

Health and Safety Advisory Committee Meeting
April 15, 2021 at 4:00 PM; SBO 2nd Floor Conference Room
Agenda

Google Meet: meet.google.com/awt-kcbd-fnz

Phone: 1-314-666-1453 PIN: 424 509 627#

Welcome

Introductions

Old Business

- Oxygen Protocol
- Wellness Plan Report (Anita Davis) See screenshots at end of agenda

New Business

- King George Health Department, Public Health Nurse Supervisor position change
- New Legislation
 - Immunizations Requirements
 - Nurse Staffing:
<https://lis.virginia.gov/cgi-bin/legp604.exe?211+sum+SB1191&211+sum+SB1191>
 - COVID Vaccine:
<https://lis.virginia.gov/cgi-bin/legp604.exe?211+sum+HB2242&211+sum+HB2242>
 - RN:
<https://lis.virginia.gov/cgi-bin/legp604.exe?212+sum+HB1736&212+sum+HB1736>
 - Medicaid Reimbursement:
<https://lis.virginia.gov/cgi-bin/legp604.exe?212+sum+SB1307&212+sum+SB1307>
 - Inhalers:
<https://lis.virginia.gov/cgi-bin/legp604.exe?212+sum+HB2019&212+sum+HB2019>
 - Seizure Management:
<https://lis.virginia.gov/cgi-bin/legp604.exe?212+sum+SB1322&212+sum+SB1322>
 - Advanced Directives:
<https://lis.virginia.gov/cgi-bin/legp604.exe?212+sum+SB1190&212+sum+SB1190>
- 2021-2022 Updates (COVID)
 - Legislation requiring in-person instruction
 - Daily Health Screening - Feedback and Changes to consider
 - Case Investigation and Contact Tracing - Feedback and Changes to consider
 - Record Management - Feedback and Changes to consider
 - Testing in Schools

- VDOE Updated Guidance “[Navigating Virginia Education in Uncertain Times](#)” (released April 13)
- KGYAA Facility Use
- Summer School

PD16 and VDOE Update

Discussion

- Return to School Q&A (email... see below)

DRAFT OF REMINDER MEMO TO ALL STAFF:

Students and staff must complete a daily screening in regards to:

- Positive COVID Test
- Exposure to COVID
- Symptoms of Illness

Any student or staff member that has any of the above will not report to school until further notice. There are **no exceptions** to this - vaccination, negative tests, doctor's orders, etc. do not change this process. Every case must be reviewed and approved for return by the division point of contact.

- School nurses are the POCs for students.
- Mary Fisher is the POC for staff.

Once notified, the COVID Response Team completes a case investigation and contact tracing, notifies VDH authorities and division administrators, and provides families and staff with next steps including when they may return to school. If a staff member is contacted by a student, family, or colleague, they are to refer them to the appropriate point of contact for more information. To avoid confusion, inconsistencies, and errors, **no one else should provide this information** to students, parents, or staff members. In addition, **no one has the authority to override the return to school date** that is given by the COVID Response Team.

Below are the most common situations and questions we have had recently.

- **QUARANTINE: I was exposed to someone with COVID, and my doctor said I only have to quarantine for 10 days. Why can't I return to school for 14 days?**

Quarantine and return to work/school are not the same thing. Quarantine involves your home and the community at large. Only health departments and healthcare providers have the authority to recommend isolation or quarantine. Schools and places of work have the authority to determine when a person may return to school or work. While this usually aligns to the dates of quarantine, it may be longer than official quarantine.

As an example, the CDC has established some circumstances in which patients may '[reduce quarantine](#)' to fewer than 14 days. A healthcare provider may provide this option to a patient, which may allow the patient to leave quarantine sooner than 14 days. However, even if a person reduces their quarantine, the CDC and VDH do not recommend reducing return to school timelines. The full 14 day return to school timeline is still recommended by the CDC and VDH and KGCS continues to adhere to these recommendations for students and staff.

- **SYMPTOMS: I only have a runny nose. Can I report to work?**

No. You must remain at home until cleared to return. [Symptoms](#) of COVID may include something as simple as a runny nose, a headache, etc. Even though these are common symptoms of other things especially during this time of year when allergies may be increasing, every single symptom must be reported. It does not matter how mild the symptom is or quickly

it seems to resolve, unless it is attributed to another actual and current diagnosis (not assumed or in the past) **and** is a typical symptom for you in regards to that actual and current diagnosis. Actual means your doctor has officially diagnosed you with an illness. Current means your doctor is treating you for this illness at this time. Typical means the symptom is not new or different or more severe.

Example 1. Every spring, you get post-nasal drip and a slight cough at night. You went to the doctor and she diagnosed you with seasonal allergies and gave you a prescription for claritin. This is an actual diagnosis and these are your 'usual' symptoms. Last night, you noticed a slight cough and this morning, you woke up with the 'usual' post-nasal drip. You realize you were outside cutting grass this weekend and have not filled your claritin prescription for this year. You have no other symptoms and have not been around others who have been sick. You call your doctor and she calls in a claritin refill for you.

You can continue reporting to work because you have an actual and current diagnosis from your doctor, and these symptoms are typical for you.

Example 2. Last spring, you got post-nasal drip and a slight cough at night. You thought it was probably just allergies so you got some cough drops and an over the counter medication. You did not go to the doctor for an evaluation. Last night, you noticed a slight cough and this morning, you woke up with post-nasal drip. You realize you were outside cutting grass this weekend and assume your allergies are starting up again. You have no other symptoms and have not been around others who have been sick.

You cannot report to work. You do not have an actual and current diagnosis from your doctor to explain your symptoms. You must report these symptoms in the Daily Self-Screening Form and follow the instructions. You may be able to return to school within 24 hours, but may be excluded for up to 14 days. This will vary on a case by case basis and is dependent on healthcare evaluations and the level of community spread at the time. This is why a case investigation is required for every situation.

Example 3. Every spring, you get post-nasal drip and a slight cough at night. You went to the doctor and she diagnosed you with seasonal allergies and gave you a prescription for claritin. This is an actual diagnosis and these are your 'usual' symptoms. This morning, you woke up with the 'usual' post-nasal drip, but you also have a runny nose and slight headache. You realize you were outside cutting grass this weekend and assume your allergies are starting up again. You have no other symptoms and have not been around others who have been sick.

You cannot report to work. Although you have an actual and current diagnosis, these symptoms are new and unusual for you and you cannot assume these are attributed to your allergies. You must report these symptoms in the Daily Self-Screening Form and follow the instructions. You may be able to return to school within 24 hours, but may be excluded for up to 14 days. This will vary on a case by case basis and is dependent on healthcare evaluations and the level of community spread at the time. This is why a case investigation is required for every situation.

- **TRAVEL: My colleague (or student) went on vacation and then came to school! Is this safe? Shouldn't they quarantine?**

Many states, countries, and airlines have travel restrictions and require testing and/or quarantines upon arrival or prior to departure. There are no [travel restrictions](#) specific to Virginia at this time. Students and staff have no quarantine requirements following travel and may return to school immediately, regardless of any travel requirements the airline or place they visited may have in place.

Example 1. You visited California. California requires visitors to quarantine for 10 days when you arrive. When you return to Virginia, VDH does not require you to quarantine or provide negative test results. You can return to school immediately, assuming you meet all criteria under the Daily Self-Screening form.
Example 2. You took a plane on vacation. The airline required you to present a negative test result within 3 days of boarding. When you return to Virginia, VDH does not require you to quarantine or provide negative test results. You can return to school immediately, assuming you meet all criteria under the Daily Self-Screening form.

TRAVEL PT 2: But my husband works on base and they make them quarantine when they travel. Why are the rules different?

KGCS follows return to work/school guidelines as presented by the CDC and VDH. NOTE: Some employers may not follow CDC and VDH guidelines and may have different return to work procedures even if they are located in Virginia. Your spouse, friend, or neighbor may have different workplace policies regarding travel restrictions.

- **VACCINATIONS: My colleague's daughter tested positive for COVID. She is living with them while she recovers because her college won't let her stay in the dorm. But her mom keeps coming to work! She said she is vaccinated, but I don't think that is safe. Is this allowed?**

In accordance with [CDC guidelines](#), people that are fully vaccinated do not need to quarantine when they are exposed to a positive case of COVID-19 as long as they don't have symptoms. However, KGCS requires all exposures to be reported immediately through the Daily Self-Screening form and she cannot report to work until further notice. A case investigation must be completed, vaccination status must be verified, and a return to school date will be provided through the same procedure as described above. In these situations, a determination can usually be completed quickly with the appropriate documentation, and thus an employee may be able to return to school immediately.

VACCINATIONS PT 2: But the CDC says you can still spread COVID-19 even if you have been vaccinated. I don't think she should put others at risk and she should stay home.

Data continues to be evaluated on the effectiveness of the various vaccines in reducing transmission. Everyone, including those that are fully vaccinated, must continue to do their part by following mitigation strategies. Maintain at least 6 feet distance to the extent possible.

