On August 16, 2021, state agencies issued emergency regulations requiring face coverings in school buildings while students are present. The requirement applies to all schools -- public and private. All other school-related COVID requirements were lifted, following the Governor’s withdrawal of the State of Emergency on July 13, 2021. All mitigation strategies described herein other than mask-wearing requirements are recommended but not required, and Local Education Agencies (LEAs) are encouraged to continue implementing the mitigation practices outlined in the guidance below. As the Centers for Disease Control and Prevention (CDC) updates guidance, the Delaware Division of Public Health (DPH) and Delaware Department of Education (DOE) will continue to communicate with LEAs to update recommendations for Delaware schools.

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Requirements and Guidance (Updated)

What requirements are still in place for schools?
Emergency regulations were issued on Aug.16, 2021, and were reissued on Nov. 1, 2021, requiring everyone kindergarten age and up to wear a face covering in a school facility while students are present in the building. That regulation was extended to February 8, 2022. All adults and students must also wear face coverings while riding on school transportation. Students and staff in schools must wear face coverings except when eating or drinking. Persons who have a medical condition or disability that prevents that person from wearing a mask can request a reasonable accommodation from the school.

In addition, schools must continue to engage in practices that facilitate and support contact tracing and quarantine of close contacts and isolation for positive cases.

Is social distancing still required?
Although state social distancing requirements are no longer in place, per CDC guidance, schools should continue to encourage distancing of at least 3 feet while masked in classrooms and 6 feet at other times to the extent practicable. Distancing during lunch and any activity where masks are not worn is especially important. However, if schools face the choice of maintaining distancing or
ensuring that every student can attend school in person, DPH believes it is more important that every student be able to attend school in person than maintain distance during the school, especially if face coverings are worn effectively and consistently.

**Do students still need to be 6 feet apart while unmasked and eating in the cafeteria?**

Students should be seated a minimum of three feet apart when eating (6 feet is ideal when individuals are unmasked). Face coverings should be worn until students begin eating and replaced when they are done eating. If schools face the choice of maintaining distancing during lunch or ensuring that every student can attend school in person, DPH believes it is more important that every student be able to attend school in person than maintain distance during lunch.

**What are the requirements for school buses?**

Federal law and the Emergency Regulation currently require that all individuals wear face coverings on buses, except when doing so would inhibit the health of the individual. Schools should refer to the [CDC guidance on school buses](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-when-not-teaching.html) when transporting students.

CDC recommends that schools create a minimum of 3 feet of distance between children on the bus *when possible*. Schools should minimize student contact to the extent possible, such as loading the bus from back to front, and opening windows to increase ventilation when possible. Schools may consider assigning seats to be able to better conduct contact tracing if necessary. If schools face the choice of maintaining social distancing on buses or ensuring that every student can attend school in person, DPH believes it is more important that every student be able to attend school in person than maintain distance on buses.

**Do students need to wear face coverings during outdoor recess or outdoor activities?**

No. Face coverings are not required when outside. While LEAs may be more restrictive than the state’s requirements, DPH does recommend that children use outdoor time as a mask-free time while aiming to keep a distance of 6 feet or more between children when possible.

**How should schools increase ventilation in classrooms?**

Good ventilation is a critical component of mitigating the risk of COVID-19. [CDC recommends](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-when-not-teaching.html) opening windows or increasing airflow as much as possible in indoor spaces and allowing students to be outside as much as possible, such as for lunch or snack time. Other options may include improvements to the building’s HVAC system, adding specific types of air filters in rooms, placing fans near windows to increase circulation and air exchange, and other approaches outlined in the link above.

**How should we be cleaning our facilities, including indoor classrooms and spaces, as well as outdoor facilities?**

Additional, enhanced, or specific cleaning is not necessary, as recent research demonstrates that the COVID-19 virus is rarely transmitted via surfaces. Commonly touched surfaces (doorknobs, railings, etc.) should be cleaned according to existing school and district facility procedures. An EPA-approved disinfectant or prepared bleach solution should be used to ensure effectiveness against COVID-19, as well as other viruses and bacteria. CDC and Environmental Protection Agency (EPA) have guidance for cleaning and disinfecting schools and a simple decision tool for assistance. For more information on cleaning and disinfecting practices, please see: [https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-when-not-teaching.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-when-not-teaching.html)
Outdoor areas such as playgrounds require only routine cleaning but not disinfection. Based on current CDC guidance:

- Spraying cleaning products or disinfectants in outdoor areas – such as on sidewalks, roads, or groundcover – is not necessary, effective, or recommended.
- High-touch surfaces made of plastic or metal, such as grab bars, play structures, and railings, should be cleaned regularly.
- Cleaning and disinfection of wooden surfaces (such as wood play structures, benches, tables) or groundcovers (such as mulch and sand) is not recommended.

