beds occupied* metrics, based on the current level of *new cases per 100,000 population in the past 7 days*.

<sup>1</sup> Number of new cases in the county in the past 7 days divided by the population in the county (or other administrative level) multiplied by 100,000.

<sup>2</sup> Total number of new admissions of patients with confirmed COVID-19 in the past 7 days divided by the total population in the Health Service Area, multiplied by 100,000.

<sup>3</sup> Percent of staffed inpatient beds that are occupied by patients with confirmed COVID-19 within the entire Health Service Area (7-day average).

<https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>

COVID-19 Community Level	Individual- and household-level prevention behaviors	Community-level prevention strategies (as recommended by state or local authorities)
<p style="text-align: center;"><b>Low</b></p>	<ul style="list-style-type: none"> <li>• Stay up to date with COVID-19 vaccines and boosters</li> <li>• Maintain improved ventilation throughout indoor spaces when possible</li> <li>• Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19</li> <li>• If you are immunocompromised or <a href="#">high risk</a> for severe disease <ul style="list-style-type: none"> <li>– Have a plan for rapid testing if needed (e.g., having home tests or access to testing)</li> <li>– Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity</li> <li>• Maintain improved ventilation in public indoor spaces</li> <li>• Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> <li>– Communicate with organizations and places that serve people who are immunocompromised or at <a href="#">high risk</a> for severe disease to ensure they know how to get rapid testing</li> </ul> </li> <li>• Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations</li> </ul>
<p style="text-align: center;"><b>Medium</b></p>	<ul style="list-style-type: none"> <li>• If you are immunocompromised or <a href="#">high risk</a> for severe disease <ul style="list-style-type: none"> <li>– Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing)</li> <li>– Have a plan for rapid testing if needed (e.g., having home tests or access to testing)</li> <li>– Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies</li> </ul> </li> <li>• If you have household or social contact with someone at <a href="#">high risk</a> for severe disease <ul style="list-style-type: none"> <li>– consider self-testing to detect infection before contact</li> <li>– consider wearing a mask when indoors with them</li> </ul> </li> <li>• Stay up to date with COVID-19 vaccines and boosters</li> <li>• Maintain improved ventilation throughout indoor spaces when possible</li> <li>• Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>• Protect people at <a href="#">high risk</a> for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information</li> <li>• Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate</li> <li>• Implement enhanced prevention measures in high-risk congregate settings (see guidance for <a href="#">correctional facilities</a> and <a href="#">homeless shelters</a>)</li> <li>• Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity</li> <li>• Maintain improved ventilation in public indoor spaces</li> <li>• Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> <li>– Communicate with organizations and places that serve people who are immunocompromised or at <a href="#">high risk</a> for severe disease to ensure they know how to get rapid testing</li> </ul> </li> <li>• Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations</li> </ul>

## High

- Wear a well-fitting mask<sup>1</sup> indoors in public, regardless of vaccination status (including in K-12 schools and other indoor community settings)
- If you are immunocompromised or [high risk](#) for severe disease
  - Wear a [mask or respirator](#) that provides you with greater protection
  - Consider avoiding non-essential indoor activities in public where you could be exposed
  - Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing)
  - Have a plan for rapid testing if needed (e.g., having home tests or access to testing)
  - Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies
- If you have household or social contact with someone at [high risk](#) for severe disease
  - consider self-testing to detect infection before contact
  - consider wearing a mask when indoors with them
- Stay up to date with COVID-19 vaccines and boosters
- Maintain improved ventilation throughout indoor spaces when possible
- Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19
- Consider setting-specific recommendations for prevention strategies based on local factors
- Implement healthcare surge support as needed
- Protect people at [high risk](#) for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information
- Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate
- Implement enhanced prevention measures in high-risk congregate settings (see guidance for [correctional facilities](#) and [homeless shelters](#))
- Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity
- Maintain improved ventilation in public indoor spaces
- Ensure access to testing, including through point-of-care and at-home tests for all people
  - Communicate with organizations and places that serve people who are immunocompromised or at [high risk](#) for severe disease to ensure they know how to get rapid testing
- Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations

<sup>1</sup> At all levels, people can wear a mask based on personal preference, informed by personal level of risk. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.

