

Stewart County School System



Infectious Disease & Pandemic Procedures

Updated August 2022

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Guidance taken from Centers for Disease Control and Prevention (CDC)

COVID-19

The Georgia Department of Public Health (DPH) recognizes the importance of safely maintaining in-person learning and childcare. Although COVID-19 cases in Georgia are declining, identified cases and close contacts must continue to follow safe protocols to prevent further viral spread and schools and early care and education (ECE) programs (i.e., childcare programs) should remain vigilant to limit transmission within their facilities. Vaccination remains the best method for preventing illness and limiting the spread of SARS-COV-2, the virus that causes COVID-19. CDC recently updated their COVID-19 guidance for the general population and based recommendations on COVID-19 Community Levels. **K-12 schools and ECE programs should follow the new recommendations for the general population.** Please note the following updates to reporting, notification, and quarantine for K-12 schools and ECE programs.

Updated COVID-19 Reporting Requirements

Schools and ECE programs are only required to report COVID-19 cases if the testing is performed by the school or ECE program (e.g., by a school nurse and not an external lab). Cases reported to the school or ECE program by families or by external lab testing services (e.g., as part of screening testing) do not need to be reported to the local public health district. Schools and ECE programs are required to report any clusters of COVID-19 to their local public health districts regardless of where testing occurs. For ECE programs, all cases and clusters are required to be reported to DECAL through the normal notifiable disease reporting system.

Notification of COVID-19 Cases in K-12 School or ECE Programs

Schools and ECE programs are not required to conduct contact tracing and are not required to close a classroom after a child, student, or staff member has COVID-19 while in the classroom. It is strongly recommended that schools and ECE programs notify any groups or classrooms that may have been exposed when a case is reported so that staff and/or families may determine the need for quarantine, testing, or additional precautions to protect themselves and their family members.

Modified Quarantine in K-12 Schools and ECE Programs

At-home quarantine for 10 days after exposure to someone with COVID-19 is the safest way to

prevent further spread of the virus. However, DPH recognizes the importance of in person learning. Therefore, K-12 schools and ECE programs may decide to allow close contacts to return to school and childcare early based on a Standard Quarantine protocol, or they may implement a Modified Quarantine (see below) as stated in the DPH Administrative Order.

Standard Quarantine For standard quarantine, all close contacts in private and public schools and ECE programs must be quarantined and excluded from the school and ECE setting and all extracurricular activities

Modified Quarantine

A modified quarantine protocol allows children, students, and staff to continue to attend school or childcare in-person during the quarantine period so long as they remain asymptomatic. According to the DPH Administrative Order, only close contacts from an exposure in the ECE or K-12 school setting may be allowed to follow a modified quarantine protocol. If the exposure occurred outside of the ECE or school setting, children, students, and staff are **required** to follow the standard quarantine protocol. Schools and ECE programs may decide whether to allow participation in extracurricular activities during the modified quarantine period.

During the entire 10-day period, close contacts are **strongly encouraged** to:

- Correctly and consistently wear a mask (except while eating and drinking or napping), regardless of the school or ECE program's mask policy, if age appropriate.
- Physically distance to the extent possible from other children, students, and staff for the entire 10-day period.
- Not participate in any extracurricular activities until after day 10.
- Participate in daily symptom monitoring.

K-12 schools may consider implementing surveillance testing or Test to Stay protocols to rapidly identify cases and further reduce the spread of COVID-19 within schools. Contact your local health district or covid-k12-testing @dph.ga.gov_ if you are interested in learning more about options for on-site screening or diagnostic testing. ECE programs may be eligible for funding for surveillance testing through Operation Expanded Testing.

Working together with schools and ECE programs statewide, DPH is committed to keeping children, students, and staff safe during the COVID-19 pandemic. Schools and ECE programs are strongly encouraged to maintain open lines of communication with their local public health districts. The need for specific prevention strategies will vary based on COVID-19 community levels, vaccination coverage, COVID-19 outbreaks or increasing trends in the school, facility, or surrounding community. To develop a long-term COVID-19 prevention plan, schools and ECE programs should weigh the logistical, behavioral, and developmental challenges related to prolonged, intensive mitigation measures against the risks associated with COVID-19.

Unmask Georgia Students Act

SUMMARY

Provides that no local board of education, school superintendent, school administrator, teacher, or other school personnel may make or enforce a rule requiring students to wear face masks or coverings while on school property unless the rule allows for exemption by parent or guardian; Provides that a parent or guardian making such election must not be required to provide a reason or certification of the child's health or education status; and Provides that students must not suffer any adverse disciplinary or academic consequences as a result of this election.