For additional information on cleaning, please refer to CDC’s resources at: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html.

Schools should promote and facilitate routine handwashing or the use of hand sanitizer by students and faculty throughout the day, particularly after returning to classes from recess, physical education, or other activities, as well as before and after eating.

**Are face coverings required for sports?**
Face coverings are required for any indoor activities, including sports and practices, per the Emergency Regulation. Face coverings are not required for outdoor practice or play but are recommended when athletes are on the sidelines and/or social distancing cannot be maintained (such as during team meetings or in the dugout). Face coverings are recommended for coaches, officials, and spectators when outdoors if 6 feet of distance cannot be maintained.

The removal of face coverings for practice or play does increase risk of transmission of the virus and, as such, may result in a higher number of quarantined students should a positive case be identified on a sports team or activity group. Students and staff participating in a school’s Test to Stay (TTS) program must wear a mask around others, even when outdoors.

**Are face coverings required for Physical Education (PE) or non-sports physical activity?**
If students are indoors, they must wear face coverings during PE and should engage in activities that promote social distancing of at least 3 feet or more. Students should also wash their hands after physical education as a healthy practice, particularly if shared materials were used as part of the lesson (i.e., balls, parachutes, etc.).

Face coverings during outdoor physical education class are not required but recommended, especially if at least 3 feet of social distancing cannot be maintained. Face coverings must be placed back over the mouth and nose as students reconvene for class or to re-enter the school building. Students participating in TTS must wear a mask around others, even when outdoors.

**Are face coverings and social distancing required for performing arts programs?**
Face coverings are required for all indoor activities in school facilities when students are present, and everyone should be seated or standing at least 3 feet apart to the extent practicable.

Schools should consider engaging in performing arts outdoors to the extent possible. Outdoors, face coverings are not required but still recommended. No specific requirements remain in place for singing, performing, or playing instruments, such as bell covers for horns and other brass...
instruments, but these measures are still encouraged. Additional guidance on performing arts is available upon request from your district’s performing arts leadership or DOE

**Should schools continue to use daily health screeners?**
Schools are encouraged to continue to use their daily health screener to identify anyone who is exhibiting any potential symptoms of COVID-19 or have had an exposure to a positive case. A symptomatic individual should seek guidance from a healthcare provider and/or be tested for COVID-19. An exposed individual should quarantine according to DPH guidance. Visit [https://coronavirus.delaware.gov/quarantine-isolation/](https://coronavirus.delaware.gov/quarantine-isolation/)

**Are field trips allowed?**
Schools may consider field trips on a case-by-case basis. To reduce the risk of transmission and viral spread, eligible participants, including students, staff, and any chaperones should consider getting vaccinated and remaining current on any recommended doses, including boosters as soon as possible. In planning potential field trips, schools should consider the number and age of students involved, transportation required that allows for maximum spacing, chaperones needed, and whether the students will be in crowded environments. CDC and DPH recommend that all unvaccinated individuals practice safe mitigation strategies, including social distancing and mask wearing. Schools/districts should consider transportation options that allow for as much spacing on buses as possible; masks are required on buses for all individuals. Additionally, schools/districts should create and disseminate protocols for safe mitigation practices while on trips, such as masking and distancing while indoors or in crowded spaces, ensuring students adhere to state and local requirements, and isolating individuals who become ill while traveling. COVID coordinators can contact their DPH liaisons to discuss possible options for field trips.

**Can we participate in trips for sports or performing arts?**
Delaware has no current travel restrictions in place. However, traveling to other states or districts carries a risk to participants. To reduce the risk of transmission and viral spread, eligible participants, including students, staff, and any chaperones should consider getting vaccinated and receiving any recommended doses, including boosters as soon as possible. CDC and DPH recommend that all unvaccinated individuals continue to practice social distancing and mask wearing. Schools/districts should consider transportation options that allow for as much spacing on buses as possible; masks are required on buses for all individuals. Additionally, schools/districts should create and disseminate protocols for safe mitigation practices while on trips, such as masking and distancing while in hotels or crowded spaces, ensuring students adhere to state and local requirements, and isolating individuals who become ill while traveling. Please note that if individuals become ill, test positive or are identified as a close contact while on the trip, options for returning home are likely to be limited or not available, requiring that individuals remain at the location for the duration of the required isolation or quarantine period. COVID coordinators can contact their DPH liaisons to discuss possible options for field trips.

**If staff members are fully vaccinated, can they remove face coverings when together in classrooms without students?**
Staff are required to wear face coverings when students are in the building, but LEAs may be more restrictive than the state’s requirements. Social distancing of 6 feet or more remains strongly recommended, even among vaccinated individuals who are indoors and especially when unmasked. Staff should consult LEA requirements for masking and other protective actions.
What is the guidance for situations when some or all of the mitigation strategies cannot be followed?

