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Superintendent of Public Instruction

SUPERINTENDENT'S EMAIL

Contact: John Hendron, 804-225-4387

DATE: July 21, 2021
TO: Division Superintendents
FROM: James F. Lane, Ed.D., Superintendent of Public Instruction
SUPT'S EMAIL: **New Interim Guidance for COVID-19 Prevention in Virginia PreK-12 Schools and Expiration of the Public Health Order on Masks**

Today the Virginia Department of Health and the Virginia Department of Education released new guidance for PreK-12 schools in the upcoming 2021-2022 school year. [The Interim Guidance for COVID-19 Prevention in Virginia PreK-12 Schools](#) reinforces the importance of in-person learning and supports divisions in making locally-informed decisions on masking and other prevention measures to prevent the spread of COVID-19 in schools.

Prevention strategies will continue to be necessary to mitigate the spread of COVID-19 in school settings next year. Strategies are most effective when layered together, and the revised guidance recommends that divisions work collaboratively with local health departments to implement mitigation strategies based on information about the levels of community transmission, local vaccine coverage, the occurrence of cases and outbreaks in schools, and the use of screening testing data to detect cases in schools.

This updated guidance includes recommendations with regard to mask policies, which will be left at the discretion of divisions following the expiration of [the State Health Commissioner's Public Health Order requiring masks to be worn by all individuals age 5 and older in indoor instructional settings in Virginia schools](#). This requirement is in effect until July 25, 2021 and will not be extended.

The Virginia Department of Health and the Virginia Department of Education strongly recommend divisions adopt the following in order to provide safe in-person learning environments for students and staff:

- Elementary schools should implement a requirement that students, teachers, and staff wear masks indoors, regardless of vaccination status, until vaccination is available for children under 12 years old and there has been sufficient time to allow for children younger than 12 years old to be fully vaccinated.

- At a minimum, middle and high schools should implement a requirement that students, teachers and staff who are not fully vaccinated wear masks indoors.
- Schools may want to consider universal masking for specific reasons or under certain circumstances, [as outlined by the CDC](#).
- All schools should be prepared to adjust local mask policies as local public health conditions evolve throughout the year.

Please note that the [Center for Disease Control federal order requiring masks be worn on public transportation](#) remains in effect and does apply to school buses operated by Virginia public schools.

Divisions must also continue to adhere to the Department of Labor and Industry's (DOLI) [Final Permanent Standard](#) (FPS) pertaining to employees, or any subsequent applicable standard.

For more information

For more information please contact Holly Coy, Assistant Superintendent of Policy, Equity and Communications at Holly.Coy@doe.virginia.gov.

JFL/HMC

Attachments: Presentation on the New Guidance from Dr. Laurie Forlano,
Virginia Department of Health

Revised Interim Guidance for Prevention of COVID-19 in Virginia PreK-12 Schools

July 20, 2021

Number of Cases by Date of Symptom Onset

Number of cases by the day closest to when symptoms began.

Select Region

(Affects Bar Chart)

(All) ▼

Select Date Range

(Affects Bar Chart)

