

COVID-19 ADVISORY MEMORANDUM

TO: Superintendents and Heads of Independent Schools
FROM: Daniel M. French, Ed.D., Secretary of Education
Mark A. Levine, M.D., Commissioner of Health
SUBJECT: Recommendations for Contact Tracing
DATE: **UPDATED:** September 22, 2021

Background

The following memo outlines contact tracing in PreK-12 schools effective immediately. Due to the current conditions and case numbers, the Health Department will resume the process initiated during the 2020-21 school year, whereby schools will conduct internal contact tracing in partnership with the Health Department. When we see a reduction in case numbers, the Health Department will initiate a process whereby schools may choose to have the Health Department conduct all contact tracing. Until then, the following section details the contact tracing process. Schools are reminded that they may use ESSER funds to ensure adequate staffing for COVID-19 coordination and contact tracing given the significant resources required.

Schools should closely follow the processes and recommendations outlined below. Schools should not implement different processes.

COVID-19 Fall Contact Tracing Process

PreK-12 schools will conduct internal contact tracing investigations when a student or staff was present in school or was at a school event while infectious. Schools may learn of these school exposures when a family or staff notifies school administrators directly or when the Health Department identifies an exposure during contact tracing and alerts the school. When schools learn of an exposure, schools will:

1. Verify the student or staff was at school while infectious.
2. Identify all vaccinated and unvaccinated close contacts in the school setting.
3. Meet with the Health Department as needed to review the situation, conduct an exposure risk assessment and discuss close contact determinations.
4. Notify close contacts at the school of their exposure using the “quarantine letter” provided by the Health Department and provide testing guidance as needed. This letter includes guidance for both vaccinated and unvaccinated close contacts. The Health Department will not follow up with close contacts that the school notifies, unless there is a need identified by the school for specific scenarios (e.g. need for translation services, family or staff unwilling to share vaccination status with school, etc.).
5. Provide a line list to the Health Department with information about all vaccinated and unvaccinated close contacts identified.

Contact Tracing in Schools with High Vaccination Rates

In situations where a case with close contacts occurs in a student population where all students are eligible for vaccination (currently, aged 12 and up), and that student population is highly vaccinated, the time and resources devoted to contact tracing are less efficient. In these cases, contact tracing efforts are less likely to yield close contacts that need to quarantine and be tested. Such cases have the potential to draw supervisory union (SU/SD) or school resources away from situations where students are either ineligible or less likely to be vaccinated, where there is a greater public health benefit to contact tracing efforts.

Accordingly, in situations where:

- the entire student population is eligible for vaccination; AND
- the school's fully vaccinated rate is 80% or greater (as defined by SU/SD or independent school-collected attestations).

The following recommendations apply:

- the SU/SD or school should not conduct contact tracing;
- once the SU/SD or school identifies areas where exposures may have occurred (e.g., in a classroom or on a sports team), a communication should be sent to those individuals letting them know there are positive case(s) in their class, team or other group;
- the communication should include a strong recommendation that unvaccinated, or vulnerable populations get a test three to five days after the possible exposure;
- symptomatic students and staff should seek testing as soon as possible;
- vaccinated students and staff do not need to get a test, but may choose to if desired;
- the SU/SD or school should share information on where exposures may have occurred with the Health Department, in order to support investigations of potential outbreaks, if needed.

Following this recommendation should reduce resource burden for certain contact tracing situations, particularly in secondary environments. SU/SDs and independent schools should redeploy staff accordingly. For example, following these recommendations can free up time for a school nurse who normally supports contact tracing in a high school, who can then be re-tasked to assist with contact tracing in district elementary schools.

Any unvaccinated staff or student identified as a close contact outside of school will need to remain in quarantine based on the guidance given to them by the Health Department. They cannot attend school until they meet the requirements to end quarantine.