DOE’s Mitigation Strategies: Working with Students with Special Needs provides considerations for teachers and school staff to address many situations when mitigation strategies, such as mask wearing, cannot be implemented for all students or for the entire school day. COVID coordinators can contact their DPH liaisons to discuss possible options for specific circumstances.

Can LEA or school policies be more restrictive than the state’s requirements?
Yes, as mentioned above, LEAs may be more restrictive than the state’s requirements.

Positive Cases, Close Contacts, and Exposures

Who in the school or district is responsible for responding to positive cases, close contacts, or exposures?

Districts and schools should have one or more COVID Coordinators, who may oversee the overall approach to COVID policy, mitigation, and response, coordinate the day-to-day response, and respond to general questions from or provide guidance to staff, families, students, and the community related to specific cases. The COVID Coordinator may be the school nurse if that individual has the capacity to manage this role in addition to other duties. Alternatively, a COVID Coordinator may also be an administrator, grade level lead, or anyone else in the school or district who is appropriate to oversee the response and has the capacity to manage the related tasks.

The school nurse is responsible for the health and safety of students. This not only relates to COVID-related issues, but also for managing chronic conditions, providing health education, and responding to acute health-related concerns. The school nurse is often providing oversight in the school regarding isolation, exposures, and quarantines.

Who else can support COVID response in schools?

Districts and schools may use their Elementary and Secondary School Emergency Relief (ESSER) funds to hire additional staff that can serve as COVID support, which may include additional nursing capacity, administrative support for completing the necessary reporting to DPH, community outreach liaison to work with families and staff to help both explain mitigation as well as finding resources as needed, and additional assistance on case reporting. Depending on the role and function, many types of skills and experience can support these functions.

In addition, schools should consider existing staff who might be able to help form a COVID response team to spread the responsibilities. For example, front office staff might be able to help with data entry or reporting to DPH, family support liaisons might be able to assist with phone calls if students need to quarantine, athletic trainers and coaches could gather close contacts related to sports practices and games, and grade level leads could gather student’s schedules, seating charts, and assessing a student’s potential close contacts.

Who can work with DPH on reporting cases or close contacts?

DPH can only work on specific cases with designated COVID Coordinators or School
Nurses due to privacy constraints. A school or district may designate co-coordinators to allow for multiple contacts, if helpful.

**Who are the DPH Liaisons and what is their role?**

DPH Liaisons are assigned to school districts, charters, and private/parochial schools to provide a connection to DPH.

**DPH Liaisons can:**
- Respond to specific case-related questions in coordination with DPH epidemiology/contact tracers
- Advise on situation-specific questions
- Review policies and procedures
- Share information between DPH, DOE, and school districts/charters and schools
- Provide support and guidance to school nurses, as needed
- Connect schools with DPH epidemiologists or environmental health
- Present information to staff, parents, and/or school community
- Review materials or presentations developed by schools/districts
- Disseminate research, findings, or guidelines developed

**DPH Liaisons cannot:**
- Provide personnel advice about employee benefits, leave, etc.
- Provide legal guidance
- Serve as epidemiologists, contact tracers, or testing advisors
- Make final decisions for schools or districts related to policy or guidance to students or faculty
- Require any actions
- Serve as regulators or enforcers

**What is the difference between isolation and quarantine?**

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

- **Isolation** separates sick people with a contagious disease from people who are not sick. In the case of COVID-19, those who need to isolate from others are persons who tested positive for the virus, even if they do not physically have symptoms.

- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease (like COVID-19) to see if they become sick. These people are also known as close contacts. Inside the school setting, a close contact is any student within 3 feet sustained for 15 minutes or more, or adult within 6 feet sustained for 15 minutes or more, regardless of mask use. Also, anyone between 3 and 6 feet sustained for 15 minutes or more without masks. Outside of the school setting, a close contact is someone who has been within six feet of someone who is positive for COVID-19 for 15 cumulative minutes within a 24-hour period. For example, someone who has had three, 5-minute contacts with a COVID-19 person within 24 hours is considered a close contact. Quarantine is a required precaution to protect others from exposure should the person become positive after an exposure. **Quarantine is considered a mitigation strategy; it is not just implemented during an outbreak situation.** Source: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-
It is likely that schools will have more individuals identified and out of school because they are quarantined – identified as close contacts of positive cases – rather than positive cases in isolation.

A positive student case has been reported to our school. What are the first steps that the school should take?