The newest metric, community level indicators, which is associated with levels of community transmission, is being collected daily and added to the existing information that is already reported daily on the NPS web site. The three metrics collected are provided below.

Total new cases per 100,000 persons in the past 7 days	Percentage of NAATs that are positive during the past 7 days	Community Level Indicator
--	--	---------------------------

**Masks in Virginia PreK-12 Schools**

While the new legislation allows for parents to choose for their child to not wear a mask, parents may also choose for their child to wear a mask if they so desire. In order to maintain the goal of safely maximizing in-person learning, NPS continues to encourage anyone aged two years of age and older to wear a mask inside NPS buildings.

Certain people should not wear a mask. Masks should not be put on children under the age of 2 or used by people who have trouble breathing, are incapacitated, or who are otherwise unable to remove the mask without help.

**Strategies that Can Be Utilized to Improve Mask Fit**

- Use a mask that fits snugly over the nose, mouth, and chin without gaps
- Use a mask fitter or brace
- Use a cloth mask with two or more layers of washable, breathable fabric
- Wear a disposable mask under a cloth mask
- Knot and tuck ear loops of a 3-ply mask

**Choosing the Right Mask**

- Do not use a mask made of non-breathable materials (plastic, leather, etc.) or mesh
- Do not combine a KN95 with any other mask

## **Guidance from the CDC and VDOE - Mitigation Strategies**

Students benefit from in-person learning. Safely returning to and maintaining in-person instruction are priorities. A primary goal is to establish reasonably safe in-person educational environments to support learning, extra-curricular activities, and athletics through the use of layered mitigation strategies.

### **Layered Mitigation Strategies**

Circumstances associated with COVID mitigation will change over time. As circumstances change, mitigation strategies may be added or removed based on guidance from the CDC, instruction from the Virginia Department of Health, and current local conditions. Potential strategies include:

- A focus on prevention
- Consideration of community needs - School divisions have been asked to consider disease and vaccination trends and also understand the socioeconomic factors, literacy barriers, and other educational needs in the community when developing plans.
- An emphasis on flexibility and innovation - Scientific knowledge evolves rapidly, and local context is incredibly important. Community transmission and the level of impact to a given school can change and the combination of prevention strategies may evolve with time.

Norfolk Public Schools will operate consistently with current CDC guidance to the degree possible. Guidance from CDC includes the following strategies:

- Promoting vaccination
- Consistent and correct use of masks (optional)
- Physical Distancing - School staff will modify layouts of classrooms, communal areas, and buses to ensure social distancing is maintained (6 feet is preferred – 3 feet is required) to the degree possible.
- Ventilation
- Handwashing and respiratory etiquette



- Cleaning and maintaining healthy facilities
- Staying home when sick and getting tested
- Contact tracing efforts that focus on quarantining those that are positive and notifying others that may have been exposed
- NPS has recently initiated a screening testing program through VISSTA that has started in the Athletics Department and will eventually include other groups
- Using personal protective equipment (PPE)

### **Availability and use of Personal Protective Equipment (PPE)**

- Hand sanitizer stations that contain at least 70% alcohol will be located in multiple targeted areas within each school facility, particularly in high traffic areas, to promote healthy hygiene.
- PPE that provides greater levels of protection will be offered to those at increased risk, such as those that are advanced in age or those with comorbid conditions.
- Face shields has been provided to those whose job tasks require close contact with students and cannot maintain social distance (school psychologists, speech language pathologists, teachers of students with multiple disabilities). Face shields can be used to supplement face masks.
- Face shields will be provided in high volume office spaces that provide support to internal and external customers (main offices in school buildings, CAB department front desks).
- Nurses, athletic trainers, speech therapist, physical therapists, and occupational therapists are professional healthcare workers that risk regular exposure to students and staff that could be positive for COVID-19 infection.
- Health care professionals should wear a mask if working closely with a student for extended periods of time.
- Depending on the job tasks and needs of staff members, high-risk employees will receive cotton masks, surgical masks, gowns, face shields, and gloves.

CDC **recommends** universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status. The recommendation is suggested in order to help reduce COVID-19 transmission. Because parents have the option to choose, they may choose for their children to wear a mask or not. Staff members also have the option to choose to wear a mask or not.

