



COVID-19 Response Plan 2023-2024



St. Andrew's
School

EST. 1894

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St. Andrew's Response to COVID-19

St. Andrew's School Health Response Team closely monitors COVID-19 in our school and the community, and follows guidelines from the [Centers for Disease Control and Prevention \(CDC\)](#) and the [Virginia Department of Health \(VDH\)](#). May 11, 2023 marked the end of the federal COVID-19 Public Health Emergency. Although the health emergency ended, the virus is still here and continued measures are necessary to protect individuals and communities against the spread of COVID-19. Cases and severe outcomes are trending favorably, but transmission can and does occur even when hospital burden is low in communities. Core infection prevention, control, and mitigation guidelines remain unchanged for schools, and still protect us from cases that may arise.

Hospital admission levels for the city of Richmond with associated mask requirements are posted on the school's website and on signage at the main entrance. VDH advises that schools may choose to apply more stringent prevention strategies and isolation measures as appropriate for the school community. Many of the layered prevention strategies described in this guidance help prevent the spread of other infectious diseases, such as influenza (flu), respiratory syncytial virus (RSV), and norovirus, and support healthy learning environments for all.

Flexibility & Adaptability

We recognize that any plan we design to respond to external health conditions must be flexible and able to adapt to circumstances beyond our control. Our overarching goal is to create a learning structure that is durable enough to adapt to possible future COVID-19 infections while still allowing us to continue onsite learning instruction.

Strategies for Everyday Operations

The school takes a variety of actions every day to prevent the spread of infectious diseases, including the virus that causes COVID-19. The addition and layering of specific prevention strategies are tied to the COVID-19 hospital admission level for the city of Richmond and to school specific factors such as the health status of students and staff and resource availability.

The following strategies for everyday operations are in place at all times:

- Encouragement to stay up to date with vaccinations
- Staying home when sick
- Ventilation System to improve indoor air quality
- Hand hygiene and respiratory etiquette
- Cleaning and disinfection on a daily basis



COVID-19 hospital admission levels and associated prevention strategies

CDC's [COVID-19 hospital admission levels](#) help communities and individuals make decisions about what COVID-19 prevention strategies to use based on whether their community COVID-19 hospital admission rate is classified as low, medium, or high. Recommendations outlined by the CDC for the public based on COVID-19 hospital admission levels are the same for schools. Schools that serve students from multiple communities should follow prevention recommendations based on the COVID-19 hospital admission level of the community in which the school is located.

The School works with local health officials to consider other local conditions and factors when deciding to implement prevention strategies. School specific indicators—such as rates of absenteeism among students and staff or presence of students or staff who are at risk of getting very sick with COVID-19—can help with decision-making. Additional community-level indicators that might be considered for use in decision-making about COVID-19 prevention are pediatric hospitalizations, results from [wastewater surveillance](#), or other local information.

When the COVID-19 hospital admission level indicates an increase, particularly if the level is high or the school is experiencing an outbreak, the school will consider adding layered prevention strategies to maintain safe, in-person learning and keep the school safely open. Although most strategies are recommended to be added or increased at a high COVID-19 hospital admission level, schools may consider adding layers when at a medium hospital admission level, based on school and community characteristics.

When the COVID-19 hospital admission level moves to a lower category or after resolution of an outbreak, the school will consider removing prevention strategies one at a time, followed by close monitoring of COVID-19 transmission within the school and the COVID-19 hospital admission level in the community in the weeks that follow.



Individual-level prevention steps you can take based on COVID-19 hospital admission level



At all COVID-19 hospital admission levels:

- [Stay up to date](#) on vaccination.
- Maintain [ventilation improvements](#).
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for [isolation](#) if you have suspected or confirmed COVID-19.
- Follow the recommendations for [what to do if you are exposed](#) to someone with COVID-19.
- If you are at [high risk of getting very sick](#), talk with a healthcare provider about additional prevention actions.



When the COVID-19 hospital admission level is Medium or High:

- If you are at [high risk of getting very sick](#), wear a high-quality mask or respirator (e.g., N95) when indoors in public.
- If you have household or social contact with someone at high risk for getting very sick, consider self-testing to detect infection before contact, and consider wearing a high-quality mask when indoors with them.



When the COVID-19 hospital admission level is High:

- Wear a high-quality mask or respirator.
- If you are at high risk of getting very sick, consider avoiding non-essential indoor activities in public where you could be exposed.