Schools and districts should coordinate a process for receiving reports of positive cases through the school nurse and/or COVID Coordinator and work with teachers and school staff to gather as much information as possible including: name, date of birth, onset of symptoms or test date, date positive results received, the last date the child was in school or around other students outside of school, and as many other details about the case as possible.

The school’s COVID response team, which might be the school nurse and/or COVID Coordinator, should then complete the DPH data collection form, which will greatly expedite the investigation and contact tracing process and submit the case report through the online system or by calling the DPH School Epidemiology Team. DPH Liaisons can discuss cases/possible cases and the best course of action for the schools, and consult with the DPH School Epidemiology Team, as needed.

The school’s COVID response team should convey the following to the family of the positive case:

- If a student has a symptomatic POSITIVE case of COVID-19, the student should isolate for 5 days from the onset of symptoms and until they are fever-free for 24 hours without the use of fever-reducing medications and their symptoms are improving (loss of taste and smell may linger and should not delay end of isolation). They must continue to wear a mask for an additional 5 days in all settings when around others inside and outside of the home after their initial isolation period. Isolation may be ended after 5 days if the child is over age 2 and can effectively wear a mask for an additional five days. If mask wearing is not feasible, isolation should be continued for a total of 10 days.

- If a student has an asymptomatic POSITIVE case of COVID-19, the student should isolate for 5 days following the test date (specimen collection date) provided the individual remains without symptoms. They should wear a mask for an additional 5 days in all settings when around others inside and outside of the home after their initial isolation period. Isolation may be ended after 5 days if the child is over age 2 and can effectively wear a mask for an additional five days. If mask wearing is not feasible, isolation should be continued for a total of 10 days.

Schools should convey the following to the families of close contacts:

- If a student is unvaccinated, partially vaccinated, or age 18 and older (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update) and overdue for a booster dose and is a close contact of a positive case, the student should quarantine for 5 days from the date of his or her last exposure to the positive case and then wear a mask for 5 days.

- A student who is up to date with their vaccines, including boosters and additional doses if recommended, does not need to quarantine. Students 17 and younger who are fully
vaccinated, but do not have a booster dose also do not need to quarantine (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update). Nor do, students who have tested positive for, and recovered from, COVID-19 within the last 90 days. Individuals in this category should wear a face covering for 10 days, and monitor symptoms for 10 days.

- If they are unable to wear a well-fitting mask, the student should quarantine for the full 10 days.
- Whether an individual needs to physically quarantine or not, they are recommended to get tested on day 5 if possible (except for students having recovered from COVID-19 in the last 90 days).
- School personnel should also convey that DPH may change the above advice on the number of close contacts once DPH has completed its contact tracing investigation.
- Schools participating in TTS should discuss those options with families of close contacts.

**What if we have a situation that needs a quick response so the school can make an operational decision, such as whether a group of students needs to stay home the following day?**

If a school requires DPH advice before proceeding, the School Nurse/COVID Coordinator should call their DPH Liaison first and together, you and your liaison can determine next steps, which may include calling DPH’s School Epidemiology Team. When submitting the RedCap form, please indicate that you require a call back.

**Will DPH issue “clearance” letters to students or staff specifying when they may return to school?**

No, due to case volumes this process has been halted to allow resources to be focused on case processing and other priorities. In lieu of a clearance letter, the school nurse and/or COVID Coordinator, in consultation with the DPH Liaison or School Epidemiology Team, may clear a student or staff after verifying that the below protocol has been followed:

- Asymptomatic positive cases may return to school after 5 days from the date of a positive test but must wear a mask for 5 additional days.
- Symptomatic positive cases may return to school 5 days from the onset of symptoms provided they are fever-free for 24 hours without the use of fever-reducing medications and other symptoms are improving. They must still wear a well-fitting mask for an additional 5 days upon their return. Schools may choose to require a doctor’s note before return to school for symptomatic positive cases.
- Close contacts who are unvaccinated, partially vaccinated, or overdue for a booster shot who are not participating in the TTS Program may return to school:
  - 5 full days from the date of their last exposure to the positive case member, and they must wear a well-fitting mask for 5 additional days. If they are unable to wear a well-fitting mask, they must quarantine for the full 10 days.

If a positive staff person or parent/caregiver of a student do not receive a call from DPH’s contact tracing team after 72 hours from the positive test result notification or after the school nurse reported the case to DPH’s School Epidemiology Team, they should reach out to the contact tracing team at 844-611-3231. Individuals should respond to calls from this number or from contact tracing.
**Can an individual use an antibody test to be cleared from quarantine?**

According to the [CDC’s guidelines](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html), antibody tests should not be used to determine the need to quarantine after a close contact with someone who has COVID-19.