In addition to universal indoor masking, CDC recommends schools maintain physical distance between those on school properties (students, staff, administrators, parents, visitors) to the degree that is possible. 3 feet apart would be the minimal recommended distance.

Norfolk Public Schools will monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies (e.g., physical distancing, screening testing).

Posters that promote hand hygiene, respiratory etiquette, use of cloth face coverings, staying home when sick, quarantine vs. isolation, and encouraging physical distancing have been sent to all schools for display.

## **Guidance from the CDC and VDOE - School Operations**

Steps to guide decision-making about prevention strategies and school operations:

1. Evaluate the level of community disease transmission
2. Understand community level vaccination coverage
3. Consider the level of impact to a school
4. Understand community and school capacity and needs
5. Determine and implement a layered approach with multiple prevention strategies

## Criteria Considered when Looking at Local Health Conditions

### Levels of School Impact

	Low	Medium	High
Transmission within school	Zero or sporadic cases with no evidence of transmission in school	Two outbreaks within a short time period or sporadic outbreaks in school. Size of outbreaks remains small.	Several outbreaks in school within a short time period; size of outbreak is large or scope of outbreaks is significant (e.g., multiple classrooms or grade levels are impacted).
Student absenteeism	At baseline/Low	Slightly above baseline	High
Staff Capacity	Normal	Strained	Critical

### Monitoring Absences Due to Covid-19

- Norfolk Public Schools staff will follow existing policies and practices in place to address student attendance and truancy.
- Parents will be contacted to inquire about absences, and documentation to support absences will be logged in.
- Absences due to illness (Covid-19 and other illnesses) are considered excused if they are communicated by the parent to the school that their child attends.
- Absences related to outbreaks of COVID-19 infection will be shared with representatives from Norfolk Public Health Department when appropriate.
- Student positive cases will be monitored and reported to the public through the NPS webpage, along with the Local CDC metrics (case counts, percent positivity, and local community transmission).

## **Maintaining Healthy Environments and Operations**

Students/parents and staff will monitor their own health prior to reporting to the school building or any Norfolk Public Schools sponsored event/activity. All students and staff members must self-monitor for symptoms related to COVID-19 infection. If any signs or symptoms of infection are present, the individual must not report to school. If symptoms arise while at school, the individual will be sent home and referred to a healthcare provider. The questionnaire (see below) should guide staff decisions about the infection status.

### **Daily COVID-19 Pre-Screening Self-Questionnaire Questions will include:**

Are you currently ill or caring for someone who is ill? (YES / NO)

Do you have any of the following? (YES / NO)

- Fever or feeling feverish
- Chills
- Sweating
- Shortness of breath
- Cough
- Fatigue
- New loss of taste or smell
- Diarrhea
- Sore throat
- Nausea or vomiting
- Muscle or body aches
- Headache
- Rash

## **CDC COVID-19 Guidance**

K-12 schools and Early Childhood Education programs (ECE) should put in place a core set of infectious disease prevention strategies as part of their normal operations.

The layering of COVID-19-specific prevention strategies should be tied to the COVID-19 Community Levels and community or setting-specific context, such as availability of resources, health status of students, and age of population served. Enhanced prevention strategies also may be necessary in response to an outbreak in the K-12 or ECE setting. This CDC guidance is meant to supplement—not replace—any federal, state, tribal, local, or territorial health and safety laws, rules, and regulations with which schools and ECE programs must comply. The COVID-19 Community level metric is updated weekly.

## **Cleaning and Disinfection Protocols**

The protocol for cleaning and disinfecting school and administrative buildings includes:

- identifying and cleaning frequently touched surfaces;
- procedures for the cleaning of transport vehicles;
- weekly inventories to ensure that adequate quantities of cleaning supplies are available;
- and
- the correct use and storage of cleaning materials.

The inventory of cleaning supplies will be monitored by the building supervisor at each facility. The ordering of needed supplies will also be coordinated by the building supervisor at each facility. The following supplies will be provided for COVID-19 mitigation: cleaning sprays, sprayers, soap, water, paper towels, hand sanitizer, trash cans, gloves, and masks.