COVID-19 Exposure and Isolation Policies

Confirmed or Suspected COVID-19 Infection ISOLATE

Symptoms include the following that are **new or unusual**: fever, chills, muscle aches, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose, cough, shortness of breath, difficulty breathing, loss of taste or smell, abdominal pain, new onset of poor appetite.

Everyone, regardless of vaccination status or history of COVID-19 infection:

If you are experiencing these symptoms, you should isolate and get tested for COVID-19. If you test positive, see the guidance below. If you test negative, and symptoms have resolved, you may return to school.

If you test positive for COVID-19 ISOLATE

Everyone, regardless of vaccination status or history of COVID-19 infection:

- If you have symptoms, count the day that your first symptom appeared as Day 0. If you do not have symptoms, count the day that you got tested as Day 0.
- Stay home for Days 1 through 5 and separate from others.
- If you have no symptoms or if your symptoms have resolved and you do not have a fever, you may return to school on Day 6 if you are able to correctly and consistently wear a well-fitted face mask. You must contact the school nurse to obtain approval to return to school.*
- If you have a fever, continue to stay home until your fever resolves without medication.
- Continue to wear a mask around others for Days 6 through 10.
- You must keep 6 feet distance from others when eating through Day 10.

*Returning to school after 5 days is contingent on an individual being asymptomatic or having a significant improvement in symptoms. Students and staff must receive approval from the school nurse or a member of the SAS Health Response Team to return to school.

If You Are Exposed to Someone with COVID-19 (regardless of vaccination status) MONITOR YOUR HEALTH

- If you are not having symptoms, you do not need to stay home from school.
- Test immediately and again on day 6 after exposure. Report test results to the school nurse.
- You must notify the school nurse or a member of the Health Response Team about an exposure BEFORE coming to school.
- You must wear a mask for 10 days. *
- You must keep 6 feet distance from others when eating through Day 5. If you are still asymptomatic and testing is negative, you do not have to separate from others when eating for Days 6-10.
- If you develop symptoms, get a test, stay home, and contact the school nurse.
- The date of last exposure to the person with COVID-19 is Day 0.

Management of cases and exposures

Students or staff who come to school with symptoms or develop symptoms while at school will be asked to wear a well-fitting mask while in the building, and will be sent home and required to get tested.

Students and staff with COVID-19 must isolate away from others and not attend school until they have completed isolation. Once isolation has ended, people should wear a well-fitting mask around others through day 10. Testing is not required to determine the end of isolation or mask use after having COVID-19.

Quarantine is no longer recommended for people who are exposed to COVID-19 except in certain high-risk congregate settings such as correctional facilities, homeless shelters, and nursing homes. In schools, which are generally not considered high-risk congregate settings, people who were exposed to COVID-19 should follow recommendations to wear a well-fitting mask and get tested. Masking is required for 10 days following an exposure.

Responding to outbreaks

If the school experiences a COVID-19 outbreak, meaning 3 or more positive tests in a class, the school will consider adding prevention strategies regardless of the COVID-19 hospital admission level. Strategies that can help reduce transmission during an outbreak include wearing well-fitting masks, improving ventilation (for example moving school activities outdoors, opening windows and doors, using air filters), screening testing, and case investigation and contact tracing. Early identification of cases to ensure that those individuals stay home and isolate is a critical component of outbreak response. The School may also consider suspending high-risk activities such as indoor sports and extracurricular activities to control a school-associated outbreak or during periods of high COVID hospital admission levels. Should the school experience an outbreak, we will work closely with the VA Department of Health for support.

Notification plan for possible exposures/positive tests

The school community including staff and families will be informed by email of positive tests within the St. Andrew's Community that may impact students and staff. VDH no longer recommends contact tracing. In the event of an outbreak at the school that is difficult to control or is unusual in size or scope, local epidemiologists may recommend more traditional quarantine and isolation standards be applied until the situation has stabilized. Clear instructions will be communicated to staff and parents.

Timeframe for exposure

People with COVID-19 can pass the COVID-19 virus to their close contacts starting from two days before they become sick (or two days before they test positive if they never had symptoms) through day 10.

Close contacts are someone who was less than 6 feet away from an infected person for a cumulative total of 15 minutes or more over a 24-hour period. Close contact exception for students only in K to 12 settings: maintain 3 to 6 feet distance and wear a properly fitting mask.