ANALYSIS

This bill prohibits local boards of education, school superintendents, administrators, teachers, or school personnel at public and charter schools from making or enforcing any rule that requires students to wear face masks while present at school. There is an exception that schools may institute mask mandates as long as there is an opt-out option for parents. The parents must not be required to provide a reason or certification of the child's health or education status in order to participate in the opt-out. No student will suffer adverse disciplinary or academic consequences due to this election by a parent or guardian.

There is a sunset provision for this bill of June 30, 2027.

GEORGIA DEPARTMENT OF PUBLIC HEALTH EIGHTEENTH AMENDED ADMINISTRATIVE ORDER FOR PUBLIC HEALTH CONTROL MEASURES

Isolation of Persons with Known or Suspected COVID-19

1. *Persons with Known COVID-19.* Upon notification by a healthcare provider, public health official, or clinical laboratory of a positive laboratory-confirmed test for COVID-19 or upon a positive result from a self-administered, at-home COVID-19 test, the person testing positive for COVID-19 shall immediately isolate himself or herself at home or another location approved by the Department.

2. *Persons With Suspected COVID-19.* Upon notification by a healthcare provider or public health official that COVID-19 infection is diagnosed or suspected based on symptoms, the person with suspected COVID-19 infection shall immediately isolate

himself or herself at home or another location approved by the Department. As of the date of this Order, the CDC recognizes the following symptoms of COVID-19 infection: fever (a measured temperature over 100.4 degrees Fahrenheit or a feeling of feverishness), 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, or diarrhea.

3. Each isolated person shall avoid unnecessary physical contact with any and all persons and shall comply fully with the Isolation Protocol which may be updated from time to time.
4. Each isolated person shall remain in isolation until such time as he or she no longer presents a risk of infection to the public, as determined by the Isolation Protocol then in effect. As of the date of this Administrative Order, the Isolation Protocol requires an isolated person to remain in isolation as follows:

(1) If the person was diagnosed with COVID-19 and developed symptoms, isolation may be discontinued when at least 5 days have passed since symptoms first appeared, and at least 24 hours have passed since the last fever without the use of fever-reducing drugs, and symptoms have improved (e.g., cough, shortness of breath). If symptoms are not improving or fever has not resolved, the person should stay in isolation until these criteria are met. If leaving isolation before 10 days have passed, the person should wear a well fitting mask for the remainder of 10 days.

(2) If the person was diagnosed with COVID-19 but never developed any symptoms (i.e., asymptomatic), then isolation may be discontinued when at least 5 days have passed since the positive laboratory test and there are still no symptoms. If leaving isolation before 10 days have passed, the person should wear a well-fitting mask for the remainder of 10 days.

5. Isolated persons should monitor their symptoms and seek prompt medical attention if the symptoms get worse, as instructed in the Isolation Protocol.
6. Isolated persons may leave isolation in the event of an emergency, such as a fire or natural disaster, or if the person's health condition worsens and he or she requires treatment in a healthcare facility.
7. Following guidance from the Centers for Disease Control and Prevention on isolation remains the safest way to protect teachers and students from the spread of COVID-19. However, recognizing the importance of in-person learning, K-12

schools and Early Care and Education Programs (ECEs) (i.e., childcare programs) may allow students, teachers, and staff who have tested positive for COVID-19 to return to school or childcare settings after following the isolation requirements above, including wearing a well-fitting mask for the remainder of 10 days to minimize the risk of spreading the virus to others.

8. Each isolated person shall cooperate with state and local public health personnel by answering questions as necessary to identify and locate those persons with whom the isolated person has been in close contact (within six feet for fifteen minutes or more) beginning two days before symptoms began or, for isolated persons who have experienced no symptoms of COVID-19, beginning two days before the test was completed. If requested by public health personnel, the isolated person shall provide a list of the locations visited by the isolated person during the time frame that he or she may have been able to transmit the disease.

Quarantine of Persons Exposed to COVID-19

1. *Persons With COVID-19 Exposure Likely to Result in Infection.* Upon notification by a healthcare provider, public health official, or isolated person of exposure to COVID-19 based on close contact (within six feet for fifteen minutes or more) with a person who must be isolated as provided herein, the person so exposed shall immediately quarantine himself or herself at home or another location approved by the Department unless the person has been fully vaccinated and received a booster dose if eligible, for COVID-19 as set forth in the following paragraph.