Strategies to Improve the Efficiency and Effectiveness of the Contact Tracing Process

The purpose of these strategies is to help strike an operational balance between public health and educational goals: we want to keep students safe from COVID-19 but also maximize their ability to attend school.

One approach to striking this balance is to identify close contacts as quickly as possible. Another approach is to recommend testing instead of quarantining when the exposure status is unknown.

Determination of Vaccination Status

Under CDC and Vermont guidelines, vaccinated close contacts who are asymptomatic are not required to quarantine. Schools may use local vaccination status information to determine if individuals are vaccinated. The process for obtaining vaccination status information is outlined in the memo [Calculating A School's Vaccination Rate](#). Schools should ensure they obtain proof of vaccination as outlined in this memo.

Recess

The risks to students outside are far less than when they are indoors. A school should notify families of a potential exposure during recess/outdoor time and make testing recommendations for 3-5 days after the potential exposure, but not put students in quarantine unless clear close contact has been identified. A template letter for these potential exposures is available on the Health Department's PreK-12 Schools page. If teachers/playground monitors can easily identify close contacts (Maggie and Jo always play together closely), those students should be put in quarantine.

Lunchroom

Whole lunchrooms should not be automatically quarantined. A risk assessment should include physical proximity to a suspected case. Anyone within 6 feet of an infectious person for 15 minutes or more is considered a close contact. Seating charts for lunchrooms will minimize the number of students who are identified as close contacts. When possible, classroom groups should be maintained during lunchtime.

Siblings

A sibling to a close contact is not a close contact just because they are a sibling. In these situations, a sibling should not be quarantined unless identified as a close contact themselves to a verified case.

Music

Review the [COVID-19 Contact Tracing Framework for High-Risk Activities in PreK-12](#) for an understanding of the relative risks involved in music activities, and for understanding how the size of the room and the distance between musicians can impact the identification of close contacts. Larger rooms such as auditoriums can minimize close contacts.

School Buses

Entire buses of students should not be automatically quarantined. A risk assessment should include physical proximity to a case on a bus, and to what extent there was consistency in mask wearing while riding. Anyone within 6 feet of an infectious person for 15 minutes or more is considered a close contact. Having seating charts for buses will minimize the number of students who are identified as close contacts. Opening bus windows in accordance with prior year guidance will help mitigate transmission.

Seating Charts

Classroom seating charts should be maintained for all instructional spaces in classrooms where students are under 12 years old and updated on a weekly basis.

Recommendations for Communications

Protecting the medical privacy of students and staff is important. These recommendations are intended to balance the needs for privacy protection and clear communications when there is a positive COVID-19 case in your school community:

- When communicating with your school community, take steps to ensure the positive person's identity is protected.
- Do not use names OR any other information that could be identifying including the positive person's role in the facility, information about the activities the positive person participates in, whether the positive person has siblings, etc.
- Consider using the phrase "a member of our learning community tested positive" when communicating with the school community.

COVID-19 Fall Contact Tracing Tools

Additional resources are expected shortly from the Health Department to further support schools in their Contact Tracing efforts.

PreK-12 Contact Tracing Resources can be found on the [Health Department's PreK-12 Schools page](#):

- Handling a Suspected or Confirmed Case of COVID-19
 - [What to do when COVID-19 is in PreK-12 School, Child Care, Camps and Out of School Programs](#)
 - [Checklist for Handling COVID-19 in School, Child Care, Camps and Out of School Programs](#)
 - [COVID-19 Contact Tracing Framework for High-Risk Activities in PreK-12](#)
- [Templates and Forms for Schools to Use](#)
 - Template letter for a confirmed COVID-19 Case in Child Care and School Age Camps/Care (translated in multiple languages)
 - Template letter for students after exposure to COVID-19 at school
 - Template letter for teachers and staff after exposure to COVID-19 at school
 - [Template letter after possible exposure to COVID-19 at school](#)
 - Line List for Schools, Child Care, Camps and Out of School Programs