



# **COVID-19 Policy**

## **Effective March 28, 2022**

Dear Glen Leven Presbyterian Church Day School families and staff:

The Day School Committee met on March 15, 2022 and agreed to changes to the COVID-19 policy to go into effect on Monday, March 28. A summary of the changes:

1. Masks are no longer required for staff and other adults entering the building (including parents).
2. Masks as a central part of the children's daily routine will be de-emphasized. The school will continue to provide masks for children age 2 and older and anybody who wishes to wear a mask may certainly do so.
3. Parents will be allowed in the classroom at drop-off and pick-up.

In the event of an active case in the building, quarantine/isolation guidelines and "test to stay" are still in effect – see the full policy below.

The new policy takes into account evolving conditions, guidance from public health officials, and feedback from the Day School community. As always, the COVID-19 policy is subject to change as new information becomes available and local conditions warrant.



The Day School Committee, composed of Glen Leven Presbyterian Church members and Day School parents, is responsible for the COVID-19 policy. The Committee continuously monitors and regularly meets to discuss the dynamic situation.

Thank you for making Glen Leven Day School the special place it is!

Glen Leven Presbyterian Church Day School Committee

**Dr. Mark Bryan**, Pastor

**Suzanne Carlisle**, Church member

**Cheryl Cunningham**, Church member

**Mike Davis**, Committee Chair and Church member

**Debbie Ferguson**, Day School Director

**Laura Hartley**, Co-PTO President

**Jenny McIntyre**, Co-PTO President

**Dave Merrick**, Parent Liaison

**Vickie Stanton**, Church member



## General guidelines

Topic	Policy
Face covering	<ul style="list-style-type: none"><li>• Face coverings are optional for children and adults.</li></ul>
Health checks	<ul style="list-style-type: none"><li>• The single most important thing parents can do to help keep classrooms safe is <a href="#">monitor your child(ren) for symptoms</a>. Any onset of symptoms should be suspected to be COVID-19 until it is ruled out via testing or a visit to a healthcare provider. Your help is greatly appreciated!</li><li>• All staff are screened upon arrival.</li><li>• Children's temperatures are taken midday prior to nap time.</li><li>• Parents can take their temperature at the check-in desk.</li></ul>
Drop-off/pick-up	<ul style="list-style-type: none"><li>• Parents are allowed in classrooms.</li></ul>
Cleaning protocols	<ul style="list-style-type: none"><li>• All current cleaning protocols are aligned with <a href="#">CDC recommendations</a>.</li></ul>



## Definitions

**Close contact:** An individual who was fewer than 6 feet away from a person with COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period.

**COVID-19 case:** An individual with a positive COVID-19 test or with symptoms consistent with COVID-19 but no test, that has not met criteria to end isolation.

**Exposure:** Contact with a person with COVID-19 in a way that increases the likelihood of getting infected with the virus. Someone is considered to be exposed to a COVID-19 case if they were a close contact with the person with COVID-19 up to 48 hours *before* the person with COVID-19 showed symptoms or received a positive test.

**Household contact:** An individual who shares any living spaces with a person with COVID-19.

**Isolation:** A strategy used to separate people with confirmed or suspected COVID-19 from those without COVID-19.

**Previously-diagnosed case:** An individual who has recovered from COVID-19 (must have a dated, positive PCR test)

**Quarantine:** A strategy used to prevent transmission of COVID-19 by keeping people who have been in close contact with a person with COVID-19 apart from others.

**Test to stay:** A program that allows an individual identified as a close contact to someone with COVID-19 to continue in-person attendance, as long as they remain asymptomatic and serially test negative for COVID-19.

**Up-to-date on COVID-19 vaccinations:** See [CDC table](#).



## Exposure scenarios

These scenarios apply to all types of exposures, including classroom and household (i.e., the individual lives with a person with COVID-19).

Note that “day 0” is the most recent day of exposure to a COVID-19 case.