**What is the protocol for siblings or other household members of a positive case?**

If the siblings or other household members are fully vaccinated with a booster dose if eligible, they do not need to quarantine. If a person tests positive in the same household as an individual who is unvaccinated, partially vaccinated, or overdue for a booster, the exposed individual should quarantine immediately and should continue quarantining for 5 additional days from the date of the last exposure to the positive case. The quarantine period will last 5 days but if the positive household member is unable to isolate away from others in the household, those exposed to the positive case would need to quarantine for an additional 5 days after the last exposure; this quarantine period may last up 10 days. The exception to this policy is if the positive case can isolate within the house and has no exposure to the other household members. In that case, the household member may return to school 10 days from their last exposure to the positive case.

*Source: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html*

If there is confusion about the facts of the case, school personnel should consult with their DPH Liaison and if needed, with DPH’s School Epidemiology Team.

**What is Test to Stay (TTS)?**

Your district or school may be participating in a program that will allow students and staff identified as close contacts to remain in school by testing daily Sunday through Thursday. As long as the individual is able to wear a mask, and does not become symptomatic or test positive during the quarantine period, the individual may remain in school. A district or school must be participating in the testing program and individuals must be registered for this testing service. More information can be found here: [https://www.dhsscovidsschooltest.com/](https://www.dhsscovidsschooltest.com/).

**Who in the community gets told when there is a positive case?**

- Schools should implement their usual procedures for notification of infectious diseases to the school community, per state, local district, or school policy and practice for infectious disease management.
- Schools should notify the school community when a person who tested positive was in the building while students were present.

**Will DPH’s School Epidemiology Team call the school to alert staff of a positive case?**

It is more likely that the school will be notified by a student, parent or family member, or staff member that they are positive before DPH’s School Epidemiology Team receives the lab results. As such, the school will need to act before DPH’s School Epidemiology Team can begin its official investigation or contact tracing. If DPH’s School Epidemiology Team identifies school-connected positive cases in their system that have not yet been reported to DPH’s School Epidemiology Team by the school, the DPH Liaisons will send those identified cases to the school. Sometimes, in the time between when the school reports the case and DPH’s School Epidemiology Team receives the positive test result, the school has made a report, in which case, the school does not need to do anything further.

**What should we do if we receive results of a positive case, and that individual is at school?**
• Isolate the suspected case of COVID-19 in an area separated from other students and staff and notify parents/guardians to pick up the student as soon as possible.
• Compose a list of in-school close contacts to be quarantined, place those individuals in an area separated from other students and staff, and notify parents/guardians to pick up students as soon as possible. If more than one student is in isolation because of a confirmed positive test, but the status of a student is unknown, those students should be separated, even if the second student is exhibiting symptoms consistent with COVID-19.
• Limit movement among students and staff in the impacted area.
• If there is a medical emergency, call 911.

How should we clean after having sick students or staff at school?
According to the CDC’s cleaning and disinfection guidance, if a sick person or an individual diagnosed with COVID is connected to an individual office or other space within the previous 24 hours, you should clean and disinfect the spaces they occupied. Spaces should be closed off until the area is cleaned and disinfected, waiting for as long as possible (at least several hours) before doing so to allow the viral load to decline. While cleaning and disinfecting, school staff should open windows or use fans or HVAC to increase circulation, wear appropriate personal protective equipment, and use EPA approved cleaning and disinfecting products as directed on the label. Further:
• If the person has been in the space less than 24 hours ago, school staff should clean and disinfect the space.
• If the person has been in the space more than 24 hours ago, cleaning will suffice, and the space may be disinfected according to everyday practices required by the school.
• If the person was in the space more than 3 days ago, no additional cleaning beyond regular cleaning practices is required.

Who needs to wear face coverings?
Both public and private schools in the state of Delaware are subject to the state’s requirement, which states that all persons in K-12 buildings ages kindergarten and older must wear a face covering. CDC advises that face coverings should cover the mouth and nose and fit snugly against the sides of the face. According to CDC guidance for K-12 classroom settings, if a student was seated at least three feet apart from an infected student and both wore face coverings, the student who is not infected does not need to quarantine (6 feet for adults).

Well-fitted face coverings are a critical mitigation strategy and schools that comply with Delaware’s mask mandate may follow a streamlined contact-tracing process, if four criteria are met as outlined below.

School personnel conducting the contact tracing should use the below checklist to determine whether the streamlined contact-tracing process may be followed. If DPH epidemiologists are consulted, they will ask school officials the same questions to determine whether the streamlined contact-tracing process may be followed. If DPH epidemiologists are consulted, they will ask school officials the same questions to determine whether the streamlined contact-tracing process may be followed.

Streamlined Contact Tracing Checklist

1) Is the state’s mask mandate the practice in the school where the infected person works or
learns?
2) Has guidance been provided to staff that their masks should cover the mouth and nose?
3) Can the nurse confirm that no one in the classroom with the positive case has a medical exemption from wearing a mask?
4) Are reasonable and consistent efforts made to ensure mask compliance and three feet distancing in classrooms?

