Introduction

According to the Centers for Disease Control and Prevention (CDC), Coronavirus Disease 2019 (COVID-19) is a contagious respiratory illness that can spread from person to person. It is caused by a new strain of coronavirus that arose in China in December 2019. The virus is thought to spread mainly between people who are in close contact with one another (within about six feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Symptoms of COVID-19 may range from mild to severe and include fever, cough, and shortness of breath. Those susceptible to severe illness include the elderly, people who are immunocompromised or have underlying lung disease, as well as those who smoke cigarettes.

The CDC and the Virginia Department of Health are the best sources for accurate information about COVID-19:

- Centers for Disease Control and Prevention: Coronavirus Disease 2019 (COVID-19)
- Virginia Department of Health: Coronavirus Disease 2019 (COVID-19)

Albemarle County Public Schools (ACPS) works very closely with the local Thomas Jefferson Health District\(^1\) on all matters of infectious illness and will immediately report any known cases of COVID-19, or close contacts of cases, and follow all of their instructions. (Please note that a physician who suspects COVID-19 infection must notify the health department for testing, which triggers an investigation of symptoms and contacts as well as an infection control response, if warranted.)

The Code of Virginia provides the governor, state health commissioner, and local school board and superintendent the authority to close schools due to illness, per the recommendation of the local health department. At this point, objective criteria for school closures have not yet been determined.

The ACPS COVID-19 Plan will be updated and revised as new information, recommendations and circumstances arise. Effective March 12, 2020, the school division is operating under PHASE TWO.

---

\(^1\) Local health departments are a network under the Virginia Department of Health, which in turn is part of a network of state departments of health under the national Centers for Disease Control and Prevention.
Albemarle County Public Schools COVID-19 Plan

PHASE ONE: Planning

1) Convene a pandemic planning team within the school division to include representatives of the following departments: Division Administration, Building Services, School Health Services, Human Resources/Employee Wellness, Transportation, Communications, Technology, Finance, and Food Services. This team will serve to create and periodically review the COVID-19 plan.

2) Provide Communication to Employees, Parents and Students.
   a) Provide accurate information about the COVID-2019 virus, its spread and measures schools are taking. Continue to encourage all employees and students to get annual influenza vaccine if they have not already. Communicate other personal infection control measures:
      i. Properly and frequently wash hands.
      ii. Avoid touching nose, mouth and eyes.
      iii. Cover coughs and sneezes with a tissue (or one’s sleeve) and throw the tissue in the trash; follow with handwashing.
      iv. Stay home and keep children home when sick.
      v. Promote a healthy lifestyle, including adequate hydration and sleep, a healthy diet (with at least five servings of fruits and vegetables for optimal immune function). Continue to exercise and refrain from smoking, including vaping, which puts individuals at higher risk for severe illness.
      vi. Share relevant CDC tips with families and employees:
         - Get Your Household Ready for Coronavirus Disease 2019
         - Stop the Spread of Germs
   b) Communicate with parents about the need to ensure that their contact information is up-to-date; plan for how their children will be transported home should they become ill at school; and prepare for child care in the event of school closure.
   c) Encourage people to remain calm, seek accurate information from legitimate sources, avoid social media hysteria, and keep in perspective the degree of the threat, which is currently low to the general population in Virginia.

3) Schools will continue to monitor illness-related absences and will report increased or unusual illnesses and absences to the local health department.

4) Teachers will continue to review and reinforce infection control measures with students, including handwashing, respiratory etiquette, and reminders not to touch nose, mouth or eyes. Teachers will refer to CDC guidance on handwashing for best practice.

5) Building Services will ensure that the division has an adequate surplus of supplies such as hand soap, paper towels, hand sanitizer (at least 60% alcohol), and EPA-approved antimicrobial surface disinfectants (including wipes) effective at killing coronaviruses, to accommodate a surge in use of these items.

6) The Department of Technology, in coordination with the Department of Student Learning, will develop a plan including a range of options for distance learning in the event that schools are closed for a prolonged period of time or if individuals are quarantined.

7) School administrators will develop a plan for high employee absence rates and consider coverage of essential personnel to maintain school operations. Human Resources will review current policies regarding accommodations for medical leave for employees considered by their physician to be at high risk for severe illness.
8) Principals will begin to determine the location of a designated “isolation room.” Ideally, an isolation room will be a location close enough to the school nurse that patients can be observed and cared for as needed, be large enough that 2-3 individuals can be spaced six feet apart, and be located fairly close to an exit.