### **Hand Sanitizer/Handwashing Stations.**

The district has purchased a sizable amount of hand sanitizer stations so that each building will have additional units in the building. The units have been placed in high traffic areas such as the front office, locker rooms, and building entrances.

### **Supplies**

Care should be taken to ensure that shared items have been cleaned appropriately.

## **Ventilation**

Ventilation systems have been inspected by the Facilities Management team at each school building. Proper operation and functioning of ventilation systems will need to be monitored continuously. Circulation of outdoor air will be increased to the extent possible. When possible, outdoor activities and events will be encouraged in place of indoor activities.

Multiple air purifiers have been purchased for each school and are being used in strategic locations in the building where aerosolized infectious materials are most likely to be found. Humidifying sanitizers have also been purchased for areas that have limited ventilation capacity.

## **Water Systems**

Multiple bottle filling stations have been installed in each school building to provide water to all students. Water fountain systems have been inspected and reviewed for proper functioning by the Facilities Management team.

## **Continuity of Operations**

All current staff members will be trained in COVID-19 mitigation efforts. If a staff member falls ill or is unable to complete assigned duties due to suspected or confirmed illness with COVID-19, the designated individual (principal) at each school facility will assign roles to staff members who have undergone the necessary training and requirements to fill that role temporarily or permanently as needed. Any person hired to fill an open position will be required to complete NPS provided training/education on the topic of COVID-19 information and mitigation efforts.

Multiple medication administration designees will be mandated to be trained at each school facility. Administrators (principal and assistant principals) are required to receive medication administration training. They will also designate three to four others in the building to receive the training. The VDOE provides guidance on who may and who may not refuse training.

## **Protecting Vulnerable Individuals**

The telework option will continue only for those that qualify under guidelines established by the Department of Human Resources. All employees have been asked to return to their work locations to either provide in-person instruction or to support in-person instruction. Employees are currently expected to report to their work locations. All requests for alternative work schedules or locations must be reviewed and processed by the Human Resources Department. Building and department administrators do not have the authority to provide alternative work schedules/locations. Contact tracers, may, however, direct individuals to stay home as a result of their level of risk associated with COVID-19 for a prescribed period of time. The information associated with contact tracing, related to the quarantining of an employee, should be shared with the Department of Human Resources for leave purposes.

Employees who must be absent from work due to personal illness or family illness will have benefits applied in accordance with the school division's sick leave policies for COVID-19 in place at the time of the absence.

Students quarantined for reasons associated with COVID-19 will be given the opportunity to complete work from home. Their participation at home will be considered when documenting their attendance status.

## **Testing Requirements**

CDC and VDH do not recommend requiring a negative COVID-19 test in order for unvaccinated students or staff to return to school. Extracurricular activities such as athletics may have additional testing requirements for returning to activity.

All individuals that are positive for a COVID-19 infection, regardless of vaccination status, should stay home and quarantine for 5 days. Under the recent guidance, they may return to work for days 6-10 of their quarantine period if they are fever and symptom-free, can wear a mask appropriately, and can maintain 6 feet of social distance from others.

Individuals who are unable to mask, should isolate at home for days 6 through 10 of the quarantine period.

Individuals who have a fever should continue to stay home until their fever has resolved for 24 hours without the use of fever-reducing medicine and other symptoms have improved.

### What Could Trigger the Closing an Individual Class or a School?

Input gathered from various involved parties (potential positive students/staff members, school administrators, the contact tracer, the Department of Student Wellness, and others as needed), will coordinate to determine which conditions could trigger a reduction of in-person classes, a cancellation of athletics/other student activities, or a complete school closure.

Steps to guide decision-making about the pausing of school operations include:

1. Evaluate the level of community disease transmission
2. Understand the community level of student and staff vaccination rates
3. Consider the level of impact to a school
4. Understand the need of the community and the capacity to meet those needs

#### Levels of School Impact

	Low	Medium	High
Transmission within school	Zero or sporadic cases with no evidence of transmission in school	Two outbreaks within a short time period or sporadic outbreaks in school. Size of outbreaks remains small.	Several outbreaks in school within a short time period; size of outbreak is large or scope of outbreaks is significant (e.g., multiple classrooms or grade levels are impacted).