If the answers to questions 1-4 above are “yes”, schools may use the streamlined contact-tracing process. If any of the answers to questions 1-4 above are “no,” more extensive quarantining may be required and DPH should be consulted. As always, each case is decided on the basis of the facts of that unique situation to determine final recommendations.

Streamlined Contact Tracing for Indoor School Settings

1. Did the positive child eat lunch inside during the infectious period?
   a. If no, no one quarantines.
   b. If yes, question #2.
2. Did the child eat lunch inside within 6 feet of anyone during the infectious period?
   a. If no, no one quarantines.
   b. If yes, question #3.
3. Were any of those exposed children fully vaccinated?
   a. Quarantine the unvaccinated children who ate lunch inside within 6 feet of a positive case.
   b. Fully vaccinated children don't need to quarantine – they should just get tested in accordance with CDC guidance.* (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update)
4. Were any of those exposed children up to date** with their vaccinations?
   a. Is the student eligible for a booster, based on the time since primary series completion? If yes, have they received it? (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update)
   b. Quarantine the unvaccinated and starting 1/31/22, those children not up to date on vaccinations.
   c. Children who are up to date with their vaccinations, including boosters if they are eligible as of 1/31, don't need to quarantine – they should get tested in accordance with CDC guidance.

Close, sustained contact is defined as within 6 feet for more than 15 minutes in the cafeteria or within 3 feet for more than 15 minutes in classrooms.

*Fully vaccinated individuals are those who have received one dose of the Johnson & Johnson vaccine and are two weeks past that dose; or those individuals who received two doses of either Pfizer or Moderna (Pfizer is the only vaccine available for those under 18) and are two weeks past their second dose. (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update)

**Up to date means fully vaccinated plus having received a third dose if immunocompromised, and/or a booster if eligible. Individuals who are eligible for a booster were fully vaccinated at
least 5 months ago with either Pfizer or Moderna, or two months ago with J&J.

*Note: whether students were facing the same direction or not no longer needs to be considered for purposes of contact-tracing and quarantine.

**Streamlined Contract Tracing for Buses and Cars**

1. Did the positive child ride the bus or a car with other students or staff during the infectious period?
   a. If no, no one quarantines.
   b. If yes, go to question #2.

2. Did the child sit less than 3 feet of anyone during transport in the infectious period?
   a. If no, no one quarantines.
   b. If yes, question #3.

3. Were any of those exposed children fully vaccinated?
   a. Quarantine the unvaccinated children who ate lunch inside within 6 feet of a positive case.
   b. Fully vaccinated children don't need to quarantine – they should just get tested in accordance with CDC guidance.* (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update)

4. Were any of those exposed children up to date** with their vaccinations?
   a. Is the student eligible for a booster, based on the time since primary series completion? If yes, have they received it? (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update)
   b. Quarantine the unvaccinated and starting 1/31/22, those children not up to date on vaccinations.
   c. Starting 1/31/22, children who are up to date with their vaccinations don't need to quarantine – they should get tested in accordance with CDC guidance.

Close, sustained contact on transportation is defined as within 3 feet for >15 minutes as long as masks are properly worn by all individuals.

**Outdoor Exposures**

Most activity occurring outdoors at school no longer needs to be considered for purposes of contact-tracing and quarantining unless unmasked exposure of less than 6 feet of stationary activity was clearly sustained for more than a total of 15 minutes (e.g., unmasked students closely spaced in an outdoor reading circle or unmasked athletes at less than 6 feet apart for a prolonged period on the sidelines or in team meeting). Recess involving movement and short periods of close interactions do not need to be considered for purposes of contact tracing.

In general, people do not need to wear masks when outdoors (e.g., participating in outdoor play, recess, and physical education activities). CDC recommends people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised or to avoid exposure and possible quarantine. Universal masking is required during indoor physical education or indoor recess. Students and staff participating in TTS must wear a mask around

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others, even when outdoors.

Close, sustained contact is defined as being within 6 feet for more than 15 minutes.

**Streamlined Contact Tracing for Outdoor Exposures Not Related to Sports Teams**

1) Did the infected person have close, sustained contact (within 6 feet for more than 15 minutes)* without a mask while stationary with others while outdoors
   a. If no, no one quarantines.
   b. If yes, question #2
2) Were any of those exposed children vaccinated?
   a. Quarantine the unvaccinated children who had close, sustained contact within 6 feet of a positive case.
   b. Vaccinated children don't need to quarantine. They should get tested in accordance with CDC guidance.