NOTE: When universal masking is not in use, such as at low or medium COVID-19 hospital admission levels, the standard close contact definition applies.

Household Exposure

Household Contact–Infected individuals should isolate at home and use separate bed and bath if possible, maintain minimal contact with others, wear mask at all times, have good indoor airflow. If the individual cannot be separated, others may need to quarantine using date of last contact as Day 0. Follow exposure protocol above.

Indirect Exposure

No action taken unless exposure becomes known or symptoms develop. People who have had close contact with a person who was a close contact to someone with COVID-19 are not required to quarantine unless your contact tests positive. This includes siblings.

Snack/Lunch Procedures

An individual may be infectious for 10 days from date of exposure, start of symptoms, or testing positive. According to VDH, for individuals returning after testing positive and for exposed contacts, best practice is 6 foot distancing during snack periods and lunch given that individuals are unmasked during these times. For those who were exposed: since the average incubation period is up to 5 days, distancing during lunch and snack times is required through Day 5. If asymptomatic with negative testing, these individuals may eat with others on Day 6. For those returning after isolation for a positive test: the individual must distance 6 feet away from others when eating for Days 6 to 10 (completion of infectious period). A comfortable environment will be arranged for those eating separately from others through Day 10.



Diagnostic Testing

Diagnostic testing is intended to identify current infection in individuals and should be performed on anyone who has signs and symptoms consistent with COVID-19 and/or following recent known or suspected exposure to the virus that causes COVID-19. If needed, St. Andrew's can provide rapid testing kits for students and staff with symptoms of COVID-19 or who came into close contact with someone with COVID-19. Early identification and isolation at home help prevent the spread of COVID-19. Testing kits are widely available free of charge from public libraries, drug stores, and the federal government.

Screening Testing

Screening testing may also be used to help evaluate and adjust prevention strategies and provide added protection for schools. Test kits are available through the school if needed, or individuals may use their own home test kit. Considering the degree to which the currently circulating variant(s) may cause serious illness may influence decision making about scale and frequency of testing programs.

St. Andrew's will consider implementing screening testing when returning from breaks (for example, holidays, spring break, at the beginning of the school year) to identify and isolate unknown COVID-19 cases to prevent spread in the community.

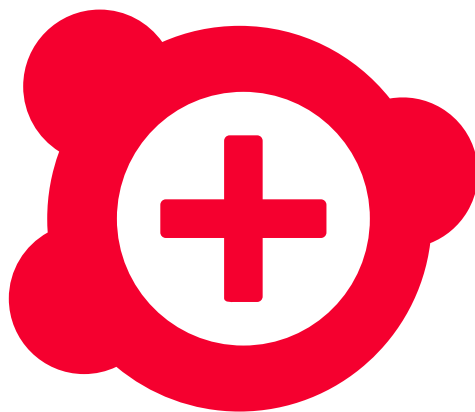


Mask Requirements

Masks are one tool to help prevent the spread of COVID-19. Masks are required to be worn indoors by students, staff, and visitors when the hospital admission levels for the city of Richmond are high. Masks are optional when hospital admission levels are low or medium. Masks may also be required if the school community experiences an outbreak (3 or more cases of COVID-19 in a classroom) even if hospital admission levels are medium or low. The decision to wear a mask during optional time periods is a personal/family decision that will be respected by the SAS community. Each student is responsible for wearing masks as parents request. Teachers are not able to enforce individual mask use during times of low or medium community levels. By signing that they have read the student handbook, parents and students indicate an understanding of mask guidance.

NOTE: CDC recommends standard precautions in school nurse's office with transmission based precautions based on suspected diagnosis. The kitchen staff will wear masks at all community levels while serving food.

Parents and staff are expected to provide their own masks. Masks will be available from the front office during times of high community levels.



Level of School Impact

The level of school impact is based upon transmission within the school and the community, student absenteeism, and staff capacity, and is measured as low (green), medium (yellow) or high (orange). Distance Learning may be instituted depending on the level of school impact.

Criteria to Consider	Low (green)	Medium (yellow)	High (orange)
Transmission within school	Zero or sporadic cases with no evidence of transmission in school	One to two outbreaks*** within a short time period or sporadic outbreaks in school. Size of outbreaks remains small.	Several outbreaks*** in school within short time period; size of outbreaks is large or scope of outbreaks is significant (e.g. multiple grade levels are impacted)
Student absenteeism	At baseline/low	Slightly above baseline	High
Staff Capacity**	Normal	Strained	Critical

*SAS will collaborate with the health department on outbreak investigations and contact tracing. Depending on the level of COVID-19 transmission in the school and outbreak status, adjustments to prevention strategies may be indicated.