### Scenario 1

An individual

- identified as a close contact to someone who tests positive for COVID-19
- and had a previously-diagnosed case in the past 90 days *or* is up-to-date on vaccination

may return to school immediately if he/she

1. shows evidence of the previously-diagnosed case (dated PCR test or doctor’s note) or up-to-date vaccination status (vaccination card)
2. remains asymptomatic

Additional notes:

- Face coverings are recommended, but not required, through day 10 after exposure. Masking does not apply to those under the age of 2.
- An antigen test on Day 5 after exposure is recommended but not required.

### Scenario 2

An individual

- identified as a close contact to someone who tests positive for COVID-19
- and did not have a previously-diagnosed case in the past 90 days and is either ineligible for or not up-to-date on vaccination

may return to school immediately if he/she

1. remains asymptomatic
2. participates in “test to stay” and tests negative for COVID-19 on days 1-5 after exposure

Additional notes:

- Face coverings are recommended, but not required, through day 10 after exposure. Masking does not apply to those under the age of 2.
- See the FAQ section for more info about test to stay.



- In the event of household contact, families should make every effort to isolate the person with COVID-19 from the rest of the household members and wear a face covering if there has to be contact (e.g., a family member must bring something to the person with COVID-19). See the FAQ section for more information.



## Isolation scenario

Note that “day 0” is the first day of symptoms. In asymptomatic cases, “day 0” is the date the test specimen was collected.

If an individual tests positive for COVID-19, he/she should

1. isolate from others as soon as possible.
2. report the case to the Day School Director. The Director will notify close contacts of the COVID-19 case.

If the individual is symptomatic, he/she can return after 5 days of isolation if he/she is fever-free for 24 hours without the use of fever-reducing medication and other symptoms are improving.

Additional notes:

- If fever or other symptoms have not improved after 5 days of isolation, the individual should wait to end isolation until fever-free for 24 hours without the use of fever-reducing medication and other symptoms are improving.
- A mask is recommended, but not required, through day 10 after the test specimen was collected (masking does not apply to those under the age of 2).

If the individual is asymptomatic, he/she can return to school after 5 days of isolation. Face coverings are recommended, but not required, through day 10 after the test specimen was collected (masking does not apply to those under the age of 2).



## FAQ

**Q:** This policy does not follow [CDC quarantine and isolation guidelines](#) as they are written – why?

**A:** Following CDC guidelines to a tee would result in classroom closure(s) for each COVID-19 case in that classroom. This creates the potential for a “revolving door;” students and staff spend a week in quarantine, then return, only to have to return to quarantine because of exposure to another COVID-19 case in the classroom. This is disruptive for children and educators and puts working parents in a nearly impossible situation.

The Committee believes the flexibility of this plan is the best approach given the current stage of the pandemic and the diverse needs of our school community.

**Q:** How much longer will we have a COVID-19 policy?

**A:** It depends on a number of factors that the Day School Committee continuously monitors and meets to discuss, including the latest data and guidance from public health officials, community transmission, vaccine availability for children under 5, variant severity, and more. Input from the Day School community is significant and thoughtfully considered.

The consensus is that, similar to other viral illnesses, COVID-19 will continue to circulate. We will have to learn to live with COVID-19 and minimize its disruption to our society. This policy update is a move toward that state of the world – it maintains test to stay and treats household exposures the same as classroom exposures.

In the coming months, COVID-19 may not be subject to its own policy at the Day School, but rather is treated like most other illness under the illness policy. We are not at that day yet, but if current trajectories continue, it seems to be approaching within the next few months. Any significant changes will be communicated with a reasonable amount of lead time.

**Q:** How will I know when my child is a close contact of a COVID-19 case?

**A:** In the event of a COVID-19 case, the Day School Director will notify all parents in the affected classroom and provide further instructions.

**Q:** What is test to stay?

**A:** Test to stay is a modified quarantine that allows classrooms to stay open for individuals identified as close contacts to a COVID-19 case, provided they remain asymptomatic and test negative on days 1-5 after exposure.