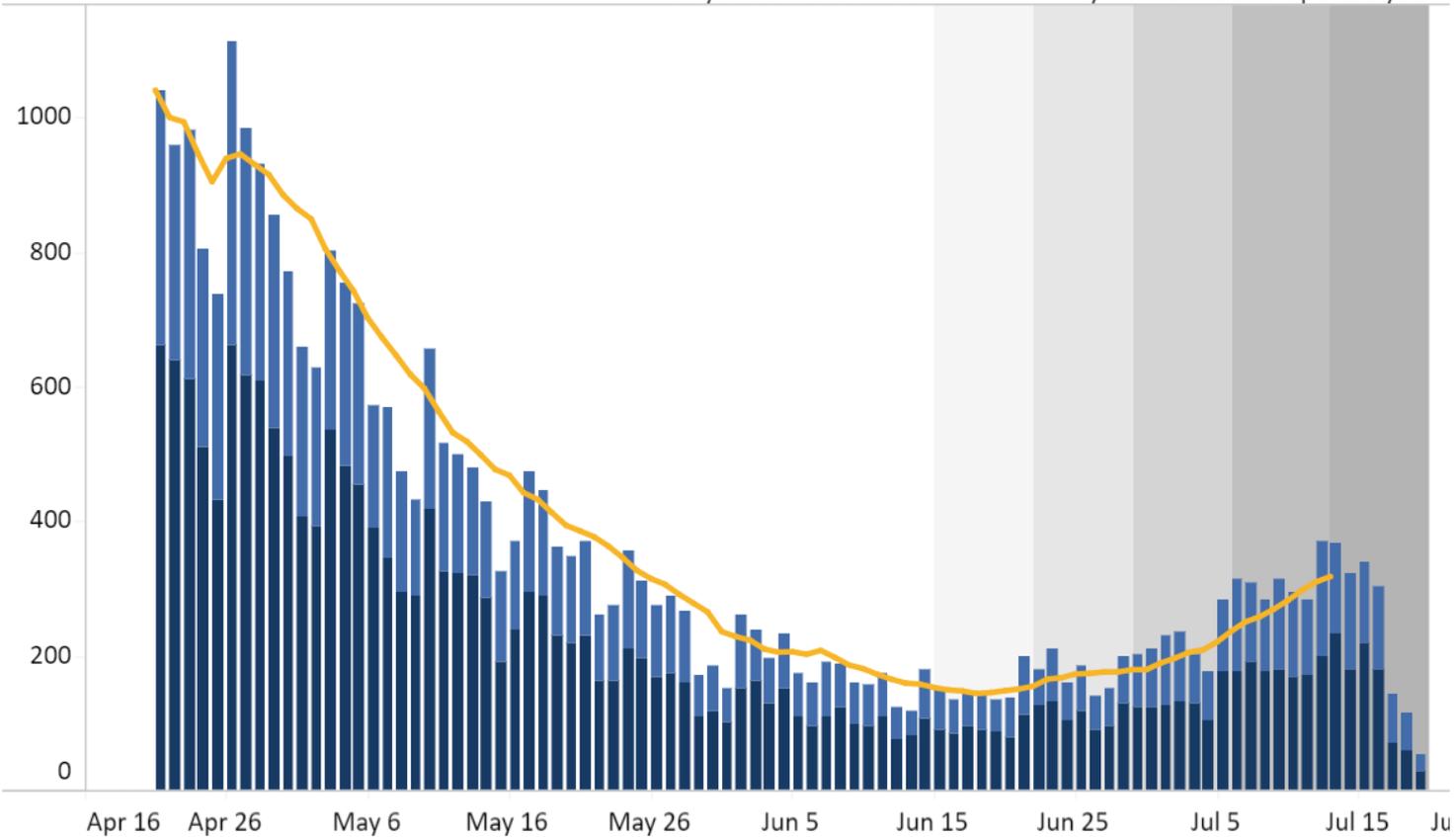
Past 90 Days ▼

Confirmed Cases

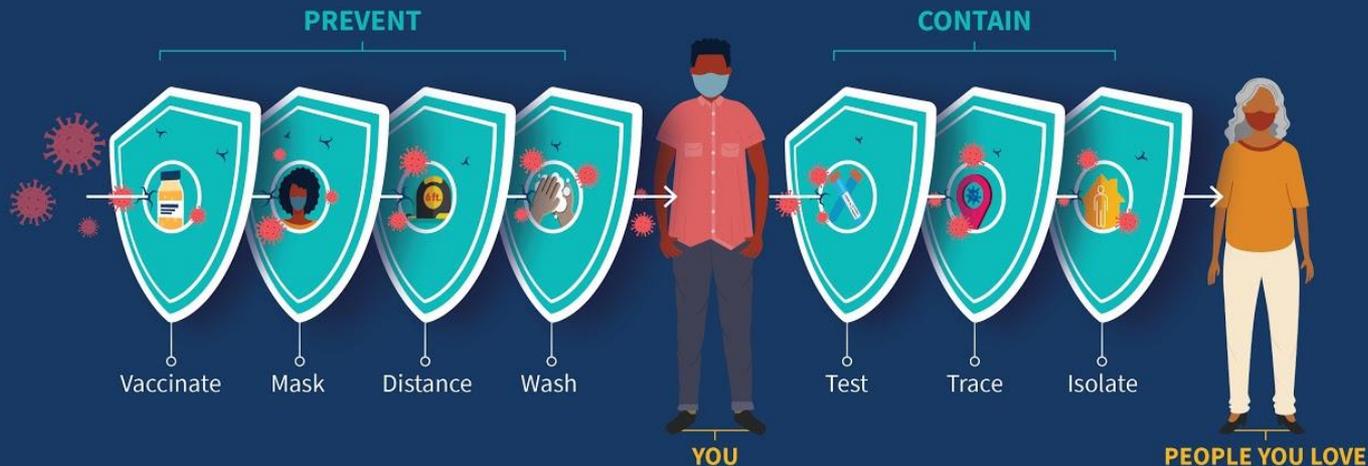
Probable Cases

7-day moving average

Gray shaded area indicates illness may not have been reported yet



Every Layer Protects Us



No layer is perfect, but together they improve success. Protect yourself and the ones you love by continuing to use these COVID-19 layers of protection. The more layers you use, the easier it will be to stop the spread of COVID-19.



[Vaccinate.Virginia.gov](https://www.vdh.virginia.gov) | 877-VAX-IN-VA (877-829-4682)



Steps to guide decision-making about prevention strategies and school operations:

1. Evaluate the level of community disease transmission
2. Evaluate local and school-level vaccination coverage as feasible
3. Consider the level of impact to a school
4. Understand community and school capacity and needs
5. Determine and implement a layered approach with multiple prevention strategies (e.g. masking, distancing, testing, etc)

Evaluate the Level of Community Disease Transmission



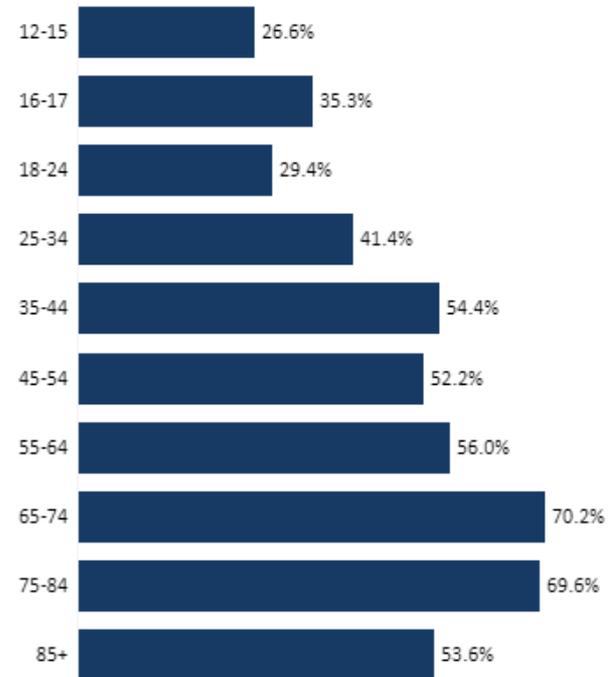
Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	0-9	10-49	50-99	>= 100
Percentage of NAATs* that are positive in the past 7 days	<5.0%	5.0%-7.9%	8.0%-9.9%	>-10.0%

*NAAT: The former indicators called for use of RT-PCR (reverse transcriptase polymerase chain reaction) diagnostic tests, while the new thresholds for community transmission recommend using nucleic acid amplification tests (NAATs). (Note: This is an update in terminology. RT-PCR is a type of diagnostic test that tests for nucleic acid amplification).

Step 2: Evaluate local and school-level vaccination coverage as feasible

- To understand community or locality level vaccination coverage, review locality level vaccination coverage data on the [VDH Vaccine Data Dashboards](#)
- Age-group vaccination coverage at the locality level can be viewed on the “Demographics” tab of the Vaccine Data Dashboards.
- School officials may want to also understand the vaccination coverage at the school level but should only do so in consultation with local school board attorneys.

Percent of the Population Fully Vaccinated - By Age Group



Example: Richmond City

Step 3: Evaluate the Level of Impact to a School

Criteria to Consider	Level of Impact to a School*		
	Low	Medium	High
Transmission within school	Zero or sporadic cases with no evidence of transmission in school	Single outbreak or sporadic outbreaks in school. Sizes of outbreaks remain small.	Several outbreaks in school within a short time period; sizes of outbreaks are large or scope of outbreak is significant (e.g., multiple classrooms or grade levels are impacted).
Student absenteeism	At baseline/Low	Slightly above baseline	High
Staff Capacity**	Normal	Strained	Critical

Step 4: Understand your community

Students benefit from in-person learning, and safely returning to and maintaining in-person instruction in the 2021-22 school year is a priority.

