

1- Updated TEA guidance

Click [here](#) for TEA revised guidelines. 3/4/2021

COVID return to school:

Any individuals who themselves either: (a) are test-confirmed to have COVID-19; or (b) experience the symptoms of COVID-19 must stay at home throughout the infection period, and cannot return to campus until the school system screens the individual to determine any of the below conditions for campus re-entry have been met:

o In the case of an individual who is symptomatic and is diagnosed with COVID-19, the individual may return to school when all three of the following criteria are met:

i. at least one day (24 hours) has passed since recovery (resolution of fever without the use of fever-reducing medications);

ii. the individual has improvement in symptoms (e.g., cough, shortness of breath); and

iii. at least ten days have passed since symptoms first appeared.

o In the case of an individual that is asymptomatic but has received a positive COVID-19 test result, the individual may not return to the campus until ten days have passed since a positive test.

o In the case of an individual who has symptoms that could be COVID-19 and who is not evaluated by a medical professional or tested for COVID-19, such individual is assumed to have COVID-19, and the individual may not return to the campus until the individual has completed the same three-step set of criteria listed above.

o If the individual has symptoms that could be COVID-19 and wants to return to school before completing the above stay at home period, the individual must either

(a) obtain a medical professional's note clearing the individual for return based on an alternative diagnosis, though for health privacy reasons the note does not need to indicate what the alternative diagnosis is, or

(b) obtain an acute infection test (at a physician's office, approved testing location, or other site) that comes back negative for COVID-19.

o If the individual has tested positive for COVID-19 and believes the test was a false positive, and wants to return to school before completing the above stay at home period, the individual must either

(a) obtain a medical professional's note clearing the individual for return based on an alternative diagnosis, though for health privacy reasons the note does not need to indicate what the alternative diagnosis is, or

(b) obtain two PCR acute infection tests (at a physician's office, approved testing location, or other site) at least 24 hours apart that come back negative for COVID-19.

Individuals—including students, teachers, staff, volunteers or other campus visitors—who have had close contact with someone who is test confirmed to have COVID-19, as narrowly defined in this document and as determined by the appropriate public health agency, should stay at home through the 14-day incubation period, and should not be allowed on campus.

2- CDC and TEA updated their guidance on quarantine to allow 2 options. 12/2020

We recommend all schools in our diocese follow the 14 day quarantine as it is the most protective measure to mitigate exposure. However, the 2 new options to reduce the timeframe will only be utilized on a case by case basis and where allowed by the particular county. This should /must be discussed with superintendent.

<https://www.dshs.state.tx.us/coronavirus/docs/CDCGuidanceonReducedQuarantine.pdf>

APH flowchart: [Click here](#):

This flowchart is a great reference in determining if a close contact should quarantine for 7, 10 or 14 days. Please note: your health department will have the final say.

In regards to school nurses or other school personnel not following close contact quarantine because of new TEA update: All our school nurses and school personnel in our diocesan schools must quarantine if determined to be a close contact and follow recommendations of that local health department.

3-Updated definition of close contact:

(a) Being directly exposed to infectious secretions (e.g. being coughed on);
or

(b) Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated. * *Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).*

Either defines close contact if it occurred during the infectious period of the case, defined as two days prior to symptom onset to 10 days after symptom onset. In the case of asymptomatic individuals who are test-confirmed with COVID-19, the infectious period is defined as two days prior to the confirming test and continuing for 10 days following the confirming test.

4-Screening Questions:

1. Do you or anyone in your household have a fever or any of the symptoms listed below?
2. Have you or anyone in your household tested positive for COVID-19 in the last 14 days or awaiting results?
3. Have you had any known contact with someone who tested positive for COVID - 19 in the last 14 days?
4. Have you traveled to a restricted area that required quarantine for return within the last 14 days?