Wash your hands frequently. Wear a mask. Stay home if you are sick. All employees must continue to report any symptoms or exposures through the Daily Self-Screening Form regardless of their vaccination status.

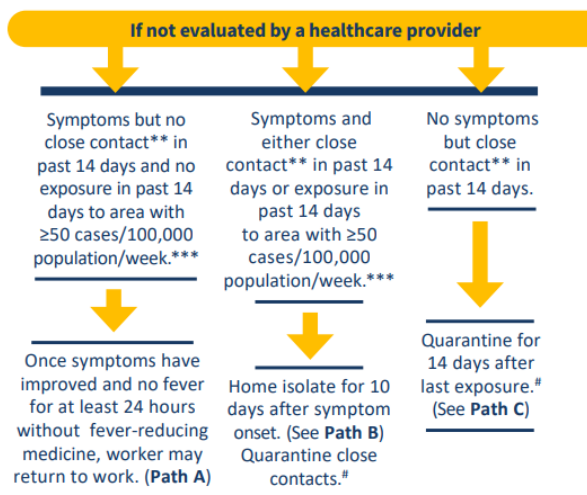
Question - Another question that has come up a few times is if another person in your household has a coVid-19 test pending and is symptomatic, you are not symptomatic should you continue to attend work/school until a result is confirmed or should you stay home while that test is pending? If the person with a coVid-19 is not symptomatic (perhaps getting a test to travel/visit a family member friend etc) in that instance is it ok to continue normal school/work routine?

Initial thoughts...

VDH recommends doctors refer for testing if they suspect COVID-19. Thus, if a person is waiting for test results, the doctor suspects COVID-19. If the patient is symptomatic, we could view the “pending results” period the same as “no evaluation”... because until test results are back, there is essentially no evaluation. This would imply that close contacts should be quarantined until results come back (per the algorithm).

HOWEVER, doing this could complicate the contact tracing procedures currently in place, and exponentially increase the number of students sent home while a test is pending.... Or in any case where there is no evaluation. Currently, we do not contact trace for symptoms with exposure... we wait for the positive test.

To delineate between the two situations (as posed in the question) we would essentially be defining “close contacts” in this situation as specific to household members only, which is different from the close contact definition of 6/15/24.



I. Nutrition Promotion and Education

Our school meets the specific goals for nutrition promotion and education as outlined in our Wellness Policy:

- **[Insert goal for nutrition promotion and education as described in your Wellness Policy.]**
☐ Yes ☐ No
- **[Optional: Insert additional goal(s) for nutrition promotion and education as described in your Wellness Policy.]**
☐ Yes ☐ No

II. Physical Activity

Our school meets the specific goals for physical activity as outlined in our Wellness Policy:

- **[Insert goal for physical activity as described in your Wellness Policy.]**
☐ Yes ☐ No
- **[Optional: Insert additional goal(s) for physical activity as described in your Wellness Policy.]**
☐ Yes ☐ No

III. Other School-Based Wellness Activities

Our school meets specific goals for other school-based activities that promote student wellness as outlined in our Wellness Policy:

- **[Insert goal for other school-based wellness activity as described in your Wellness Policy.]**
☐ Yes ☐ No
- **[Optional: Insert additional goal(s) for other school-based wellness activities as described in your Wellness Policy.]**
☐ Yes ☐ No

IV. Standards and Nutrition Guidelines for All Foods and Beverages Sold

Our school meets the standards and nutrition guidelines for all foods and beverages sold to students on the school campus during the school day that are consistent with federal and state regulations:

- **We follow federal school meal nutrition standards for all foods and beverages available for sale on campus during the school day.**
☐ Yes ☐ No
- **We have adopted and implemented Smart Snacks nutrition standards for ALL items sold during school hours, including a la carte offerings and food sold in school stores and vending machines.**
☐ Yes ☐ No
- **We follow [School Division]'s policy on exempt fundraisers as outlined in our Division's Wellness Policy pursuant to current regulations § 22.1-207.4 of the Code of Virginia.**
This language may be replaced with the requirements stated in your Wellness Policy, not to exceed 30 exempt school-sponsored fundraisers per school year.
☐ Yes ☐ No
- **[Optional: Insert additional standards and nutrition guidelines for all foods and beverages sold as described in your Wellness Policy.]**
☐ Yes ☐ No

V. Standards for All Foods and Beverages Provided, But Not Sold

Our school meets the requirements for nutrition standards for all foods and beverages provided, but not sold, to students during the school day (e.g. in classroom parties, classroom snacks brought by parents, or other foods given as incentives):

- **We follow [School Division]'s policy on standards for all foods and beverages provided, but not sold, as outlined in our Division's Wellness Policy.**
This language may be replaced with the requirements stated in your Wellness Policy.
☐ Yes ☐ No
- **[Optional: Insert additional standards for all foods and beverages provided, but not sold, as described in your Wellness Policy]**
☐ Yes ☐ No

VI. Policy for Food and Beverage Marketing

Our school meets the standards that allow marketing and advertising of only those foods and/or beverages that meet the Smart Snacks nutrition standards.

- **All food and beverage marketing meets Smart Snacks nutrition standards.**

☐ Yes ☐ No

- **[Optional: Insert additional policies for food and beverage marketing as described in your Wellness Policy.]**

☐ Yes ☐ No

VII. Progress

Include any additional wellness practices taking place and describe progress made in attaining the goals of your Wellness Policy:

VIII. Contact

The Wellness Policy leadership includes one or more school officials who have the authority to ensure each school complies with the policy. This individual may be contacted for more information about the Wellness Policy practices at **[School Name]**.

Name:

Position/Title:

Email:

Phone:

Return this completed report card to your Wellness Policy designee or other individual responsible for completing the Triennial Assessment.

I. Nutrition Promotion and Education

Our school meets the specific goals for nutrition promotion and education as outlined in our Wellness Policy:

- **[Insert goal for nutrition promotion and education as described in your Wellness Policy.]**

☐ Yes ☐ No

- **[Optional: Insert additional goal(s) for nutrition promotion and education as described in your Wellness Policy.]**

☐ Yes ☐ No

II. Physical Activity

Our school meets the specific goals for physical activity as outlined in our Wellness Policy:

- **[Insert goal for physical activity as described in your Wellness Policy.]**

☐ Yes ☐ No

- **[Optional: Insert additional goal(s) for physical activity as described in your Wellness Policy.]**

☐ Yes ☐ No

III. Other School-Based Wellness Activities

Our school meets specific goals for other school-based activities that promote student wellness as outlined in our Wellness Policy:

- **[Insert goal for other school-based wellness activity as described in your Wellness Policy.]**

☐ Yes ☐ No

- **[Optional: Insert additional goal(s) for other school-based wellness activities as described in your Wellness Policy.]**

☐ Yes ☐ No

IV. Standards and Nutrition Guidelines for All Foods and Beverages Sold

Our school meets the standards and nutrition guidelines for all foods and beverages sold to students on the school campus during the school day that are consistent with federal and state regulations:

- We follow federal school meal nutrition standards for all foods and beverages available for sale on campus during the school day.
☐ Yes ☐ No
- We have adopted and implemented Smart Snacks nutrition standards for ALL items sold during school hours, including a la carte offerings and food sold in school stores and vending machines.
☐ Yes ☐ No
- We follow [School Division]'s policy on exempt fundraisers as outlined in our Division's Wellness Policy pursuant to current regulations § 22.1-207.4 of the *Code of Virginia*.

This language may be replaced with the requirements stated in your Wellness Policy, not to exceed 30 exempt school-sponsored fundraisers per school year.

☐ Yes ☐ No

- [Optional: Insert additional standards and nutrition guidelines for all foods and beverages sold as described in your Wellness Policy.]

☐ Yes ☐ No

V. Standards for All Foods and Beverages Provided, But Not Sold

Our school meets the requirements for nutrition standards for all foods and beverages provided, but not sold, to students during the school day (e.g. in classroom parties, classroom snacks brought by parents, or other foods given as incentives):

- We follow [School Division]'s policy on standards for all foods and beverages provided, but not sold, as outlined in our Division's Wellness Policy.

This language may be replaced with the requirements stated in your Wellness Policy.

☐ Yes ☐ No

- [Optional: Insert additional standards for all foods and beverages provided, but not sold, as described in your Wellness Policy]

☐ Yes ☐ No

VI. Policy for Food and Beverage Marketing

Our school meets the standards that allow marketing and advertising of only those foods and/or beverages that meet the Smart Snacks nutrition standards.

- **All food and beverage marketing meets Smart Snacks nutrition standards.**

☐ Yes ☐ No

- **[Optional: Insert additional policies for food and beverage marketing as described in your Wellness Policy.]**

☐ Yes ☐ No

VII. Progress

Include any additional wellness practices taking place and describe progress made in attaining the goals of your Wellness Policy:

VIII. Contact

The Wellness Policy leadership includes one or more school officials who have the authority to ensure each school complies with the policy. This individual may be contacted for more information about the Wellness Policy practices at **[School Name]**.