Student absenteeism	At baseline/Low	Slightly above baseline	High
Staff Capacity	Normal	Strained	Critical

### Levels of Community Transmission

Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	0-9.9	10 – 49.9	50-99.9	>+ 100
Percentage of NAATs that are positive in the past 7 days	<5.0%	5.0% - 7.99%	8.0% - 9.99%	> 10.0%

New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

A partial or complete school closure may be implemented only if it is determined that a significant outbreak has been identified impacting a significant portion of the school population. .

How well mitigation strategies have been followed should be examined when school closure is being considered.

If the spread of infection can be isolated to a specific area, it may be that only that area will need to be closed.

## **Volunteers**

Gatherings, events, and field trips, including athletics events and travel, are taking place in schools. Care should be taken that physical distancing and other COVID-19 mitigation strategies are used to the degree possible. NPS practices are consistent with best practices provided by the VDOE, VDH, CDC, and the State Health Commissioner's Public Health Order that is currently in effect.

When it is appropriate to use volunteers, they will be required to utilize the mitigation strategies in place at the time of their service. Anyone that has tested positive for COVID-19, exhibit signs/symptoms of COVID-19 infection, should not be interacting with NPS students or staff.

Building volunteers should be limited to working only with the groups to which they are assigned. Schools should not limit access for direct service providers but should ensure their compliance with school visitor policies.

Schools should continue to emphasize the importance of staying home when sick. Anyone, including visitors, who has symptoms of infectious illness, such as flu or COVID-19, should stay home and seek testing and care, regardless of vaccination status.

## **Communication Strategies**

Orientation and training for staff and students, specific to COVID-19 mitigation, is an ongoing effort. Efforts to communicate information with staff, parents, and students include:

- The Norfolk Public Schools division has developed a Coronavirus Update Page that provides consistent messaging related to COVID-19 topics. The updated page contains newsletters and other materials related to resources available, mitigation strategies, and communication from the Superintendent's Office. A hyperlink to the page is provided here: <https://www.npsk12.com/Page/15803>.
- Orientation and training are available for students and staff specific to new COVID-19 mitigation strategies. Norfolk Public Schools COVID-19 policies and mitigation strategies have been and will continue to be reviewed with all students and staff during mandatory training and professional development sessions.

### **Communicating Positive Cases Detected at the School**

- The Communications and Community Engagement Department will lead district efforts when responding to media inquiries and public dissemination of district messages.
- All parties involved in the communication of outbreak information will follow laws and policies associated with privacy concerns.

### **The Division's Participation in Community Response Efforts**

- Community response efforts will be determined by the Norfolk Public Schools COVID-19 team in alignment with local and state guidelines.
- Community response efforts will be communicated to school staff, students/families, and the community by the Communications and Community Engagement Department.
- The need for community messaging will be determined by NPS Executive Leadership and the Communications and Community Engagement Department, working in conjunction with the Norfolk Department of Public Health.

- The Communications and Community Engagement Department will be responsible for division-wide message development and distribution to school staff, students, families, the community, and the media.

## **Student Health Services**

### **Supplies**

The following supplies will be provided for COVID-19 mitigation as needed: soap, water, trash cans, paper towels, hand sanitizer, gloves, and masks. Nurses will be provided with gowns, safety goggles, face shields, and non-touch thermometers to be used to address school needs.

### **Services**

- School Health and Wellness staff will assist with training on proper use of the materials.
- The NPS School Nursing Model includes providing the services of a registered nurse in each school building. That model will be maintained in the current budget cycle as concerns associated with the pandemic are addressed.
- Student health services will be provided in a manner consistent with best practices from local and state guidelines.
- All school nurses and athletic training staff have been trained in COVID-19 recognition and management strategies, including contact tracing.
- The division has developed a community resource guide that can be found on the Student Wellness webpage.
- The school health leadership team will participate in VDOE and Virginia Association of School Nursing webinars to keep up to date on best practices associated with COVID-19 response.
- Buildings will have access to the following on-campus medical supports and potential referral opportunities for providing appropriate health care for staff members and students:
  - School nurse

- Multiple designees in each building should be trained in medication administration (pills and inhalers) to provide support in the absence of a school nurse.
- Athletic trainers (high school and select middle schools only)
- Wellness assistants to assist with clerical needs, basic first aid, and medication designee duties.
- Private duty nurses are available in some schools to serve individuals with complex medical need (typically driven by a student’s Individualized Education Plan (IEP) or 504 plan).