**Q:** What if we are uncomfortable sending our child to school after a COVID-19 case in his/her classroom?

**A:** Families may opt to not return immediately/participate in test to stay and instead quarantine according to [CDC guidance](#).

**Q:** Is the Day School providing tests for test-to-stay?

**A:** If families opt to participate in test to stay, they will be responsible for procuring and administering tests and reporting results to the school.

**Q:** Are there any resources available to help pay for tests?

**A:** The US government will send four at-home tests to families that sign up [here](#). Your health insurance will also [cover or reimburse you for 8 at-home tests per month for each person on the plan](#).

**Q:** Which tests are accepted?

**A:** For individuals age 2 and up, accepted tests include PCR and antigen (at-home rapid tests are OK). For children 2 and under, most at-home antigen tests are not labeled for use on kids under the age of 2 and so they are not accepted. Check with your healthcare provider about testing options.

**Q:** [The sensitivity of rapid antigen tests varies but is generally lower than most PCR tests](#). Why are antigen tests accepted?

**A:** The Committee is accepting rapid antigen tests because:

- they are widely available;
- they enable daily testing by providing quick results (in most cases <30 minutes)
- they reduce barriers to testing because they do not require a trip to a healthcare provider;
- several state departments of health that have offered guidance on test to stay protocols accept them or leave the decision to schools/school districts to determine if they will accept them, for example:
  - o [Kentucky](#)
  - o [New York](#)



**Q:** When should tests be administered?

**A:** In the morning, before drop-off. Please do not enter the building before receiving a negative result.

**Q:** Do I have to show the negative test result?

**A:** After receiving a negative result, place the test in a sealable baggie, take the test to your child's classroom, and hand it to your child's teacher. She will note the negative test and dispose of it.

**Q:** How many days after exposure will we test?

**A:** Recall that "day 0" is the most recent day of exposure to a COVID-19 case.

In situations where there is not ongoing potential exposure to the person with COVID-19, test to stay is in effect from days 1-5 after exposure.

In situations where there is potential for ongoing exposure to the person with COVID-19 (e.g., a household contact), families should make every effort to isolate the person with COVID-19 from the rest of the household members and wear a mask if there has to be contact (e.g., you have to bring something to the person with COVID-19).

- If this guidance can be followed, test to stay is in effect from days 1-5 after exposure.
- If this guidance cannot be followed, test to stay is recommended for the duration of the isolation period of the person with COVID-19 *plus* five days after the isolation period ends.

You do not have to test on weekends. The Day School Director will communicate with families when test to stay is in effect and when it is over.

**Q:** The test shows a positive test result – what should I do?

**A:** Isolate and consider calling your healthcare provider for additional advice. Notify the Day School Director of the positive result. The individual is eligible to return when all criteria described in the "Isolation scenario" section of this policy are met.

**Q:** Why isn't a negative test required to end isolation?

**A:** [CDC](#) offers the following explanation regarding testing to end isolation:

*"If an individual has access to a test and wants to test, the best approach is to use an antigen test towards the end of the 5-day isolation period. If your test result is positive, you should continue to*



*isolate until day 10. If your test result is negative, you can end isolation, but continue to wear a well-fitting mask around others at home and in public until day 10.*

*Tests for SARS-CoV-2 are best used early in the course of illness to diagnose COVID-19 and are not authorized by the U.S. Food and Drug Administration (FDA) to evaluate duration of infectiousness. Some people may remain positive by Nucleic Acid Amplification Tests (NAATs) (e.g., RT-PCR) long beyond the period of expected infectiousness. The significance of a positive or negative antigen test late in the course of illness is less clear; while a positive antigen test likely means a person has residual transmissible virus and can potentially infect others, a negative antigen test does not necessarily indicate the absence of transmissible virus.”*

**Q:** Is there any evidence showing test to stay is effective keeping kids in class while reducing transmission?

**A:** Yes, at least in the K-12 setting (see [here](#) and [here](#)). There do not appear to be any studies on child care centers at this time.