Name:

Position/Title:

Email:

Phone:

Return this completed report card to your Wellness Policy designee or other individual responsible for completing the Triennial Assessment.

Health and Safety Advisory Committee Meeting
April 15, 2021 at 4:00 PM; SBO 2nd Floor Conference Room
Minutes

In attendance (virtual unless noted in-person [IP]):

Kristi Brouillette, Amy Carey, Kim Clift (IP), Anita Davis (IP), Alex Fisher, Mary Fisher, Dr. Donna Gamache, Denise Grim (IP), Jacquelyn Kunstmann (IP), David Moody, Casey Morrison, Ryan Osborne (IP), Matthew Stemmler, Peggy Wright, [Ashley Carlisle](#) (IP)

Scribe: Jackie Kunstmann

Old Business

- **Oxygen Protocol**

A copy of the current year's Asthma Exacerbation order was shared with members. Order states to place oxygen at 2L via nasal cannula if oxygen saturation is below 92% and if oxygen is available. Also shared was the Response Times of EMS to KGCS Schools, the PD16 Schools' Use of Oxygen, and Average Number of Times the Emergency Asthma Protocol was Invoked in 2019-2020. Some considerations mentioned in the use of oxygen included:

- Appropriate storage needed
- A policy will need to be written
- Robert's Oxygen Company advised the following cost per school: \$15/tank; \$25/month for regulator; and \$2 for nasal cannula (10 month cost = \$267; 12 month cost = \$317 per school)
- Robert's Oxygen Company advised that they are not supplying schools this year with oxygen due to the pandemic
- Invoking the emergency asthma protocol does not always necessitate the use of oxygen

The recommendation was made that data should be collected next school year to determine how often oxygen would be used per the Asthma Protocol should we have oxygen in the county.

- **Wellness Plan Report (Anita Davis)**

Anita shared the updated Wellness Policy, including questionnaire, which will be included in the triennial assessment due this June. Anita also reported that KGCS is trying to incorporate farm produce in the schools through the Farm to School program.

New Business

- King George Health Department, Public Health Nurse Supervisor position change
Brittanie Coates, RN, is now the Public Health Nurse Supervisor for King George County Health Department (in addition to Caroline County Health Department)

Mary Fisher shared links to all new legislation impacting the health and safety of KGCS and gave a brief description of all. A summary of all legislation is attached to these Minutes.

- [New Legislation](#)

- [Immunizations Requirements](#)
 - Legislation which takes effect on July 1, 2021, is the *addition* of the following vaccinations:
 - Kindergarten: 2 doses of Hepatitis A
 - Seventh Grade: First dose of Meningococcal Conjugate Vaccine, Human Papillomavirus (HPV) Vaccine for girls *and* boys
 - Twelfth Grade: Second dose of Meningococcal Conjugate Vaccine
 - Nurse Staffing:
<https://lis.virginia.gov/cgi-bin/legp604.exe?211+sum+SB1191&211+sum+SB1191>
 - COVID Vaccine:
<https://lis.virginia.gov/cgi-bin/legp604.exe?211+sum+HB2242&211+sum+HB2242>
 - RN:
<https://lis.virginia.gov/cgi-bin/legp604.exe?212+sum+HB1736&212+sum+HB1736>
 - Medicaid Reimbursement:
<https://lis.virginia.gov/cgi-bin/legp604.exe?212+sum+SB1307&212+sum+SB1307>
 - Inhalers:
<https://lis.virginia.gov/cgi-bin/legp604.exe?212+sum+HB2019&212+sum+HB2019>
 - Seizure Management:
<https://lis.virginia.gov/cgi-bin/legp604.exe?212+sum+SB1322&212+sum+SB1322>
 - Advanced Directives:
<https://lis.virginia.gov/cgi-bin/legp604.exe?212+sum+SB1190&212+sum+SB1190>
- 2021-2022 Updates (COVID)
 - [Legislation](#) requiring in-person instruction
 - [Daily Health Screening - Feedback and Changes to consider](#)
 - CDC does not currently recommend schools conduct symptom screening for all students in grades K-12 on a routine (e.g., daily) basis.
 - Spotsylvania County has never screened students upon arrival; Fredericksburg City plans to eliminate screening on 4/20; Stafford County continues to screen students daily
 - Screenings take approximately 20 minutes each morning requiring 7 to 16 screeners at larger schools
 - As of April 13th, there have been 3 “failed” screenings at parent drop off
 - Rappahannock Area Health District (RAHD)/Virginia Department of Health does recommend daily screening unless the process is not feasible due to size of division
 - With reopening of school full-time, more screeners and thermometers needed
 - KGMS advised that with school at half capacity, parents are backing up onto Route 206 at drop off; will need more personnel to keep flow going
 - Only records are kept for students who are not regular attendees
 - Reminder that only questions and temperatures need to be completed; failed screenings need to be sent home (if parent drop off) or sent to clinic (if bus rider); in these cases, name and documentation do occur
 - Concern at KGHS with student drivers
 - Alex Fisher reported that within Athletics, screening at other schools is 50/50; there is a “gentlemen’s agreement” that each school will screen their own athletes before leaving their school to travel; Athletic Director handles screening of students before getting on bus; if a student passed screening for school, they do not need to be rescreened before sports; some schools screen spectators and some do not

- Case Investigation and Contact Tracing - Feedback and Changes to consider
- The Health District asked schools to assist with contact tracing as part of the health mitigation process; school nurses have been doing so since any in-person KGCS activities have begun
- In contact tracing for Athletics, attendance and contact availability is important
- Problems encountered include families of virtual students not wishing to talk with nurses to complete the questionnaire
- Mary Fisher reminded all that only nurses and Mary can provide a Return to School Date to students (or staff)

- Record Management - Feedback and Changes to consider
- Record Management will become more complicated to keep track of when all students return
- HIPAA concern regarding sharing information; Mary advised that there is an exception during a public health emergency which allows information to be shared to those who have a need to know

- Testing in Schools
- Mary Fisher shared that currently KGCS has no plan to implement COVID testing in the school division
- Currently there is a COVID-19 testing pilot program in Virginia for either Diagnostic testing or Screening; schools complete a checklist which is submitted to VDH; VDH will then contact the school to set up the program
- Testing is not required; it is a local decision
- School divisions may pick and choose who (staff, students, athletes, etc.) they wish to test or screen
- Currently the states of Colorado, Maryland, New York, North Carolina, and Texas are testing within schools
- There is one school division in Virginia that has made the initial application for the testing pilot (division name not shared by VDH)
- Will require a parental consent form to test students; consent form included in the Toolkit on K-12 testing website (<https://www.vdh.virginia.gov/coronavirus/k-12-testing/>)
- Older children will be permitted to self-swab
- Concern that parents will send sick students to school to be tested

- VDOE Updated Guidance "[Navigating Virginia Education in Uncertain Times](#)" (released April 13)

- Summer School
 - Mary Fisher shared that schools will need school nurses in all clinics during summer school this summer (June 7 through June 25).

Discussion

- Return to School Q&A

- Mary Fisher shared a document clarifying quarantine, symptoms, travel, and vaccination questions (attached to these Minutes)
- Peggy Wright questioned if there is a plan in place for next school year for pregnant students or students with chronic medical conditions; Mary shared that current legislation allows for flexibility with schooling next school year
- Question posed whether our 16 year old students will be required to have the COVID vaccine for school entrance now that they are eligible for the vaccine. Mary shared that at this time, there is no requirement for this; Mary did share that per Department of Labor and Industry (DOLI), employers can require vaccines as a condition of their employment.

PROCEDURES FOR THE MANAGEMENT OF AN ASTHMA EXACERBATION FOR SCHOOL DISTRICTS OF THE RAPPAHANNOCK AREA

- A. Background:** Asthma is a severe, potentially fatal, condition characterized by inflammation of the lungs resulting in bronchospasm. Asthma exacerbations are often triggered by changes of weather, allergies, strong emotions (e.g., crying or laughing), stress, menstrual cycles, exercise, upper respiratory tract infections, acid reflux, humidity and cold weather. An asthma attack can be a manifestation of anaphylaxis, which should be immediately considered if there is associated hives, nausea, or vomiting in the context of a suspected exposure.
- B. Classes of Asthma Control:**
1. **Well controlled:** Usual medicines control asthma. No coughing or wheezing. No rescue medications needed. No activity restrictions. Peak flow readings are >80% personal best.
 2. **Mild:** Shortness of breath with activity. Persistent cough may be the **ONLY** symptom. Peak flows are >70% of personal best.
 3. **Urgent:** Increased asthma symptoms (e.g., increased respiratory rate, shortness of breath, chest tightness, cough, chest pain). Awakens at night due to asthma. Unable to perform usual activities. Personal peak flow readings are 50-70% of personal best.
 4. **Emergency:** Shortness of breath with resting. Difficulty speaking. Constant cough. Reliever medications do not help. Nostrils wide open. Child has trouble talking or walking. Chest sucking in. Personal peak flow readings are less than 50% of personal best.