9) Closely monitor the CDC’s Travel Health Notices and make decisions about field trips closer to scheduled trip dates.

PHASE TWO: Cases in the Region
(The school division will enter this phase under the direction of the local health department. This phase is likely when cases are reported in the region and there is evidence of person-to-person transmission.)

1) Provide communication to employees, parents and students about the COVID-19 virus, including what is known about its spread in Virginia and the infection prevention and control measures schools are taking.

2) Schools will continue to monitor and report illnesses and related absences to the local health department.

3) School nurses will screen students or staff with illness symptoms and will isolate ill individuals and refer them to their health care provider for further evaluation. Any student, parent, or staff member with a fever will be restricted from attending any school activity.

4) Teachers will continue to review and reinforce infection control measures with students, including handwashing, respiratory etiquette, and reminders not to touch nose, mouth or eyes. They will refer students with illness symptoms or who complain about illness to the school nurse for further evaluation.

5) Building Services staff will continue to disinfect commonly touched surfaces at least daily with EPA-approved antimicrobial solutions effective at killing coronaviruses. Teachers also will be provided with disinfectant wipes to wipe down frequently touched classroom surfaces during the day.

6) Additional dispensers of alcohol-based hand sanitizer (at least 60% alcohol) will be placed throughout school buildings where sinks are not available, and all occupants will be encouraged to use them.

7) Issue advance warning to parents to ensure that their contact information is up-to-date; plan for how their children will be transported home should they become ill at school; and prepare for child care in the event of school closure.

8) Institute “social distancing,” or focused measures to increase physical distance between individuals, including canceling assemblies, sports activities, and field trips if recommended by the health department.

PHASE THREE: Cases in the Community
(The school division will enter this phase under the direction of the local health department. This phase is likely if health authorities declare there is a COVID-19 outbreak in the community.)

In response to a COVID-19 community outbreak the school division will implement the following infection control measures, in addition to those identified above:

1) Continue to provide accurate and timely information through a variety of methods (website posts, electronic notifications, public service announcements, social media).

2) The school division will maintain ongoing contact with the local health department and will continue to share absence and illness data and follow their instructions and guidance.

3) Building Services will continue to ensure that the division has an adequate surplus of supplies.

4) Schools will advise all students, parents, visitors and staff not to enter school buildings if they are experiencing any illness symptoms consistent with COVID-19.

5) Any school staff who develop a new cough and fever will be excluded from school.
6) Students who present with a fever and cough will be isolated in the designated isolation room until picked up by a parent or designee.
   a) School personnel will post a sign indicating the isolation room and will limit access to the room to the school nurse, ill individuals, and custodians.
   b) The school nurse may wear an N-95 respirator mask if providing care to symptomatic individuals in the isolation room.
   c) School personnel will follow established disinfection procedures for the isolation room.
7) Individuals excluded from school or work must remain at home until they have been fever-free for 24 hours without the use of fever-reducing medications such as acetaminophen or ibuprofen or follow return-to-group-setting criteria issued by the health department.
8) All non-essential visitors will be barred from entering schools beyond the front office.
9) Institute additional social distancing measures.
   a) Space students at least three feet apart in classrooms, where feasible;
   b) Refrain from group activities such as reading buddies and group projects;
   c) Cancel assemblies, field trips, sports events, and other school activities; and
   d) Consider banning hugging, high fives, and handshaking.
10) If recommended by the health department, provide distance learning options to students who are quarantined by local health authorities for being identified as a close contact without symptoms.
11) School nurses will no longer administer acetaminophen or ibuprofen to students or staff, which may mask the development of a fever, except to students experiencing menstrual cramps or other ongoing pain per an established standing order.
12) Continue to disinfect commonly touched surfaces at least daily. Provide teachers with disinfectant wipes to wipe down commonly touched classroom surfaces. Discontinue use of the cafeteria pin pad for lunch purchases by students. Disinfect school bus handrails between routes.
13) Consider permitting telecommuting for employees who can perform their work duties remotely.
14) Institute liberal leave policies as determined by Human Resources. Suspend perfect attendance awards (or rewards).
15) Consider providing distance learning opportunities to absent students or all students in the event of school closures.