*Note: If the contact was intermittent or not clearly sustained for 15 minutes, disregard that contact for purposes of contact tracing.

**Streamlined Contact Tracing for Outdoor Exposures Related to Sports Teams**

1) Did the infected person travel unmasked with anyone else (e.g., to or from practice or games on a bus or in a car)?
2) Is there concern about close, sustained contact less than 6 feet without a mask outside of practice or game play (e.g., before or after practice/game play, during team meetings or huddles)?
3) If yes to 1 or 2, were any of those exposed children vaccinated?
   a. Quarantine the unvaccinated children.
   b. Vaccinated children don't need to quarantine. They should get tested in accordance with CDC guidance.

**Do individuals who have been confirmed positive for COVID-19 in the past or are fully vaccinated still need to quarantine?**

Individuals who have tested positive in the previous 90 days for COVID-19 do not need to quarantine during this period. Likewise, an individual who has received all recommended vaccine doses, including boosters (if eligible), does not need to quarantine after a known or suspected exposure to a positive case if asymptomatic, but should still monitor for symptoms of COVID-19 for 10 days following an exposure. Vaccinated individuals should wear a face covering in public settings for 10 days.

If someone is currently COVID-19 positive, they should isolate, regardless of their vaccination status.

Schools might ask for confirmation of the positive case or vaccination record to verify that the individual would not need to quarantine.

**What should you do if you are a parent (or teacher) and think you or your child(ren) have been exposed or receive information that you are a close contact of a positive individual?**

The parent/teacher should contact the school nurse or COVID Coordinator, who will work with
the school to ensure learning continuity for students during the quarantine period. If the school participates in in-school testing and the TTS program, the school nurse or other identified staff can provide additional information on TTS so that the student or staff member can participate and continue to attend school. Once the case who exposed the person has been interviewed, contact tracers will reach out to anyone identified as a close contact and conduct an interview and recommend quarantine. The school nurse or COVID Coordinator do not need to contact DPH’s School Epidemiology Team for exposures unrelated to school personnel or students, as these cases will be identified by contact tracers. If DPH learns of the school-related positive case first, a DPH liaison will contact the school nurse. An individual who becomes symptomatic following a suspected exposure should consult a health care provider and consider being tested for COVID-19.

**How would parents or staff find out if they are a close contact?**
The school may find out before DPH’s School Epidemiology Team receives lab results, so the school may make the first contact about an exposure. If the first contact is made by the school nurse, information about the TTS program will be provided. Once DPH’s School Epidemiology Team receives the lab results and initiates an investigation, individuals will receive a call from a contact tracer, usually within 24 hours or as soon as possible after DPH receives the positive lab results. DPH’s School Epidemiology Team will initiate the investigation as soon as possible, which may be longer than 24 hours due to delay in reporting. If staff are not close contacts, DPH will not notify them of any positive cases in the school setting.

**Returning to School/Work Process and Letters**

**When can students or staff return to work/school following quarantine or isolation?**
The school Epidemiology Team and the assigned epidemiologist/contact tracer will provide individuals with specific instructions on when they can return to work/school. Individuals who tested positive are asked to isolate for 5 days from the positive test or the onset of symptoms. The individuals should also be fever-free, without the use of fever-reducing medication, and show an improvement of symptoms for a minimum of 24 hours before returning to work or school. If a student or staff member is a close contact of a positive case, the student if unvaccinated, partially vaccinated, or overdue for a booster dose should quarantine for 5 days from the date of his or her last exposure to the positive case. Individuals must wear a face covering for an additional 5 days and continue to monitor symptoms for 10 days after exposure.

**Should we require a negative test before we allow a student or staff member back to school/work?**
DPH currently uses a symptom- or time-based method for deciding the duration of isolation periods, as some individuals may continue to test positive for COVID for 90 days without being infectious. If a student or staff member is a close contact of a positive case, testing is recommended five days after exposure. DPH does not recommend follow up testing for those who tested positive.

**If we want to have events for our school community, how can we plan to do so safely?**
Schools should consider implementing mitigation strategies in and out of school, including at
events. However, gatherings are important to build community – from sporting events to movie nights to recognition ceremonies – schools should create plans for larger events that account for how they will account for attendees, if/how attendees will be distanced, whether participants will wear face coverings if outdoors, provided access to handwashing or hand sanitizer, and how frequently cleaning and disinfection will occur. Plans are no longer required for large gatherings and there is no longer a limit on crowd size, but it is important that mask wearing and social distancing are emphasized as gatherings are high-risk events.

COVID-19 Testing

Are teachers and students routinely tested?
Schools staff and students who are unvaccinated should participate in routine testing, either through school-based antigen testing or community-based testing.

School staff who are not vaccinated are required to submit weekly test results.