CALL 911 immediately and proceed to Emergency Protocol outlined below if any of the following signs or symptoms are present:

1. child is somnolent and struggling to breathe;
2. child has trouble talking in sentences or walking;
3. child has lips or fingernails that are grey or blue;
4. child's chest or neck is pulling in with breathing;
5. oxygen saturation level is less than 94%.

C. Mild/Urgent Protocol:

1. If child has asthma action plan from Primary Care Physician (PCP), follow it. If child does not have asthma action plan or if he/she has not responded to treatment plan, then proceed to #2.
2. Give albuterol or Xopenex 2-8 puffs with spacer (one minute between puffs) or 1 unit dose of Xopenex or Albuterol via nebulizer.
3. Obtain vital signs (pulse, respiratory rate, blood pressure, oxygenation); repeat every 10 mins.
4. Call parent and/or PCP to arrange office visit and evaluation.
5. If no improvement in 10-20 minutes, then repeat above.
6. If no improvement after two treatments, proceed to emergency protocol.

D. Emergency Protocol

1. Summon others for help and call 911.
2. Give albuterol or Xopenex 8 puffs with spacer (one minute between puffs) or nebulizer, as per mild/urgent protocol above. (may give continuously until EMS personnel arrive).
3. Obtain vital signs (pulse, respiratory rate, blood pressure, oxygenation); repeat every 5 mins.
4. If oxygen (O₂) saturation is less than 92% and (O₂) is available, then apply oxygen @2L by nasal cannula or mask and increase every 5 minutes max of 6L to maintain O₂ saturation above 92%. If Non-Rebreather mask is available, start at 10L.
5. If O₂ saturation is less than 93% and patient not improving with albuterol or Xopenex, administer epinephrine into anterolateral thigh until EMS personnel arrive (see below for dose):

Epinephrine IM Dosing (1:1,000 = 1 mg/ml) (The standard dose is 0.01 mg/kg or 2.2lbs. of body weight, up to 0.5 ml or 0.5 mg.)			
Age Group	Weight*	Epinephrine ampule/syringe/needle	Epinephrine Auto-Injector
< 2 years		0.01 mg/kg (or 2.2lbs)	N/A
2-3 years	24-30 lbs (11-14 kg)	0.1 mg / 0.1 ml	0.15 mg(mL)
4-7 years	31-50 lbs (14-23 kg)	0.2 mg / 0.2 ml	0.15 mg(mL)
8-10 years	51-76 lbs (23-35 kg)	0.3 mg / 0.3 ml	0.30 mg(mL)
11-12 years	77-99 lbs (35-45 kg)	0.4 mg / 0.4 ml	0.30 mg(mL)
>12 years	>99 lbs (>45 kg)	0.5 mg / 0.5 ml	0.30 mg(mL)

6. Transfer patient to medical facility via emergency medical service.
7. Contact parents, primary physician and school authorities as soon as possible.

B. Bradshaw MD
Signature

7-10-20
Date

PROTOCOL FOR THE MANAGEMENT OF ANAPHYLAXIS PLANNING DISTRICT 16

***Note: Mild symptoms may rapidly progress to moderate or severe symptoms; once anaphylaxis is suspected be prepared to treat immediately regardless of severity of symptoms.**

RECOGNIZE SEVERE ANAPHYLAXIS SYMPTOMS:

LUNG: shortness of breath, wheezing, repetitive cough
Heart: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: tight, hoarse, trouble breathing/swallowing
MOUTH: Swelling of the throat, lips, tongue, metallic taste
SKIN: generalized flushing or itching, hives (rash), swelling
GUT: Vomiting, cramps, diarrhea, nausea
Any **ONE** or **COMBINATION** of the above symptoms from different body areas can progress rapidly to a life-threatening situation!!

MILD SYMPTOMS ONLY:

MOUTH: Itching *without* swelling, especially seen with ingestion of fresh fruits (oral allergy syndrome)
SKIN: Limited redness of skin/few small hives

INJECT EPINEPHRINE IMMEDIATELY!!

1. Call 911
 2. Begin Monitoring ABC's
 3. Administer Rescue Inhaler if asthmatic
 4. Give additional medications
- **Inhalers/Bronchodilators and antihistamines are NOT to be depended on to treat a severe reaction (anaphylaxis).
USE EPINEPHRINE**

1. Give antihistamine – Zyrtec (cetirizine)
Dose: 5-10 mg, 6yrs.>Adult; 2.5mg, 2-6yrs.
2. Stay with student, call parents
3. If symptoms progress, **USE EPINEPHRINE**
4. Continue monitoring – send home -
CALL 911 WITH PROGRESSION

As soon as indicated, administer epinephrine via intramuscular (IM) injection into the anterolateral thigh either with auto-injector or syringe (1" needle preferred). The usual recommended dosage for epinephrine in children is 0.01 mg/kg of body weight.

Epinephrine IM Dosing (1:1,000 = 1mg/ml) (The standard dose is 0.01 mg/kg body weight, up to 0.5 mg)				
Age Group	Weight*	Epinephrine Ampule/syringe/needle	Epinephrine Auto-Injector	Auvi-Q
< 2 years		0.01 mg/kg (or 2.2lbs)	N/A	0.1 mg/ 0.1ml(16-33lbs)
2-3 years	24-31lbs (11-14 kg)	0.1 mg / 0.1 ml	0.15 mg(mL)	0.15mg/ 0.1ml(33-66lbs)
4-7 years	31-51lbs (14-23 kg)	0.2 mg / 0.2 ml	0.15 mg(mL)	0.15mg/ 0.1ml(33-66lbs)
8-10 years	51-77lbs (23-35 kg)	0.3 mg / 0.3 ml	0.30 mg(mL)	0.30mg/ 0.3ml (66lbs+)
11-12 years	77-99lbs (35-45 kg)	0.4 mg / 0.4 ml	0.30 mg(mL)	0.30mg/ 0.3ml (66lbs+)
>12 years	> 99lbs (> 45kg)	0.5 mg / 0.5 ml	0.30 mg(mL)	0.30mg/ 0.3ml (66lbs+)

If weight is not known, you can estimate weight or use age to calculate dosage – **DO NOT DELAY TREATMENT!**

THERE ARE NO ABSOLUTE CONTRAINDICATIONS TO EPINEPHRINE

Albuterol should be given for wheezing or sensation of chest tightness after epinephrine has been administered.
Refer to Asthma Protocol.

MONITORING: Stay with the patient. Alert Health Care Professionals and parents. Tell rescue squad epinephrine has been given and note time when epinephrine was administered. If symptoms of anaphylaxis persist, worsen, or recur, a **second or third dose of epinephrine may need to be administered over 5-15 minutes**. Consider keeping the patient lying on back with legs raised unless asthmatic symptoms preclude being recumbent.

Physician Advisor Signature: B A Bradshaw MD Date: 7/10/20

RESPONSE TIMES OF EMS TO KGCS SCHOOLS

School	Company 1	Company 2	Company 3
KGES	7.6 minutes	--	15.0 minutes
PES	16.0 minutes	3.5 minutes	--
SES	10.1 minutes	--	14.0 minutes
KGMS	3.1 minutes	--	15.0 minutes
KGHS	3.1 minutes	--	15.0 minutes
ECSE/SBO	3.1 minutes	--	15.0 minutes

PD16 SCHOOLS' USE OF OXYGEN

School	Utilize O2 in Schools
Fredericksburg City	No
Caroline County	No
Oberle	No
Spotsylvania County	Yes
Stafford County	Yes

AVERAGE NUMBER OF TIMES EMERGENCY ASTHMA PROTOCOL INVOKED PER YEAR

School	Number
PreK	1
KGES	9
KGMS	2
SES	5

PES and KGHS have new nurses; statistics unknown

Cost per Robert's Oxygen Company (phone: 373-7400)

\$15 tank; \$25/month for regulator; \$2 for nasal cannula

However, Robert's is not supplying O2 to schools this year due to pandemic

STUDENT WELLNESS

Goals

Based on review and consideration of evidence-based strategies and techniques, the King George School Board has established the following goals to promote student wellness.

Nutrition Promotion and Education

- Students receive nutrition education that teaches the skills they need to adopt and maintain healthy eating behaviors.
- Nutrition education is offered in the school cafeteria as well as in the classroom, with coordination between the foodservice staff and other school personnel, including teachers.
- Students receive consistent nutrition messages from all aspects of the school program.
- Division health education curriculum standards and guidelines address both nutrition and physical education.
- Nutrition is integrated into the health education or core curricula (e.g., math, science, language arts).
- Schools link nutrition education activities with the coordinated school health program.
- Staff who provide nutrition education have appropriate training.
- The level of student participation in the school breakfast and school lunch programs is appropriate.
- Schools are enrolled as Team Nutrition Schools, and they conduct nutrition education activities and promotions that involve parents, students and the community.