**Resources**

- Health benefits are available to all full-time, contracted staff members to include health, dental, and vision offerings.
- Referrals to medical services can be made on an as needed basis. Referrals can be made, but are not limited to, the following groups, with which Norfolk Public Schools has created community partnerships:
  - Atlantic Orthopedic Specialists
  - Children’s Hospital of the King’s Daughters
  - Eastern Virginia Medical School
  - Ghent Family Medicine
  - Sentara Healthcare
  - Velocity Urgent Care Centers
  - Norfolk Community Services Board

**Mental Health Services**

- For the provision of mental health support services, the Departments of Student Support Services, Student Wellness, and School Counseling will be available to provide mental health assistance.

- NPS mental health workers may provide referrals to community resources for students that require services above and beyond what can be provided by NPS employees. The duration and intensity of needed services will be considered when deciding what can be provided in schools and what needs to be referred to outside services.
- When mental health service needs rise above what can be provided by the schools, an NPS employee may seek services provided through the employee assistance referral process (e.g., EAP, COMP PSYCH) to access services through appropriate community agencies.

### **Concluding Themes**

- Students benefit from in-person learning, and safely providing in-person instruction is a priority.
- Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.
- Due to the circulating and highly contagious COVID variants, masking by all students (age 2 and older), staff, teachers, and visitors of K-12 schools, is still a reasonable option, especially for those with pre-existing medical conditions.
- Recent legislation has provided parents with the option to decide if a child should wear a mask or not.
- The NPS School Board has voted to provide staff members with the option to wear a mask or not.
- Social distancing to the degree possible to reduce transmission risk is still an effective mitigation strategy, especially when positive cases have been found in a given location.
- Screening testing, ventilation, handwashing, respiratory etiquette, staying home when sick, and cleaning and disinfection are important layers of prevention to keep schools safe.
- Students, teachers, and staff should stay home when they have signs of any infectious illness and be referred to their healthcare provider for testing and care.

- Localities should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the required levels of layered mitigation strategies needed to maintain an appropriate amount of safety.

## Appendix A

### Senate Bill 1303 - CHAPTER 456

*An Act to require each school board to offer in-person instruction to students enrolled in the local school division; exceptions permitted.*

[S 1303]

Approved March 30, 2021

Be it enacted by the General Assembly of Virginia:

*§ 1. As used in this act:*

*"In-person instruction" means any form of instructional interaction between teachers and students that occurs in person and in real time.*

*"In-person instruction" does not include the act of proctoring remote online learning in a classroom.*

*§ 2. Each school board shall offer in-person instruction to each student enrolled in the local school division in a public elementary and secondary school for at least the minimum number of required instructional hours and to each student enrolled in the local school division in a public school-based early childhood care and education program for the entirety of the instructional time provided pursuant to such program. For the purposes of this act, each school board shall (i) adopt, implement, and, when appropriate, update specific parameters for the provision of inperson instruction and (ii) provide such in-person instruction in a manner in which it adheres, to the maximum extent practicable, to any currently applicable mitigation strategies for early childhood care and education programs and elementary and secondary schools to reduce the transmission of COVID-19 that have been provided by the federal Centers for Disease Control and Prevention.*



*§ 3. Notwithstanding the provisions of § 2 of this act:*

- 1. If a local school board determines, in collaboration with the local health department and in strict adherence to "Step 2: Determine the Level of School Impact" in the Department of Health's Interim Guidance to K-12 School Reopening or any similar provision in any successor guidance document published by the Department of Health, that the transmission of COVID-19 within a school building is at a high level, the local school board may provide fully remote virtual instruction or a combination of in-person instruction and remote virtual instruction to the at-risk groups of students indicated as the result of such collaboration or, if needed, the whole student population in the school building, but in each instance only for as long as it is necessary to address and ameliorate the level of transmission of COVID-19 in the school building.*
- 2. Any local school board may, for any period during which the Governor's declaration of a state of emergency due to the COVID-19 pandemic is in effect, provide fully remote virtual instruction to any enrolled student upon the request of such student's parent, guardian, or legal custodian.*
- 3. Any local school board may permit any teacher who is required to isolate as the result of a COVID-19 infection and any teacher who is required to quarantine as the result of exposure to another individual with a COVID-19 infection to teach from a remote location and in a fully virtual manner for the duration of such period of isolation or quarantine, consistent with the mitigation strategies as set forth in § 2 of this act.*
- 4. Any teacher or other school staff member who is permitted to perform any job function from a remote location or in a fully virtual manner as a reasonable accommodation pursuant to Title I of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12111 et seq.) shall be permitted to continue to perform any such job function in such a manner.*