5-COVID-19 List of Symptoms:

COVID-19 Symptoms for Screening:(Updated CDC on 3/19/21)

Have you recently begun experiencing any of the following in a way that is not normal for you?

- Temperature of 100 degrees Fahrenheit or higher (We will keep our 100 degrees temperature as noted in our Interim Guidance Document)
- Sore throat
- Cough (for students with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for students with asthma, a change from their baseline breathing)
- Diarrhea or vomiting
- New loss of taste or smell

- New onset of severe headache, especially with a fever

Or

COVID-19 Symptoms (From TEA guidance) In evaluating whether an individual has symptoms consistent with COVID-19, consider the following question: Have they recently begun experiencing any of the following in a way that is not normal for them?

- o Feeling feverish or a measured temperature greater than or equal to 100.0
- o Loss of taste or smell
- o Cough
- o Difficulty breathing
- o Shortness of breath
- o Fatigue
- o Headache
- o Chills
- o Sore throat
- o Congestion or runny nose
- o Shaking or exaggerated shivering
- o Significant muscle pain or ache
- o Diarrhea
- o Nausea or vomiting

Helpful flow chart from CDC for schools on What to do if student becomes sick at school: [Click here](#)

6-Rapid testing Program Info:

[Click here](#)

The deadline to opt in is Jan 15, If you are already doing the testing, please check exp dates on test, some expire in Feb.

APH Flowcart for Symptomatic/Asymptomatic With Rapid Testing program:
[Click here](#)

Schools in the Diocese of Austin participating in the Rapid Testing program:1/15/21
K-12 School Rapid Negative Test - if you have a student or employee test negative and they have COVID-19 symptoms, they need to follow-up with their doctor before they can return to campus. The doctor needs to send a note saying they can return to school, or the doctor may have them take the PCR test to confirm the negative result.

TEA updated FAQs on Rapid Testing Program 1/25/21
[Click here](#)

7-Vaccine info:

From DSHS:
[Click here](#)

TEA Covid-19 vaccine FAQ: 3/18/21
[Click here](#)

DSHS COVID-19 vaccine FAQ: 4/23/21
[Click here](#)

APH Vaccine Facts Updated 4/12/21
[Click Here](#)

APH FAQ on vaccines:Update 4/12/21
[Click here](#)

CDC FAQ Update 4/13/21
[Click here](#)

[Moral Guidance on Vaccines](#) - USCCB

[Answers to Key Ethical Questions about COVID-19 Vaccines](#)

CDC info on symptoms after getting vaccine - 4/13/21
[Click Here](#)

At this time, after receiving the vaccine if you develop any COVID-19 symptoms you should follow the same testing/quarantine protocols. According to the CDC, a viral test

will not be affected by the vaccine. "Positive viral (nucleic acid or antigen) tests for SARS-CoV-2, if performed, should not be attributed to the COVID-19 vaccine, as vaccination does not influence the results of these tests."

Updated info on symptoms after getting vaccine from DSHS COVID-19 vaccine FAQ: 2/2021 Let your staff know so they can plan to take off the day after they get the vaccine to rest.

What are some side effects from the vaccines for COVID-19?

COVID-19 vaccines are associated with a number of side effects, but almost all of them are mild. They include pain and redness at the injection site, fatigue, headache, body aches and even fever.

Having symptoms like fever after you get a vaccine is normal and a sign your immune system is building protection against the virus. The side effects from COVID-19 vaccination may feel like flu, but they should go away in a few days.

If you get the vaccine and experience severe side effects or ones that do not go away in a couple of days, contact your healthcare provider for further instructions on how to take care of yourself.

You can register and use the new [V-safe After Vaccination Health Checker](#) to receive health check-ins after you receive a COVID-19 vaccination, as well as reminders to get your second dose if you need one.

To learn what side effects to expect and get helpful tips on how to reduce pain and discomfort after your vaccination, visit the [What to Expect after Getting a COVID-19 Vaccine](#) section of the CDC website.