Physical activity

Students are given opportunities for physical activity during the school day through physical education (PE) classes, daily recess periods for elementary school students and the integration of physical activity into the academic curriculum where appropriate. Students are given opportunities for physical activity through a range of before- and/or after-school programs including, but not limited to, intramurals, interscholastic athletics and physical activity clubs.

Schools work with the community to create ways for students to walk, bike, rollerblade or skateboard safely to and from school. Schools encourage parents and guardians to support their children's participation in physical activity, to be physically active role models and to include physical activity in family events.

Schools provide training to enable staff to promote enjoyable, lifelong physical activity among students.

- Other school-based activities
- An adequate amount of time is allowed for students to eat meals in adequate lunchroom facilities.
- All children who participate in subsidized food programs are able to obtain food in a non-stigmatizing manner.
- The availability of subsidized food programs is adequately publicized in ways designed to reach families eligible to participate in the programs.
- Environmentally-friendly practices such as the use of locally grown and seasonal foods, school gardens and non-disposable tableware have been considered and implemented where appropriate
- Physical activities and/or nutrition services or programs designed to benefit staff health have been considered and, to the extent practical, implemented.

Nutrition Standards and Guidelines

The superintendent is responsible for creating

- A. regulations to develop and implement standards for all foods and beverages provided, but not sold, to students on the school campus during the school day; and
- B. standards and nutrition guidelines for all foods and beverages sold to students on the school campus during the school day that promote student health and reduce childhood obesity and are consistent with the applicable standards and requirements in 7 C.F.R. §§ 210.10, 210.11 and 220.8.

Marketing on the school campus during the school day is permitted only for those foods and beverages that meet the nutrition standards under 7 C.F.R. § 210.11, serve to promote student health, reduce and prevent childhood obesity, and combat problems associated with poor nutrition and physical inactivity.

Implementation

The School Board encourages parents, students, representatives of the school food authority, teachers of physical education, school health professionals, school administrators and the general public to participate in the development, implementation and periodic review and update of this policy.

The Director of Food Services is responsible for enforcing this policy and overseeing the implementation of this policy and developing procedures for evaluating the policy, including indicators that will be used to measure its success.

Implementation procedures include measuring and making available to the public, at least once every three years, an assessment of the implementation of the policy, including the extent to which schools are in compliance with the policy, the extent to which this policy compares to model school wellness policies and a description of the progress made in attaining the goals of the policy. The results of the triennial assessment are considered in updating the policy.

The process for monitoring compliance with this policy is:

The School Board retains the following records to document compliance with 7 C.F.R. § 210.31:

- the policy;
- documents demonstrating compliance with community involvement requirements, including requirements to make the policy and triennial assessments available to the public; and
- documentation of the triennial assessment of the policy.

Legal Refs: 42 U.S.C. § 1758b.
7 C.F.R. 210.31.
Code of Virginia, 1950, as amended, § 22.1-207.4
8 VAC 20-740-30.
8 VAC 20-740-40.

Cross Refs:	EFB	Free and Reduced Price Food Services
	IGAE/IGAF	Health Education/Physical Education
	JL	Fund Raising and Solicitation
	KQ	Commercial, Promotional and Corporate Sponsorships and Partnerships

I. Nutrition Promotion and Education

Our school meets the specific goals for nutrition promotion and education as outlined in our Wellness Policy:

- **[Insert goal for nutrition promotion and education as described in your Wellness Policy.]**

☐ Yes ☐ No

- **[Optional: Insert additional goal(s) for nutrition promotion and education as described in your Wellness Policy.]**

☐ Yes ☐ No

II. Physical Activity

Our school meets the specific goals for physical activity as outlined in our Wellness Policy:

- **[Insert goal for physical activity as described in your Wellness Policy.]**

☐ Yes ☐ No

- **[Optional: Insert additional goal(s) for physical activity as described in your Wellness Policy.]**

☐ Yes ☐ No

III. Other School-Based Wellness Activities

Our school meets specific goals for other school-based activities that promote student wellness as outlined in our Wellness Policy:

- **[Insert goal for other school-based wellness activity as described in your Wellness Policy.]**

☐ Yes ☐ No

- **[Optional: Insert additional goal(s) for other school-based wellness activities as described in your Wellness Policy.]**

☐ Yes ☐ No

IV. Standards and Nutrition Guidelines for All Foods and Beverages Sold

Our school meets the standards and nutrition guidelines for all foods and beverages sold to students on the school campus during the school day that are consistent with federal and state regulations:

- We follow federal school meal nutrition standards for all foods and beverages available for sale on campus during the school day.
☐ Yes ☐ No
- We have adopted and implemented Smart Snacks nutrition standards for ALL items sold during school hours, including a la carte offerings and food sold in school stores and vending machines.
☐ Yes ☐ No
- We follow [School Division]'s policy on exempt fundraisers as outlined in our Division's Wellness Policy pursuant to current regulations § 22.1-207.4 of the *Code of Virginia*.

This language may be replaced with the requirements stated in your Wellness Policy, not to exceed 30 exempt school-sponsored fundraisers per school year.

☐ Yes ☐ No

- [Optional: Insert additional standards and nutrition guidelines for all foods and beverages sold as described in your Wellness Policy.]

☐ Yes ☐ No

V. Standards for All Foods and Beverages Provided, But Not Sold

Our school meets the requirements for nutrition standards for all foods and beverages provided, but not sold, to students during the school day (e.g. in classroom parties, classroom snacks brought by parents, or other foods given as incentives):

- We follow [School Division]'s policy on standards for all foods and beverages provided, but not sold, as outlined in our Division's Wellness Policy.

This language may be replaced with the requirements stated in your Wellness Policy.

☐ Yes ☐ No

- [Optional: Insert additional standards for all foods and beverages provided, but not sold, as described in your Wellness Policy]

☐ Yes ☐ No

VI. Policy for Food and Beverage Marketing

Our school meets the standards that allow marketing and advertising of only those foods and/or beverages that meet the Smart Snacks nutrition standards.

- **All food and beverage marketing meets Smart Snacks nutrition standards.**

☐ Yes ☐ No

- **[Optional: Insert additional policies for food and beverage marketing as described in your Wellness Policy.]**

☐ Yes ☐ No

VII. Progress

Include any additional wellness practices taking place and describe progress made in attaining the goals of your Wellness Policy:

VIII. Contact

The Wellness Policy leadership includes one or more school officials who have the authority to ensure each school complies with the policy. This individual may be contacted for more information about the Wellness Policy practices at [School Name].

Name:

Position/Title:

Email:

Phone:

Return this completed report card to your Wellness Policy designee or other individual responsible for completing the Triennial Assessment.

2021 SESSION

SB 1191 School nurses; excludes positions from certain requirements, school board to employ in each school.

Introduced by: **Jennifer A. Kiggans** | [all patrons](#) | [notes](#) | [add to my profiles](#)

SUMMARY AS INTRODUCED:

School personnel; school nurses. Excludes school nurse positions from requirements for student support positions and instead requires each local school board to employ at least one full-time equivalent school nurse position in each elementary school, middle school, and high school in the local school division. The bill also requires the Department of Education to establish and administer a waiver process for local school boards for which the requirements of the bill create an undue hardship.

FULL TEXT

01/11/21 Senate: Prefiled and ordered printed; offered 01/13/21 21102426D [pdf](#) | [impact statement](#)

AMENDMENTS

Senate amendments

HISTORY

01/11/21 Senate: Prefiled and ordered printed; offered 01/13/21 21102426D

01/11/21 Senate: Referred to Committee on Education and Health

01/14/21 Senate: Reported from Education and Health with amendment (12-Y 1-N 1-A)

01/14/21 Senate: Rereferred to Finance and Appropriations

01/27/21 Senate: Passed by indefinitely in Finance and Appropriations (16-Y 0-N)

2021 SESSION

HB 2242 COVID-19 immunization; prohibition on requirement, discrimination prohibited.

Introduced by: **Dave A. LaRock** | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS INTRODUCED:

COVID-19 immunization; prohibition on requirement; discrimination prohibited. Prohibits the State Health Commissioner and the Board of Health, the Board of Behavioral Health and Developmental Services, the Department of Health Professions and any regulatory board therein, and the Department of Social Services from requiring any person to undergo vaccination for COVID-19 and prohibits discrimination based on a person's vaccination status with respect to any COVID-19 vaccine (i) with regard to education, employment, insurance, or issuance of a driver's license or other state identification or (ii) in numerous other contexts. The bill also prohibits the inclusion of any patient immunization information in the Virginia Immunization Information System (VIIS) unless the patient has consented, in writing, to inclusion of his information in the VIIS.