*§ 4. The Department of Education shall establish benchmarks for successful virtual learning and guidelines for providing interventions to students who fail to meet such benchmarks and for transitioning such students back to in-person instruction.*

*§ 5. All teachers and school staff shall be offered access to receive an approved COVID-19 vaccination through their relevant local health district.*

1. *That in order to facilitate the implementation of § 3 of the first enactment of this act, the Department of Health shall maintain a guidance document for K-12 school reopening that contains metrics for determining whether transmission of COVID-19 within public school buildings is at a low, medium, or high level.*
2. *That the provisions of this act shall expire on August 1, 2022.*

## Appendix B

### **SB 739 Public Elementary and Secondary Schools, etc.; Student Instruction.**

Introduced by: [Siobhan S. Dunnavant](#)

SUMMARY AS ENACTED WITH GOVERNOR'S RECOMMENDATION: ([all summaries](#))

Public elementary and secondary schools and public school-based early childhood care and education programs; student instruction; masks; emergency.

Requires, except in the case of the 10 unscheduled remote learning days otherwise permitted by law or in certain cases of student discipline, each school board to offer in-person instruction, as defined in the bill, to each student enrolled in the local school division in a public elementary or secondary school for at least the minimum number of required annual instructional hours and to each student enrolled in the local school division in a public school-based early childhood care and education program for the entirety of the instructional time provided pursuant to such program. The bill permits, notwithstanding any other provision of law or any regulation, rule, or policy implemented by a school board, school division, school official, or other state or local authority, the parent of any child enrolled in a public elementary or secondary school, or in any school-based early childhood care and education program, to elect for such child to not wear a mask while on school property. The bill provides that no parent making such an election shall be required to provide a reason or any certification of the child's health or education status and no student shall suffer any adverse disciplinary or academic consequences as a result of this parental election. The bill requires each local school division to comply with the foregoing provisions relating to masks no later than March 1, 2022. The bill clarifies that none of the foregoing provisions shall be construed to affect the authority granted to the Governor to achieve the purposes of relevant emergency services and disaster law with regard to a communicable disease of public health threat. The bill contains an emergency clause.

## References

- CDC.gov, (January 13, 2022). *Guidance for COVID-19 Prevention in K-12 Schools*. Retrieved on February 19, 2022, from <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>.
- CDC.gov, (January 27, 2022). *Quarantine and Isolation*. Retrieved on February 19, 2022, from <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>.
- CDC.gov, (February 22, 2022). *COVID-19 Integrated County View*. Retrieved on February 22, 2022 from <https://covid.cdc.gov/covid-data-tracker/#county-view?list select state=all states&list select county=all counties&data-type=Risk>.
- CDC.gov, (February 25, 2022). *Order: Wearing of Face Masks While on Conveyances and at Transportation Hubs*. Retrieved on March 1, 2022 from <https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html>.
- CDC.gov, (March 17, 2022). *COVID-19 Community Levels*. Retrieved on March 18, 2022 from <https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>.
- CDC.gov, (June 30, 2022) *COVID-19 Vaccination for Children*. Retrieved on September 2, 2022 from <https://www.cdc.gov/vaccines/covid-19/planning/children.html>.
- CDC.gov, (August 11, 2022). *CDC Streamlines COVID-19 Guidance to Help the Public Better Protect Themselves and Understand their Risk*. Retrieved on August 29, 2022 from <https://www.cdc.gov/media/releases/2022/p0811-covid-guidance.html>.
- CDC.gov, (August 22, 2022). *FAQs for the Interim Clinical Considerations*. Retrieved on August 29, 2022 from <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/faq.html#vaccination-schedule-use>.