
COVID-19 ADVISORY MEMORANDUM

TO: Superintendents and Independent Heads of School
FROM: Daniel M. French, Ed.D., Secretary of Education
Mark A. Levine, M.D., Commissioner of Health
SUBJECT: Recommendations for Contact Tracing
DATE: **UPDATED:** October 21, 2021

Notes on this Version

The version of this memo dated above has been wholly revised with feedback from the Vermont Chapter of the American Academy of Pediatrics, the State's pediatric infectious disease medical advisors, the Vermont State School Nurses Association (VSSNA) and the Vermont Superintendents Association (VSA).

The goals of this revision are to:

- keep students in school as much as possible,
- reduce transmission of SARS-CoV-2 in school settings, and
- streamline contact tracing processes, making them less burdensome to implement while maintaining student and staff safety.

All previous versions of this memo are retracted.

Background

Vermont schools will continue the process of conducting internal contact tracing in partnership with the Health Department. Contact tracing remains a necessary activity given current case counts and community transmission in Vermont. 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. 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.).

4. Provide a Line List to the Health Department with information about all vaccinated and unvaccinated close contacts identified. **Please Note:** the Health Department is working on a revision of the Line List that will require less information than is currently collected.

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. Schools can safely reduce contact tracing efforts when most of the student body is vaccinated, as the likelihood of transmission is lower, and many students are vaccinated.

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 or the Immunization Registry (IMR) as applicable).

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. SUs/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.

Close Contact Definition

The definition of close contact for students in school settings is updated to the following:

Within **3 feet** of an infected person for a total of 15 minutes or more over a 24-hour period.

This update is based on findings from other states that find this definition results in low levels of transmissions in school settings.

Schools should use the 3ft. / 15 min. definition *when it is reasonably possible* to identify close contacts using this method. In cases where students are younger or where this definition makes contact tracing overly complex, schools may substitute the 4-hour rule.

The 4-hour rule: When students are in the same classroom/pod for 4 or more hours they are considered close contacts, even if the students change physical location together during this time.

Schools may use the above definitions *as long as universal masking is in effect*; masks must be used correctly and consistently.

This definition does not apply to teachers and staff in school settings.

Strategies for Contact Tracing

This section outlines contact tracing strategies for a variety of school settings where exposure is possible. Contact tracers should follow the recommendations for the appropriate setting and not deviate.

Outdoor Exposure

Outdoor environments are generally low risk. Schools should not contact trace close contacts of cases that occurred outdoors. Schools should no longer send low-risk exposure letters.

School Bus

School busses can be challenging environments for accurate contact tracing, creating a significant burden.

Schools should *only* contact trace the seatmate of a case, if known. Schools should enforce assigned seating in order to make identifying the seatmate of close contacts easier. Schools should notify other schools, if their students were present on the bus.

It is strongly recommended that schools require busses to operate with windows open to increase ventilation, following guidelines at least as strict as those outlined in [A Strong and Healthy Year: Safety and Health Guidance for Vermont Schools, Spring 2021](#) (Page 9).

Lunchroom

It is strongly recommended that schools continue to reinforce assigned seating, or eating in classrooms. Use of seating charts is highly recommended for elementary students. For high

school and middle school students, the students should be asked who they sat with. Schools should maintain a 3-6 ft. distance between students eating whenever possible.

Indoor Recess and Indoor PE

Outdoor recess is strongly encouraged whenever possible. Indoor recess should be reserved only for those occasions where severe weather or low temperatures prohibit outdoor recess.

Indoor recess should be restricted to classrooms or pods.

Schools should use the new [close contact](#) definition outlined above.

COVID-19 Fall Contact Tracing Tools

PLEASE NOTE: The Health Department is updating several resources in response to the revisions above. These will be distributed directly to school nurses, and shared in the AOE weekly COVID-19 updates.

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