FULL TEXT

01/13/21 House: Prefiled and ordered printed; offered 01/13/21 21102203D [pdf](#)

HISTORY

01/13/21 House: Prefiled and ordered printed; offered 01/13/21 21102203D

01/13/21 House: Referred to Committee on Health, Welfare and Institutions

01/28/21 House: Tabled in Health, Welfare and Institutions (18-Y 3-N)

2021 SPECIAL SESSION I

HB 1736 School nurses; nursing services in a public elementary or secondary school.

Introduced by: **Dawn M. Adams** | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS PASSED HOUSE: (all summaries)

School nurses; nomenclature. Prohibits any individual who provides nursing services in a public elementary or secondary school as a school board employee or through a contract with the local health department from using the title of school nurse unless such individual is a registered nurse who possesses an active license to practice in the Commonwealth.

FULL TEXT

08/17/20 House: Prefiled and ordered printed; offered 01/13/21 21100241D [pdf](#) | [impact statement](#)

01/20/21 House: Committee substitute printed 21102518D-H1 [pdf](#) | [impact statement](#)

AMENDMENTS

House subcommittee amendments and substitutes offered

House subcommittee amendments and substitutes adopted

HISTORY

08/17/20 House: Prefiled and ordered printed; offered 01/13/21 21100241D

08/17/20 House: Referred to Committee on Education

01/14/21 House: Assigned Education sub: SOL and SOQ

01/18/21 House: Subcommittee recommends reporting with substitute (6-Y 2-N)

01/20/21 House: Reported from Education with substitute (13-Y 8-N)

01/20/21 House: Committee substitute printed 21102518D-H1

01/21/21 House: Read first time

01/22/21 House: Read second time

01/22/21 House: Committee substitute agreed to 21102518D-H1

01/22/21 House: Engrossed by House - committee substitute HB1736H1

01/25/21 House: Read third time and passed House (68-Y 31-N 1-A)

01/25/21 House: VOTE: Passage (68-Y 31-N 1-A)

01/26/21 Senate: Constitutional reading dispensed

01/26/21 Senate: Referred to Committee on Education and Health

02/05/21 Senate: Continued to 2021 Sp. Sess. 1 in Education and Health (15-Y 0-N)

02/10/21 Senate: Assigned Education sub: Public Education

02/18/21 Senate: Failed to report (defeated) in Education and Health (6-Y 8-N)

SB 1307 School-based health services; Bd. of MAS to amend state plan for services to provide for payment.Introduced by: **Siobhan S. Dunnivant** | [all patrons](#) ... [notes](#) | [add to my profiles](#)**SUMMARY AS PASSED SENATE:** (all summaries)

Department of Medical Assistance Services; school-based health services; telemedicine. Directs the Board of Medical Assistance Services to amend the state plan for medical assistance services to provide for payment of medical assistance services delivered to Medicaid-eligible students when such services qualify for reimbursement by the Virginia Medicaid program and may be provided by school divisions, regardless of whether the student receiving care has an individualized education program or whether the health care service is included in a student's individualized education program. The bill specifies that such services shall include those covered under the state plan for medical assistance services or by the Early and Periodic Screening, Diagnostic, and Treatment benefit as specified in § 1905(r) of the federal Social Security Act, and shall include a provision for payment of medical assistance for health care services provided through telemedicine services. The bill also requires the Department of Medical Assistance Services to provide technical assistance to the Department of Education and local school divisions to facilitate their understanding of and compliance with federal ordering, referring, and prescribing provider screening and enrollment requirements.

FULL TEXT**01/12/21 Senate: Prefiled and ordered printed; offered 01/13/21 21102675D** [pdf](#) | [impact statement](#)**01/28/21 Senate: Committee substitute printed 21103686D-S1** [pdf](#) | [impact statement](#)**02/19/21 Senate: Bill text as passed Senate and House (SB1307ER)** [pdf](#) | [impact statement](#)**03/18/21 Governor: Acts of Assembly Chapter text (CHAP0250)** [pdf](#)**AMENDMENTS****Senate committee, floor amendments and substitutes offered****HISTORY****01/12/21 Senate: Prefiled and ordered printed; offered 01/13/21 21102675D****01/12/21 Senate: Referred to Committee on Education and Health****01/22/21 Senate: Assigned Education sub: Health****01/28/21 Senate: Reported from Education and Health with substitute (15-Y 0-N)****01/28/21 Senate: Committee substitute printed 21103686D-S1****01/28/21 Senate: Rereferred to Finance and Appropriations****02/03/21 Senate: Reported from Finance and Appropriations (15-Y 0-N)****02/03/21 Senate: Constitutional reading dispensed (39-Y 0-N)****02/04/21 Senate: Read second time****02/04/21 Senate: Reading of substitute waived****02/04/21 Senate: Committee substitute agreed to 21103686D-S1****02/04/21 Senate: Engrossed by Senate - committee substitute SB1307S1****02/04/21 Senate: Constitutional reading dispensed (38-Y 0-N)****02/04/21 Senate: Passed Senate (39-Y 0-N)****02/07/21 House: Placed on Calendar****02/07/21 House: Read first time**

2021 SPECIAL SESSION I

HB 2019 Public elementary and secondary schools; administration of undesignated stock albuterol inhalers.

Introduced by: **Delores L. McQuinn** | [all patrons](#) | [notes](#) | [add to my profiles](#)

SUMMARY AS PASSED: (all summaries)

Public elementary and secondary schools; possession and administration of undesignated stock albuterol inhalers and valved holding chambers. Requires each local school board to adopt and implement policies for the possession and administration of undesignated stock albuterol inhalers and valved holding chambers in every public school in the local school division, to be administered by any school nurse, employee of the school board, employee of a local governing body, or employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers for any student believed in good faith to be in need of such medication. The bill requires the Department of Education, in conjunction with the Department of Health, to develop and implement policies for the administration of stock albuterol in public schools. The bill has a delayed effective date of January 1, 2022.

FULL TEXT

01/12/21 House: Prefiled and ordered printed; offered 01/13/21 21102599D [pdf](#) | [impact statements](#)

01/27/21 House: Printed as engrossed 21102599D-E [pdf](#) | [impact statement](#)

02/18/21 Senate: Committee substitute printed 21200123D-S1 [pdf](#) | [impact statement](#)

02/26/21 House: Bill text as passed House and Senate (HB2019ER) [pdf](#) | [impact statement](#)

03/31/21 Governor: Acts of Assembly Chapter text (CHAP0508) [pdf](#)

AMENDMENTS

Senate subcommittee amendments and substitutes offered

House amendments adopted

HISTORY

01/12/21 House: Prefiled and ordered printed; offered 01/13/21 21102599D

01/12/21 House: Referred to Committee on Education

01/19/21 House: Assigned Education sub: Pre-K-12

01/22/21 House: Subcommittee recommends reporting (6-Y 2-N)

01/25/21 House: Reported from Education with amendment(s) (16-Y 6-N)

01/26/21 House: Read first time

01/27/21 House: Read second time

01/27/21 House: Committee amendment agreed to

01/27/21 House: Engrossed by House as amended HB2019E

01/27/21 House: Printed as engrossed 21102599D-E

01/28/21 House: Read third time and passed House (82-Y 18-N)

01/28/21 House: VOTE: Passage (82-Y 18-N)

01/29/21 Senate: Constitutional reading dispensed

01/29/21 Senate: Referred to Committee on Education and Health

02/05/21 Senate: Continued to 2021 Sp. Sess. 1 in Education and Health (15-Y 0-N)

02/10/21 Senate: Assigned Education sub: Public Education

2021 SPECIAL SESSION I

SB 1322 Public schools; seizure management and action plans, biennial training, effective date

Introduced by: [Bill DeSteph](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS PASSED: (all summaries)

Public schools; seizure management and action plans; biennial training. Provides for the submission and utilization of seizure management and action plans for students with a diagnosed seizure disorder. The bill requires each such seizure management and action plan to state that such plan is separate from any individualized education program (IEP) or Section 504 Plan that is in place for the student and nothing in such plan shall be construed to abrogate any provision of any IEP or Section 504 Plan that is in place for the student. The bill requires that school nurses and certain school division employees biennially complete Board of Education-approved training in the treatment of students with seizure disorders. The bill provides immunity from civil liability for acts or omissions related to providing for the care of a student under a seizure management and action plan. The bill has a delayed effective date of July 1, 2022.