**This subjective assessment will factor in SAS's ability to maintain adequate staff for facility operations, teaching, and administrative functions. It includes input from teachers/staff regarding their availability to provide in-person instruction.

***An outbreak is 3 or more positive cases in a classroom/grade.

Visitors on Campus

All visitors must mask when indoors when the city of Richmond hospital admission levels are high or there is an outbreak in the St. Andrew's School community. Visitors are allowed on campus based upon hospital admission levels and level of school impact. Visitors may be restricted during medium or high levels of school impact. Visitors may be screened for COVID-19 symptoms and may be asked to complete a rapid test before entering or show proof of vaccination. Masks are available at the front desk if needed.

Mitigation Strategies

A multilayered approach is recommended to prevent the spread of COVID-19. Strategies in place include: use of masks; social distancing; maintaining 3 feet between students in the classroom; handwashing; enhanced sanitation protocols; enhanced ventilation and air purification; restricted communal spaces; increased use of outdoor spaces for meals, learning, recess; recommendation of up to date vaccinations.

If St. Andrew's is experiencing a COVID-19 outbreak, additional prevention strategies may be added regardless of the COVID-19 hospital admission levels. Prevention strategies recommended at medium and high COVID-19 hospital admission levels (for example, masks) may be implemented even if the COVID-19 hospital admission level is low.

With decreasing or low COVID-19 hospital admission levels, SAS will consider removing prevention strategies one at a time, followed by close monitoring of the COVID-19 hospital admission levels in the weeks that follow.



Maintaining a Clean and Healthy Facility

Ventilation

Ventilation is one component of maintaining healthy environments, and is an important COVID-19 prevention strategy for schools. Ventilation can reduce the likelihood of spreading disease with the following measures in place:

- Windows and doors are open as appropriate.
- Child-safe fans are used in open windows to blow potentially contaminated air out and pull new air in through other open windows and doors.
- Activities, classes, or lunches are held outdoors when circumstances allow.
- HVAC systems are serviced and meet code requirements with continuous air filtration and distribution.
- Portable HEPA clean air filters are in every classroom space, cafeteria, and offices.
- Exhaust fans are used in bathrooms and in the kitchen.

Hand Hygiene and Respiratory Etiquette

- Handwashing techniques are taught to students and staff (wash with soap and water for at least 20 seconds)
- Frequent access to handwashing or hand sanitizer containing at least 60% alcohol

Facility Cleaning

- Regular cleaning of frequently touched surfaces
- Use of EPA approved disinfectant products in daily cleaning
- Cleaning and disinfecting of space if there has been a sick person or someone who tested positive for COVID-19 within the past 24 hrs.
- Water drinking fountains may be used and will be cleaned on a regular basis



Definitions

Close Contact

Close contacts are someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. For example, three individual 5-minute exposures for a total of 15 minutes.

Exception for students in K-12 setting:

Indoor or Structured Outdoor Settings: Maintain 3 to 6 feet between students, wearing properly fitting masks. Close contact is when one or neither student is wearing a properly fitting mask.

If greater than 6 feet between students, mask use is not considered and does not count as close contact.

When universal masking is not in use, such as at low or medium COVID-19 hospital admission levels, the standard close contact definition will apply.

Cohorting

Cohorting is the practice of keeping people together in a small group and having each group stay together throughout the day, while minimizing contact between cohorts. The CDC no longer recommends cohorting. In areas with high COVID-19 hospital admission levels, schools can discourage crowding indoors to reduce the risk of spreading COVID-19. Levels, schools can discourage crowding indoors to reduce the risk of spreading COVID-19.

Contact Tracing

Contact tracing is the process of identifying persons who may have come into contact with an infected person and subsequent collection of further information about these contacts. VDH no longer recommends contact tracing, In the event of an outbreak, a local epidemiologist may recommend contact tracing to help control the outbreak.

Isolate

If you are sick or test positive, you isolate when you are sick or when you have been infected with the virus, even if you don't have symptoms.