Schools should prioritize providing safety-optimized in-person learning environments. Schools will need to assess the feasibility of certain prevention strategies to help decide what combination of strategies is best.

Some populations may be more hesitant to return to school than others.

Health disparities are evident even among children, so health equity considerations are paramount especially when considering planning for in person instruction and prevention strategies.

Step 5: Plan and Implement Layered Prevention Strategies

CDC's Guidance emphasizes 9 key prevention strategies:

- **Promoting vaccination**
- **Consistent and correct use of masks**
- **Physical distancing**
- Screening testing
- Ventilation
- Handwashing and respiratory etiquette
- Cleaning and maintaining healthy facilities
- Staying home when sick and getting tested
- Contact tracing in combination with isolation and quarantine.

Consistent and Correct Use of Masks- Recommendations

Masks in elementary schools

VDH and the Virginia Department of Education (VDOE) strongly recommend that elementary schools (including PreK classrooms) implement a requirement that students, teachers, and staff wear masks indoors, regardless of vaccination status, until vaccination is available for children under 12 years old and there has been sufficient time to allow for children younger than 12 years old to be fully vaccinated.

Masks in middle/high schools

VDH and VDOE strongly recommend that middle and high schools implement, at a minimum, a requirement that students, teachers and staff who are not fully vaccinated wear masks indoors.

Based on the needs of the community, school officials may opt to make mask use universally required (i.e., required regardless of vaccination status) at any grade level in the school. Reasons for this can include:

- Having a student population that is not yet eligible for vaccination.
- Increasing or substantial or high COVID-19 transmission within the school or surrounding community.
- Increasing community transmission of a variant that is spread more easily among children and adolescents or is resulting in more severe illness from COVID-19 among children and adolescents.
- Lacking a system to monitor the vaccine status of students and/or teachers and staff.
- Difficulty monitoring or enforcing mask policies that are not universal.
- Awareness of low vaccination uptake within the student, family, or teacher/staff population or within the community.
- Responding to community input that many teachers, staff, parents, or students would not participate in in-person learning if mask use was not universal.

Physical Distancing

Physical distancing should be maximized to the greatest extent possible but schools should not reduce in-person learning to keep a minimum distance requirement. VDH recommends:

Between students in classrooms:

- In elementary schools, students should be at least 3 feet apart combined with indoor mask wearing by all students and teachers/staff, regardless of vaccination status. If maintaining 3 feet distance is not possible in classrooms, such as when a school is at full capacity, it is especially important to layer other strategies such as masks, screening testing, ventilation, cleaning, staying home when sick etc.
- In middle and high schools, students should be at least 3 feet apart combined with indoor mask wearing by those persons who are not fully vaccinated in areas of low, moderate, or substantial community transmission. During high transmission, consider a minimum of 6 feet distance standard for middle and high school students when cohorting is not possible.
- Maintain at least 6 feet between adults who are not fully vaccinated, and between adults and students, at all times in the school building to the maximum extent possible.

New exception to close contact definition

- The [definition of close contact](#) now includes an exception for K-12 settings for the purposes of case investigation and contact tracing.
- In general, VDH uses proximity of within 6 feet for a total of 15 minutes or more within 24 hours to determine the need for quarantining persons who have had close contact exposure to someone with suspected or confirmed COVID-19.
- **In indoor K-12 settings, a student who is within 3 to 6 feet of an infected student is not considered a close contact as long as both students are wearing masks and the school has other [prevention strategies](#) in place.**
- This exception does not apply to teachers, staff, or other adults in indoor K-12 settings. ** As a reminder, persons who are fully vaccinated and those who have tested positive in the last 90 days do not need to be quarantined if exposed to a case.

Thank you!

If you have questions about school prevention strategies, please contact your local health department and/or VDH Community Mitigation Team

For school divisions that would like to explore participating in the Virginia school screening testing program (ViSSTA) please send an email to testinginfo@vdh.virginia.gov