FULL TEXT

01/12/21 Senate: Prefiled and ordered printed; offered 01/13/21 21100698D [pdf](#) | [impact statement](#)

01/21/21 Senate: Committee substitute printed 21103009D-S1 [pdf](#) | [impact statement](#)

02/24/21 Senate: Bill text as passed Senate and House (SB1322ER) [pdf](#) | [impact statement](#)

03/31/21 Governor: Acts of Assembly Chapter text (CHAP0514) [pdf](#)

AMENDMENTS

House subcommittee amendments and substitutes offered

House subcommittee amendments and substitutes adopted

Senate subcommittee amendments and substitutes offered

House amendments adopted

House amendments engrossed

HISTORY

01/12/21 Senate: Prefiled and ordered printed; offered 01/13/21 21100698D

01/12/21 Senate: Referred to Committee on Education and Health

01/13/21 Senate: Assigned Education sub: Public Education

01/21/21 Senate: Reported from Education and Health with substitute (10-Y 4-N)

01/21/21 Senate: Committee substitute printed 21103009D-S1

01/22/21 Senate: Constitutional reading dispensed (37-Y 0-N)

01/25/21 Senate: Read second time

01/25/21 Senate: Reading of substitute waived

01/25/21 Senate: Committee substitute agreed to 21103009D-S1

01/25/21 Senate: Engrossed by Senate - committee substitute SB1322S1

01/26/21 Senate: Read third time and passed Senate (35-Y 4-N)

02/02/21 House: Placed on Calendar

02/02/21 House: Read first time

02/02/21 House: Referred to Committee on Education

02/08/21 House: Continued to Special Session 1 in Education by voice vote

2021 SPECIAL SESSION I

SB 1190 Health Standards of Learning; advanced directive education for high school student

Introduced by: [Jennifer A. Kiggans](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS INTRODUCED:

Board of Education; Health Standards of Learning; advanced directive education. Directs the Board of Education to include advanced directive education in its curriculum framework for the Health Standards of Learning for high school students.

FULL TEXT

01/11/21 Senate: Prefiled and ordered printed; offered 01/13/21 21102473D [pdf](#) | [impact statement](#)

02/24/21 Senate: Bill text as passed Senate and House (SB1190ER) [pdf](#) | [impact statement](#)

03/18/21 Governor: Acts of Assembly Chapter text (CHAP0294) [pdf](#)

HISTORY

01/11/21 Senate: Prefiled and ordered printed; offered 01/13/21 21102473D

01/11/21 Senate: Referred to Committee on Education and Health

01/14/21 Senate: Reported from Education and Health (11-Y 3-N)

01/15/21 Senate: Constitutional reading dispensed (35-Y 0-N)

01/18/21 Senate: Passed by for the day

01/19/21 Senate: Read second time and engrossed

01/20/21 Senate: Read third time and passed Senate (31-Y 8-N)

02/02/21 House: Placed on Calendar

02/02/21 House: Read first time

02/02/21 House: Referred to Committee on Education

02/08/21 House: Continued to Special Session 1 in Education by voice vote

02/15/21 House: Subcommittee recommends reporting (8-Y 0-N)

02/17/21 House: Reported from Education (21-Y 1-N)

02/19/21 House: Read second time

02/22/21 House: Read third time

02/22/21 House: Passed House (93-Y 6-N)

02/22/21 House: VOTE: Passage (93-Y 6-N)

02/24/21 Senate: Enrolled

02/24/21 Senate: Bill text as passed Senate and House (SB1190ER)

02/24/21 Senate: Signed by President

02/25/21 House: Signed by Speaker

03/01/21 Senate: Enrolled Bill Communicated to Governor on March 1, 2021

03/01/21 Governor: Governor's Action Deadline 11:59 p.m., March 31, 2021

03/18/21 Governor: Approved by Governor-Chapter 294 (effective 7/1/21)

03/18/21 Governor: Acts of Assembly Chapter text (CHAP0294)

2021 SPECIAL SESSION I

SB 1303 Local school divisions; availability of virtual and in-person learning to all students.

Introduced by: [Siobhan S. Dunnivant](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS PASSED: (all summaries)

School boards; in-person instruction. Requires each school board to offer in-person instruction to each student enrolled in a local school division in a public elementary and secondary school for at least the minimum number of required instructional hours and to each student enrolled in the local school division in a public school-based early childhood care and education program for the entirety of the instructional time provided pursuant to such program. The bill contains certain exceptions to the abovementioned requirement. The bill requires each school board to provide such in-person instruction in a manner in which adheres, to the maximum extent practicable, to any currently applicable mitigation strategies for early childhood care and education programs and elementary and secondary schools to reduce the transmission of COVID-19 that have been provided by the federal Centers for Disease Control and Prevention. The bill requires the Department of Education to establish benchmarks for successful virtual learning and guidelines for providing interventions to students who fail to meet such benchmarks and for transitioning such students back to in-person instruction. The bill also requires all teachers and school staff to be offered access to receive an approved COVID-19 vaccination through their relevant local health district. The bill has an expiration date of August 1, 2022.

FULL TEXT

01/12/21 Senate: Prefiled and ordered printed with emergency clause; offered 01/13/21 21102517D [pdf](#)

02/01/21 Senate: Printed as engrossed 21102517D-E [pdf](#) | [impact statement](#)

02/22/21 House: Committee substitute printed 21200505D-H1 [pdf](#) | [impact statement](#)

03/09/21 Senate: Bill text as passed Senate and House (SB1303ER) [pdf](#) | [impact statement](#)

03/30/21 Governor: Acts of Assembly Chapter text (CHAP0456) [pdf](#)

AMENDMENTS

House subcommittee amendments and substitutes offered

House subcommittee amendments and substitutes adopted

House committee, floor amendments and substitutes offered

Senate subcommittee amendments and substitutes offered

Senate committee, floor amendments and substitutes offered

House amendments not adopted

Senate amendments

HISTORY

01/12/21 Senate: Prefiled and ordered printed with emergency clause; offered 01/13/21 21102517D

01/12/21 Senate: Referred to Committee on Education and Health

01/13/21 Senate: Assigned Education sub: Public Education

01/28/21 Senate: Reported from Education and Health (8-Y 7-N)

01/29/21 Senate: Constitutional reading dispensed (35-Y 0-N)

02/01/21 Senate: Read second time

02/01/21 Senate: Reading of amendments waived

02/01/21 Senate: Amendments by Senator Dunnivant agreed to

02/01/21 Senate: Engrossed by Senate as amended SB1303E

Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations

(Updated Mar. 17, 2021)

Overview

This document provides guidance for administrators, staff, and nurses in K-12 schools on COVID-19 symptom screening for schools opening for in-person learning. The guidance detailed here relates only to students in K-12 school settings and is unique for two reasons:

1. Children and adolescents with COVID-19 might experience different symptoms and varying symptom severity compared to adults. See "[Information for Pediatric Healthcare Providers](#)" for more information.
2. K-12 schools provide essential educational, developmental, and support services to students and families. Therefore, excluding students from school has different consequences from excluding individuals from other settings. This makes the considerations for symptom screening in students in K-12 schools different from those for other settings or populations.

Based on the best available evidence at this time,

- CDC does not currently recommend schools conduct symptom screening for all students in grades K-12 on a routine (e.g., daily) basis.
- Parents, caregivers, or guardians ("caregivers") should be strongly encouraged to monitor their children for symptoms of infectious illness every day through home-based symptom screening.
- Students who are sick should not attend school in-person.

We learn more about COVID-19 every day, and as more information becomes available, CDC will continue to update and share information. As our knowledge and understanding of COVID-19 evolves, this guidance may change.

VDH's guidance, in addition to referring to CDC's recommendations, only references 5 mitigation strategies: Masking, Physical Distancing, Hand Hygiene, Cleaning/Disinfecting, and Contract Tracing.

<https://www.vdh.virginia.gov/content/uploads/sites/182/2021/03/Interim-Guidance-to-K-12-School-Reopening.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html#overview>

DAILY SCREENING FOR FAMILIES v3

Families, please complete this short check each morning before your child leaves for school.

SECTION 1: Symptoms

	1. Temperature 100.4 degrees Fahrenheit or higher when taken by mouth or chills
	2. Sore throat, fatigue muscle aches, nasal congestion or runny nose, new loss of taste or smell
	3. Difficulty breathing, shortness of breath, or a new cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
	4. Diarrhea, vomiting, or abdominal pain
	5. New onset of severe headache

SECTION 2: Close Contact/Potential Exposure

	6. Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
	7. Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to COVID-19
	8. Traveled to or lived in an area where the local health department is reporting large numbers of COVID-19 cases at: https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html

If you answer YES to any question above, your child cannot attend school today. Please contact the school attendance office to notify them of your child's absence. Please contact your healthcare provider for further evaluation.

Your child's symptoms, KGCS policies, and guidance from their healthcare provider will determine when your child may return to school. Please contact the school nurse to discuss your child's symptoms. The following are general guidelines.

YES in Section 1, NO in Section 2:

- If your child is diagnosed with an illness other than COVID-19, typical KGCS policies apply. Your child cannot return to school until symptom-free for 24 hours, including no fever without using fever reducing medications.
- If there is no alternative diagnosis provided, students may return to school in accordance with current CDC recommendations, which is typically 10-14 days of quarantine or self-isolation.

YES in Section 1, YES in Section 2:

Children answering "YES" both Section 1 and Section 2, or children that test positive for COVID-19 should:

- stay home and isolate themselves from others
- monitor their health
- follow directions from their state or local health department or healthcare provider

Students diagnosed with COVID-19 or who answer YES to any component of Section 1 AND YES to any component of Section 2 may return to school in accordance with current CDC recommendations, which is typically 10-14 days of quarantine or self-isolation.