2. Persons who have been fully vaccinated for COVID-19 and who have received a booster, if timeframe is appropriate as outlined in the Quarantine Protocol, and who remain asymptomatic after COVID-19 exposure, do not need to quarantine following COVID-19 exposure. If at any time in the 10 days following exposure, the quarantined person experiences the following symptoms of COVID-19, including cough, shortness of breath or difficulty breathing, fever (a measured temperature over 100.4 degrees Fahrenheit or a feeling of feverishness), chills, muscle pain, sore throat, or new loss of taste or smell, the quarantined person shall be considered a person with suspected COVID-19 and shall follow the requirements for isolation set forth above and in the Isolation Protocol unless directed otherwise by a healthcare provider or public health.

3. Each quarantined person shall avoid unnecessary physical contact with any and all persons and shall comply fully with the Quarantine Protocol which may be updated from time to time.

4. Each quarantined person shall remain at home or in the approved quarantine location. The recommended time for quarantine is five (5) days from last known exposure, if the person remains asymptomatic, with 5 additional days of wearing a well-fitting mask.

5. Additionally, quarantined persons may leave quarantine in the event of an emergency, such as a fire or natural disaster, or if the person's health condition worsens and he or she requires treatment in a healthcare facility.

6. Following guidance from the Centers for Disease Control and Prevention on quarantine remains the safest way to protect teachers and students from the spread of COVID-19. However, recognizing the importance of in-person learning, K-12 schools and ECEs may allow students, teachers, and staff to return to school as follows:

(1) Schools and ECEs may elect to adhere to the standard quarantine requirements outlined above; OR

(2) Schools and ECEs may elect to adhere to different quarantine requirements as developed by the local school district or childcare facility to facilitate in-person learning. Individuals subject to quarantine may only adhere to such different quarantine requirements, as long as the point of exposure occurred in the school or childcare setting and as long as they remain asymptomatic. DPH recommends schools and ECEs electing to adhere to such different quarantine requirements require that quarantined persons remaining in the school or childcare setting wear a well-fitting mask for 10 days after exposure.

7. Notwithstanding the foregoing, exposed health care providers, emergency medical services workers, first responders, critical infrastructure workers, and educators and education staff may, regardless of vaccination status and where the point of exposure occurred, continue to work, in consultation with their workplace occupational health program and if necessary to ensure adequate staffing, so long as they are asymptomatic, don masks while on duty, and comply with all other quarantine requirements for the duration of the ten-day period. This exception to the quarantine requirement should be used as a last resort and only in limited circumstances, such as when cessation of operation of a facility may cause serious harm or danger to public health, safety, or welfare.

8. During the period of quarantine, the quarantined person shall take his or her temperature twice per day and monitor any symptoms of respiratory illness. If at any time the quarantined person experiences the following symptoms of COVID 19, including cough, shortness of breath or difficulty breathing, fever (a measured temperature over 100.4 degrees Fahrenheit or a feeling of feverishness), chills, muscle pain, sore throat, or new loss of taste or smell, the quarantined person shall be considered a person with suspected COVID-19 and shall follow the requirements for isolation set forth above and in the Isolation Protocol unless directed otherwise by a healthcare provider or public health.

Staff members of the Department are available at 866-PUB-HLTH (**866-782-4584**) to assist and counsel persons subject to this Administrative Order concerning their illness or exposure and their compliance with this Order.

During the period of isolation or quarantine, the ability of persons subject to this Order to communicate with others outside the isolation or quarantine site, including their ability to exchange confidential communications with legal and medical advisors of their own choosing, will be preserved and facilitated to the extent possible without jeopardizing the integrity of the isolation or quarantine.

Failure to comply with this Order is a misdemeanor offense pursuant to O.C.G.A. § 31-5-8. If the Department has reasonable grounds to believe that a person subject to quarantine or isolation refuses to comply with the requirements of this Order, the Department may provide information to law enforcement as necessary to ensure compliance and to facilitate criminal prosecution.

Further, any person who refuses to isolate or quarantine himself or herself as required by this Order may be subject to such further action as may be necessary to protect the public's health.

SO ORDERED, this 16th day of March,
2022.

Considerations for Reopening Schools During Pandemic

- Refer to CDC's Schools Decision Tool (<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-decision-tool.html>)
- Road Map to Returning to School committees will meet to discuss the following:
 - o Do First
 - o Do Before School Opens
 - o Do When Schools are Open and Operating
- Pandemic Response Team (comprised of chairperson from each Road Map to Returning to School committee) will meet to determine procedures for reopening of schools.