Definitions (continued)

Calculating Isolation

Day 0 is your first day of symptoms or a positive viral test. Day 1 is the first full day after your symptoms developed or your test specimen was collected. If you have COVID-19 or have symptoms, isolate for at least 5 days

NOTE: People with COVID-19 can pass the virus to close contacts starting from 2 days before they become sick, or 2 days before they test positive if they never had symptoms, until isolation is complete.

Quarantine

Quarantine is no longer recommended for exposure. If exposed to someone who is positive for COVID and you are asymptomatic, test on day 6 and wear a mask around others for 10 days. Test immediately if symptoms develop.

Outbreak

Positive cases of COVID maybe considered an outbreak when SAS experiences 3 or more associated cases of COVID-19 that are linked in transmission at the school.

Testing

There are two main types of COVID-19 tests: viral and antibody.

Viral tests include both molecular (also known as nucleic acid amplification tests or “NAATs”) and antigen tests. Viral tests look for a part of the virus that causes COVID-19. The most common specimen collection is from the front of the nose. A small swab is inserted just inside one nostril and rotated a number of times. Using the same swab, the process is repeated in the other nostril. For molecular (PCR) tests, a saliva specimen can also be used.

- Molecular tests look for the genetic material of the virus. A PCR (polymerase chain reaction) test is simply one type of molecular test. A PCR test is used to determine who has an active infection and identify who may be contagious to others. It is considered the gold standard for diagnostic testing.
- Antigen tests look for proteins that are part of the virus—a rapid test is this kind of test. Rapid tests can be used to quickly determine an active infection and are less expensive than PCR. Antigen tests are less sensitive than PCR tests, meaning there may be false negative results.

Definitions (continued)

Antibody tests look for antibodies that the body has made against the virus that causes COVID-19. Antibody testing is not currently recommended to assess for immunity to COVID-19 following COVID-19 vaccination, or to assess the need for vaccination in an unvaccinated person. Antibody tests are not “viral” tests since they do not look for parts of the virus. Antibody tests are NOT meant to diagnose current COVID-19 infection.

An **antigen test** (rapid) is recommended for those with symptoms or who have been exposed. Rapid tests are widely available and can be used at home. A PCR must be done by a pharmacy or health care provider.

What is a properly fitting mask?

The individual must be able to consistently wear a mask that fits snugly over the nose, mouth, and chin without gaps. This is often difficult for young children. A 3 ply mask is recommended and a nose wire can help the mask fit better.

Vaccinated Status

All SAS students and staff are encouraged to be vaccinated against COVID and keep up to date with eligible vaccines. An individual is Up to Date with COVID Vaccines when they have received all eligible vaccines as recommended by the CDC.



References

COVID-19 Guidance Pages

- [VDH K-12 and Child Care COVID-19 guidance webpage](#)
- [CDC Isolation and Precautions for People with COVID-19](#)
- [VDH COVID-19 Exposure](#)
- [CDC Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#)
- [CDC Community Level Guidance](#)

COVID-19 Data Resources

- [VDH COVID-19 Data in Virginia Dashboard](#)
- [RHHD Case and Vaccination Archive Reports](#)
- [American Academy of Pediatrics Children and COVID-19: State Level Report](#)
- [VDH Variant Dashboard](#)
- [CDC Nowcast Variant Dashboard](#)
- [UVA Weekly COVID-19 Modeling Update](#)

Ventilation Improvement References and Resources

- [EPA Indoor Air and Coronavirus \(COVID-19\)](#)
- [EPA Indoor Air Quality Tools for Schools Action Kit](#)
- [CDC Ventilation in Schools and Childcare Programs](#)
- [CDC Ventilation in Buildings](#)
- [ASHRAE Guidance for Building Operations During the COVID-19 Pandemic \(PDF\)](#)
- [ASHRAE Technical Resources for the Reopening of Schools and Universities](#)
- [AIHA Reopening Guidance for General Office Settings](#)

Other

- [VDH Mask Guidance](#)
- [VDH Vaccine Response](#)
- [City of Richmond and Henrico Health District](#)
- [VDH Mental and Emotional Wellness](#)

Health Response Team

Head of School
Principal
Director of Instruction
Operations Officer
Director of Advancement for Strategic Initiatives
School Nurse

Kay Mason
Kate O'Donnell
Kathy Tappen
Eric Elliott
Katelyn Turner
Kathy Eastham, RN

Questions

If you have any questions or concerns about school policy or inquiries specific to COVID-19, please contact nurse@st-andrews-school.org and we will respond as soon as possible.