Thank you for keeping our students, staff, and community safe!
COVID-19 Protocols in Place



SCREENING STATISTICS

School	Number of Screeners	Time to Complete (minutes)
Preschool	2	3 X 10
King George ES	9	30
Potomac ES	16	20
Sealston ES	7	20
King George MS	8	20
King George HS	13	15 to 20

FAILED SCREENINGS AT DROP OFF (as of 4/13/21)

School	January	February	March	April
Preschool	0	0	0	0
King George ES	1	0	0	0
Potomac ES	1	0	0	0
Sealston ES	0	0	0	0
King George MS	N/A	N/A	0	0
King George HS	N/A	N/A	1	0

DRAFT OF REMINDER MEMO TO ALL STAFF:

Students and staff must complete a daily screening in regards to:

- Positive COVID Test
- Exposure to COVID
- Symptoms of Illness

Any student or staff member that has any of the above will not report to school until further notice. There are **no exceptions** to this - vaccination, negative tests, doctor's orders, etc. do not change this process. Every case must be reviewed and approved for return by the division point of contact.

- School nurses are the POCs for students.
- Mary Fisher is the POC for staff.

Once notified, the COVID Response Team completes a case investigation and contact tracing, notifies VDH authorities and division administrators, and provides families and staff with next steps including when they may return to school. If a staff member is contacted by a student, family, or colleague, they are to refer them to the appropriate point of contact for more information. To avoid confusion, inconsistencies, and errors, **no one else should provide this information** to students, parents, or staff members. In addition, **no one has the authority to override the return to school date** that is given by the COVID Response Team.

Below are the most common situations and questions we have had recently.

- **QUARANTINE: I was exposed to someone with COVID, and my doctor said I only have to quarantine for 10 days. Why can't I return to school for 14 days?**

Quarantine and return to work/school are not the same thing. Quarantine involves your home and the community at large. Only health departments and healthcare providers have the authority to recommend isolation or quarantine. Schools and places of work have the authority to determine when a person may return to school or work. While this usually aligns to the dates of quarantine, it may be longer than official quarantine.

As an example, the CDC has established some circumstances in which patients may 'reduce quarantine' to fewer than 14 days. A healthcare provider may provide this option to a patient, which may allow the patient to leave quarantine sooner than 14 days. However, even if a person reduces their quarantine, the CDC and VDH do not recommend reducing return to school timelines. The full 14 day return to school timeline is still recommended by the CDC and VDH and KGCS continues to adhere to these recommendations for students and staff.

- **SYMPTOMS: I only have a runny nose. Can I report to work?**

No. You must remain at home until cleared to return. Symptoms of COVID may include something as simple as a runny nose, a headache, etc. Even though these are common symptoms of other things especially during this time of year when allergies may be increasing,

every single symptom must be reported. It does not matter how mild the symptom is or quickly it seems to resolve, unless it is attributed to another actual and current diagnosis (not assumed or in the past) **and** is a typical symptom for you in regards to that actual and current diagnosis. Actual means your doctor has officially diagnosed you with an illness. Current means your doctor is treating you for this illness at this time. Typical means the symptom is not new or different or more severe.

Example 1. Every spring, you get post-nasal drip and a slight cough at night. You went to the doctor and she diagnosed you with seasonal allergies and gave you a prescription for claritin. This is an actual diagnosis and these are your 'usual' symptoms. Last night, you noticed a slight cough and this morning, you woke up with the 'usual' post-nasal drip. You realize you were outside cutting grass this weekend and have not filled your claritin prescription for this year. You have no other symptoms and have not been around others who have been sick. You call your doctor and she calls in a claritin refill for you.

You can continue reporting to work because you have an actual and current diagnosis from your doctor, and these symptoms are typical for you.

Example 2. Last spring, you got post-nasal drip and a slight cough at night. You thought it was probably just allergies so you got some cough drops and an over the counter medication. You did not go to the doctor for an evaluation. Last night, you noticed a slight cough and this morning, you woke up with post-nasal drip. You realize you were outside cutting grass this weekend and assume your allergies are starting up again. You have no other symptoms and have not been around others who have been sick.

You cannot report to work. You do not have an actual and current diagnosis from your doctor to explain your symptoms. You must report these symptoms in the Daily Self-Screening Form and follow the instructions. You may be able to return to school within 24 hours, but may be excluded for up to 14 days. This will vary on a case by case basis and is dependent on healthcare evaluations and the level of community spread at the time. This is why a case investigation is required for every situation.

Example 3. Every spring, you get post-nasal drip and a slight cough at night. You went to the doctor and she diagnosed you with seasonal allergies and gave you a prescription for claritin. This is an actual diagnosis and these are your 'usual' symptoms. This morning, you woke up with the 'usual' post-nasal drip, but you also have a runny nose and slight headache. You realize you were outside cutting grass this weekend and assume your allergies are starting up again. You have no other symptoms and have not been around others who have been sick.

You cannot report to work. Although you have an actual and current diagnosis, these symptoms are new and unusual for you and you cannot assume these are attributed to your allergies. You must report these symptoms in the Daily Self-Screening Form and follow the instructions. You may be able to return to school within 24 hours, but may be excluded for up to 14 days. This will vary on a case by case basis and is dependent on healthcare evaluations and the level of community spread at the time. This is why a case investigation is required for every situation.

- **TRAVEL: My colleague (or student) went on vacation and then came to school! Is this safe? Shouldn't they quarantine?**

Many states, countries, and airlines have travel restrictions and require testing and/or quarantines upon arrival or prior to departure. There are no travel restrictions specific to Virginia at this time. Students and staff have no quarantine requirements following travel and may return to school immediately, regardless of any travel requirements the airline or place they visited may have in place.

Example 1. You visited California. California requires visitors to quarantine for 10 days when you arrive. When you return to Virginia, VDH does not require you to quarantine or provide negative test results. You can return to school immediately, assuming you meet all criteria under the Daily Self-Screening form.
Example 2. You took a plane on vacation. The airline required you to present a negative test result within 3 days of boarding. When you return to Virginia, VDH does not require you to quarantine or provide negative test results. You can return to school immediately, assuming you meet all criteria under the Daily Self-Screening form.

TRAVEL PT 2: But my husband works on base and they make them quarantine when they travel. Why are the rules different?

KGCS follows return to work/school guidelines as presented by the CDC and VDH. NOTE: Some employers may not follow CDC and VDH guidelines and may have different return to work procedures even if they are located in Virginia. Your spouse, friend, or neighbor may have different workplace policies regarding travel restrictions.

- **VACCINATIONS: My colleague's daughter tested positive for COVID. She is living with them while she recovers because her college won't let her stay in the dorm. But her mom keeps coming to work! She said she is vaccinated, but I don't think that is safe. Is this allowed?**

In accordance with CDC guidelines, people that are fully vaccinated do not need to quarantine when they are exposed to a positive case of COVID-19 as long as they don't have symptoms. However, KGCS requires all exposures to be reported immediately through the Daily Self-Screening form and she cannot report to work until further notice. A case investigation must be completed, vaccination status must be verified, and a return to school date will be provided through the same procedure as described above. In these situations, a determination can usually be completed quickly with the appropriate documentation, and thus an employee may be able to return to school immediately.

VACCINATIONS PT 2: But the CDC says you can still spread COVID-19 even if you have been vaccinated. I don't think she should put others at risk and she should stay home.

Data continues to be evaluated on the effectiveness of the various vaccines in reducing transmission. Everyone, including those that are fully vaccinated, must continue to do their

part by following mitigation strategies. Maintain at least 6 feet distance to the extent possible. Wash your hands frequently. Wear a mask. Stay home if you are sick. All employees must continue to report any symptoms or exposures through the Daily Self-Screening Form regardless of their vaccination status.

Question - Another question that has come up a few times is if another person in your household has a coVid-19 test pending and is symptomatic, you are not symptomatic should you continue to attend work/school until a result is confirmed or should you stay home while that test is pending? If the person with a coVid-19 is not symptomatic (perhaps getting a test to travel/visit a family member friend etc) in that instance is it ok to continue normal school/work routine?

Initial thoughts...

VDH recommends doctors refer for testing if they suspect COVID-19. Thus, if a person is waiting for test results, the doctor suspects COVID-19. If the patient is symptomatic, we could view the "pending results" period the same as "no evaluation"... because until test results are back, there is essentially no evaluation. This would imply that close contacts should be quarantined until results come back (per the algorithm).

HOWEVER, doing this could complicate the contact tracing procedures currently in place, and exponentially increase the number of students sent home while a test is pending.... Or in any case where there is no evaluation. Currently, we do not contact trace for symptoms with exposure... we wait for the positive test.

To delineate between the two situations (as posed in the question) we would essentially be defining "close contacts" in this situation as specific to household members only, which is different from the close contact definition of 6/15/24.