Where can students, families/caregivers, and staff be tested in the community?
Testing for COVID-19 is available statewide. Find the best option for you, visit: https://coronavirus.delaware.gov/testing/

Should school staff and students continue to participate in routine surveillance testing if they are fully vaccinated?
Fully vaccinated people generally do not need to continue routine testing for screening purposes but may consider continuing to participate in screening tests, such as school-based antigen testing, based on individual risk assessment and should be tested if they have symptoms of COVID-19.

What is antigen testing and how does it work?
Antigen tests use a quick analysis to detect active virus in individuals, returning results within 15 minutes. In schools, antigen tests can be used on-site, sometimes referred to as “point-of-care” for the entire asymptomatic population without known exposure to detect previously unidentified positive individuals. If an individual does test positive, the school can quickly isolate that person, quarantine close contacts, and thereby reduce the risk of viral transmission. In a school setting, antigen testing is used more as a screening tool to identify potentially positive individuals, not as a diagnostic tool as it might be used in healthcare settings. Modeling studies have demonstrated that point-of-care or self-administered surveillance tests with fast turnaround time or frequent testing have high epidemiological value and can significantly mitigate transmission of cases in schools. These high-frequency tests of asymptomatic populations hold significant promise in stopping the spread of disease.


For more information on antigen testing in Delaware’s schools, please see: https://www.dhscovidschooltest.com/ or the repository COVID-19 School Health Forms & Resources.
How can my school sign up for the Quidel school-based antigen testing?
If your school has not yet indicated interest in participating in the school-based testing program, please contact Nick Conte (nicholas.conte@delaware.gov).

What is the difference between an antigen and PCR test?
Although both types of tests are designed to detect the presence of the COVID virus in individuals, they function in different ways. The antigen test uses a nasal swab and detects surface proteins; results are typically available within 15 minutes. A PCR test uses a nasal or an oral swab and analyzes for the presence of viral genetic material (RNA). Results are usually sent to a lab for a molecular analysis and results can take anywhere from 12 hours to several days, depending on lab capacity. Both are considered accurate at detecting virus in symptomatic individuals, though there is a risk of false negatives with both types of tests.

Can at-home antigen tests be used to clear an individual from quarantine or to screen for potential positive?
Districts and schools have the discretion to accept negative results of an unobserved antigen test for confirmation of clearance from quarantine. Specimen collection should be observed by a community medical provider, testing sites, or a school-affiliated clinician.

Positive antigen tests (including home tests) on symptomatic individuals should be used to initiate isolation of the positive case and contact tracing of close contacts.

Where can I get an at-home antigen test?
Individuals may purchase at-home antigen testing kits at most pharmacies or online.

Where can I find fixed testing locations in the community?
For information on a range of testing options, including fixed locations and pop-up sites, please see: https://coronavirus.delaware.gov/testing/.

Vaccines and Vaccination

What does it mean to be “fully vaccinated?”
An individual is considered “fully vaccinated” two weeks after receiving the second dose of the Moderna or Pfizer vaccines or two weeks after the single dose of the Johnson & Johnson vaccine. Before the two-week period, an individual is not considered to be fully vaccinated and should continue to practice all mitigation strategies in all settings. However, since immunity wanes over time, individuals 12 and older are strongly encouraged to get a booster dose as soon as they are eligible. (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update.)

What does it mean to be “up to date” on vaccination?”
Up to date means that you have complete the primary series of vaccinations and received a booster once you are eligible. Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

Do individuals still need to quarantine after an exposure to COVID-19 if they are fully vaccinated and asymptomatic?
According to CDC’s guidance, if the fully vaccinated (2 weeks after the second dose for Moderna or Pfizer, one dose of Johnson & Johnson vaccine) individual, is 18 or older and received a booster dose (if eligible) and remains asymptomatic, they do not need to quarantine after an exposure as long as they remain asymptomatic. This is also true for students 5 -17 who are fully vaccinated even if they have not received a booster yet (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update). However, individuals should test 5 days after the exposure, wear a mask in public or around vulnerable individuals for 10 days and continue to monitor for symptoms for 10 days following the exposure. If they experience symptoms, they should isolate, consult with a health care provider, and consider being tested for COVID. If they are unable to wear a mask during the 10-day period though, they should quarantine for 10 days.

**Can an individual who has had COVID-19 in the past 90 days receive the vaccine?**
A person may and should receive the vaccine after having COVID-19, provided that individual has been cleared from the isolation period and been fever- and symptom-free for at least 24 hours.

**What does the new requirement for teachers to be vaccinated mean?**
As of November 1, 2021, in accordance with the Governor’s emergency order, educators, school staff, contractors, and volunteers who work in K-12 public and private schools must get vaccinated for COVID-19 or undergo weekly testing.