Road Map to Returning to School Committees

Governance:

Dr. Stacie Howard-Chair
Pamela Green
Marilyn Johnson
Janet Walls

Post-Secondary:

Paulette White-Chair
Cherrika Ashford
Nicole Mallory
1st Sgt. Viva Jester

Wellness:

Cherrika Ashford-Chair
Taylor Farley
Mona Hubbard
Patti McDonald

Technology:

Crystal Townsend-Chair
Aisha Evans
Chris Usrey
Nicole Mallory
Patricia Wright

Facilities:

Dr. Busani Siphambili-Chair
Marilyn Johnson
Delores Lehman

Instruction:

Dr. Letasha Lang-Chair
Aisha Evans
Tawnya Hadley
Dr. Stacie Howard
Paulette White

School Operations:

Pamela Green-Chair
Mona Hubbard
Darryl Jones
Marcus Taylor

Pandemic Response Team

Cherrika Ashford
Dr. Letasha Lang
Pamela Green
LaPorchia Grier
Dr. Stacie Howard
Dr. Busani Siphambili
Paulette White

Monkeypox

<https://www.cdc.gov/>

What You Need to Know about Monkeypox if You are a Teen or Young Adult

What is monkeypox?

Monkeypox is a rare disease.

- If you get monkeypox, you may have fever, chills, sore muscles, headache, or tiredness and then get a rash.
 - » Sometimes, you may get a rash first, followed by other symptoms.
 - » You might only get a rash without having the other symptoms. The rash may look like pimples or blisters.
 - » The rash is usually on the face, inside the mouth, and on other parts of your body like your hands, chest, and genitals.
- Even though you should get better in 2-4 weeks, you should see a healthcare provider as soon as you get symptoms that could be from monkeypox.
- If you have a weakened immune system (from HIV, cancer, an organ transplant, or other reason), are pregnant, or have other skin problems like eczema, you may become more severely ill from monkeypox.

How do you get monkeypox?

Monkeypox does not spread easily between people.

- You can get monkeypox from close, skin-to-skin contact with a person who has a rash or scabs from monkeypox.
 - » For example, this can include during hugging, cuddling, a massage, or close contact sports.
- It also includes contact with spit droplets during close conversation and kissing.
- It can also spread through sexual contact including touching the genitals, and oral, anal, or vaginal sex.
- You can also get monkeypox from contact with objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox.

What can I do to protect myself?

The best way to protect yourself from monkeypox is to avoid skin-to-skin contact with anyone who has a rash that looks like monkeypox.

If you know that a friend or family member has been diagnosed with monkeypox:

- Try to avoid contact with them if possible
- If you must be within 6 feet of them, you should wear a respirator or well fitting mask and they must wear a well-fitting mask
- Do not share silverware or cups
- Do not touch their sheets, blankets, towels, or clothing. If you do touch any of these things, you should wash your hands with soap and water or use an alcohol-based hand sanitizer.

If you are sexually active, talk to your partner about any recent illnesses. Be aware of any new or unexplained rashes on your body or your partner's body, including the genitals and butt. If you or your partner have recently been sick, currently have symptoms of monkeypox, or have a new or unexplained rash, do not kiss, cuddle, hug, touch each other's genitals, or have oral, vaginal, or anal sex.

What should I do if I think I have monkeypox?

If you have a new or unexplained rash or other symptoms of monkeypox, see a healthcare provider or your school health clinic. You can also visit a public health clinic. A public health clinic can be a good option if you don't have a regular doctor or insurance. Let the doctor or nurse know you are worried about monkeypox.

If you think you have monkeypox, cover all parts of the rash with clothing, gloves, or bandages, and wear a mask. Remember to:

- Avoid touching anyone until you have been to the doctor.
- If your test result is positive, follow your healthcare provider's recommendations.
- Wash your hands often and try not to touch your eyes. If you wear contact lenses, wear glasses instead, if possible, to avoid infecting your eyes.
- Stay in a space away from others until your rash has healed, all scabs have fallen off, and a fresh layer of intact skin has formed. This may mean wearing a mask around others in the place you live and cleaning and disinfecting frequently.
- You should try to avoid contact with pets and with people who are more likely to get very sick, like children under 8 years old, people who are pregnant, and people who

have weakened immune systems or certain skin conditions.

If I have questions, who can answer them?

If you have questions and feel comfortable, talk to a parent or other trusted adult.

It's important to talk honestly with a healthcare provider about any concerns you may have about monkeypox, especially if you know you spent time with someone who had monkeypox. You can request time alone with a healthcare provider at your next visit to discuss your concerns in private.