Post Vaccine Considerations for Healthcare Personnel

Fully vaccinated persons guidance from CDC:

[Click here](#) for the latest update 3/23/21

People are considered fully vaccinated: (Removed the 3 month limit)

- 2 weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine

If it has been less than 2 weeks since your shot, or if you still need to get your second dose, you are NOT fully protected. Keep taking all [prevention steps](#) until you are fully vaccinated.

CDC interim guidance for fully vaccinated person: 4/29/21 [Click here](#)

[COVID-19 Vaccine Toolkit for School Settings and Childcare Programs | CDC](#)

[Austin Public Health form to update preregistration to be eligible for vaccine as a school staff member:](#)

[Click here](#)

8-Additional Resources:

Risk Gaps in School COVID Mitigation Measures

APH has heard of a few critical areas in which schools could strengthen their COVID-19 mitigation measures. The following are recommendations to help prevent the spread of COVID-19:

- Whenever possible, have students eat lunch outside or in their classrooms, rather than in the cafeteria.
- When students do eat in the cafeteria, consider implementing the following mitigation measures:
 - Allow 6 feet of space between students.
 - Seat students only on one side of the table, all facing in the same direction, rather than facing each other across the table.
 - Remind students to remove their masks only when eating. When not actively eating, students should have their masks on.
 - To assist in contact tracing efforts, implement cafeteria seating charts with an assigned seat for each student.
- Encourage families to avoid the use of carpools whenever possible.

[Sample spreadsheet for tracking COVID cases:](#)

[Click here](#)

School Nurse info from CDC

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/school-nurses-hcp.html>

How to wear mask properly - <https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Cloth-Face-Coverings-for-Children-During-COVID-19.aspx>

CDC info on setting up classrooms - [https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/How Do I Set Up My Classroom.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/How%20Do%20I%20Set%20Up%20My%20Classroom.pdf)

CDC cleaning and disinfecting - Updated 4/5/21

[Click here](#)

CDC Cleaning for Schools Updated 4/16/21

[click here](#)

Austin area schools - APH covid website for schools

<http://www.austintexas.gov/schools>

CDC Report on Covid-19 trends among youth:1/15/21

[Click here](#)

COVID FAQ for school administrators, teachers, parents: updated 1/25

[Click here](#)

K–12 school guidance: updated 3/19/21

The Centers for Disease Control and Prevention (CDC) is updating [K–12 school guidance](#) to reflect the latest science on physical distance between students in classrooms. CDC now recommends that, with universal masking, students should

maintain a distance of at least 3 feet in classroom settings. CDC has updated its operational strategy to say:

In elementary schools, CDC recommends all students remain at least 3 feet apart in classrooms where mask use is universal — regardless of whether community transmission is low, moderate, substantial, or high.

In middle and high schools, CDC also recommends students should be at least 3 feet apart in classrooms where mask use is universal and in communities where transmission is low, moderate, or substantial.

Middle school students and high school students should be at least 6 feet apart in communities where transmission is high, if cohorting is not possible. **Cohorting** is when groups of students are kept together with the same peers and staff throughout the school day to reduce the risk for spread throughout the school. This recommendation is because COVID-19 transmission dynamics are different in older students – that is, they are more likely to be exposed to SARS-CoV-2 and spread it than younger children.

With this update, schools can reduce to 3 ft spacing between students on campus, however, please keep in mind, the close contact definition remains the same; if a student is closer than 6ft for cumulative 15 minutes they are considered close contact and must quarantine.

Ventilation in Buildings from CDC:

[Click here](#)

Helpful link from CDC on "When you should get a COVID test?"

[Click here](#)

CDC FAQ on Cleaning and Disinfecting: updated 3/17/21

[Click here](#)

APH health authority Emergency Rules extended through 5/18/21

[Click Here](#)

APH interim guidance for schools on Covid 4/14/21

[Click Here](#)

