State College Friends School
Pandemic Handbook

V1.2 August 30, 2021

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Revision History

August 30, in purple, pages 8-10: moved glossary definition of a close contact forward for clarity and added a note regarding method for counting of days used in contact tracing and CDC recommendations.

Preamble

The 2021-22 school year marks the second fall in which SCFS will open school during the COVID-19 pandemic and calls for the second edition of our Pandemic Handbook. We trust that this Handbook will be a guiding resource for our entire school community as we navigate our way together through this year. We are so thankful for our community's resourcefulness, flexibility, caring, and diligence. It is these qualities that have given us the success we shared last year and it will be these qualities that lead us forward this year. We strive to make sure we are all learning to our potential, helping those around us, and staying safe.

Purpose and Goals

The purpose of the Pandemic Handbook is to provide easy access to guidance about State College Friends School (SCFS) decisions to mitigate, manage, and communicate information related to COVID-19. The overarching goal in considering how to manage cases of COVID-19 within SCFS and any potential school closure is to reduce risk to students and staff as much as possible by following and/or adapting CDC and Pennsylvania Department of Health protective protocols, coupled with strong case management. Our goal is to not only conduct school in person as long as it is safe to do so, but also to create the best learning environment for our students, faculty, and staff by using the scenarios and risk considerations described below to guide decision-making.

Our pandemic planning approach for the 2021-2022 school year is based on scientific evidence about how the virus spreads in adults and children, national and state-level recommendations, and the learnings and experiences from ourselves and the many school districts that held in-person school last year. There are some policies described in this handbook that match CDC and/or Pennsylvania recommendations, and there are others that adapt these recommendations to match the ethos and structure of SCFS, while prioritizing the health and the safety of all community members, from the most to the least vulnerable. For pandemic-related policies, we have weighed the risk to community members along the spectrum of implementing specific policies versus the risk of not implementing them, while weighing the benefits and burdens to stakeholders.

The CDC recently updated guidance for the 2021-2022 school year (K-12 Guidance) along with a summary of evidence to date about transmission of SARS-CoV-2 in general and specifically in schools (CDC scientific brief). Below is the conclusion section of this scientific brief:

"SARS-CoV-2 transmission in the community is correlated with the amount of infections in schools. When community rates of COVID-19 are high, there is an increased likelihood that SARS-CoV-2 will be introduced to, and potentially transmitted within, a school or ECE setting.

Evidence to date suggests that when prevention strategies are layered and implemented with fidelity, transmission within schools and ECE programs can be limited. Information on transmission patterns following the uptake of COVID-19 vaccines and the experiences of schools as they use different mixes of effective prevention strategies to address COVID-19 will help refine guidance.

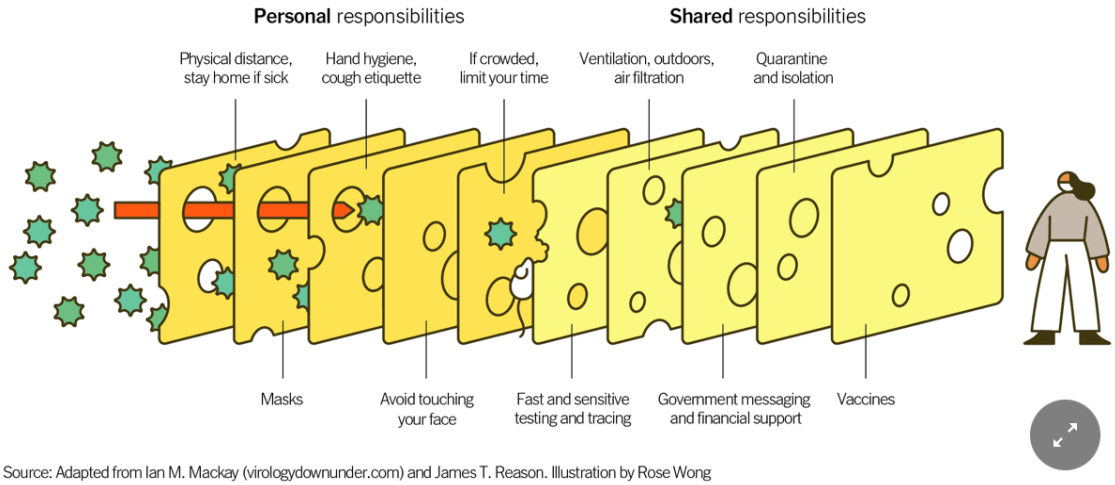
Reducing SARS-CoV-2 transmission in schools and ECE programs is a shared responsibility. Schools and ECE programs can limit transmission by layering the following effective prevention strategies:

- Promoting COVID-19 vaccination for those eligible
- Consistent and correct use of masks by people who are not fully vaccinated
- Physical distancing among people who are not fully vaccinated
- Screening testing in K-12 schools
- Improving ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- Testing and contact tracing in combination with isolation and quarantine
- Routine cleaning with disinfection under certain conditions.

Implementing these strategies is particularly important in areas with moderate, substantial, or high transmission rates and low vaccination coverage, and to protect people who are not fully vaccinated. CDC has developed guidance that administrators in K-12 schools and ECE programs can use to help protect students, teachers, and staff; slow the spread of SARS-CoV-2; and support in-person learning and care."

SCFS Mitigation Measures

The "Swiss Cheese Model" below shows how multiple "layers" of mitigation help prevent the spread of infectious disease, in this case SARS-Cov-2. The CDC calls this "layered prevention strategies." No single layer of mitigation is perfect and each has holes. However, lining up multiple layers of protection against disease transmission greatly reduces the risk that the virus can infect someone. Some of these layers are individual responsibilities, such as masking and hand washing, while the responsibility of implementing other measures is led by teachers, the administration and/or the entire school community.



Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong

The school's objective is to reduce risk as much as possible through multiple strategies/layers and fortification of each layer to the fullest extent possible. At SCFS, the mitigation strategies include:

- Vaccines

  Vaccines are the most effective layer of mitigation. All FDA-approved vaccines (even if not fully licensed yet) are effective in reducing symptomatic illness, severe disease, hospitalization and death from COVID-19, even against all identified variants to date. The holes in this "Swiss Cheese layer" are miniscule compared to all other protective strategies and therefore provide the most reliable and effective protection against transmission of SARS-CoV-2.

  All teachers, staff and long-term volunteers who will be in school in the 2021-2022 school year will be fully vaccinated.

- Mask Wearing

  Masks have been shown to be effective at reducing the spread of SARS-Cov-2 if they are well-fitting, consistently worn, and multiple layers (CDC mask page 1 and page 2). Unlike last school year, high-filtration masks (N95, KN94/95, 3-ply masks) for children and adults are available and are highly recommended.

  All children and teachers will continue to wear masks indoors for the foreseeable future.

  Outdoors there will be times when masks can be removed. If children are spaced at least 3 feet apart in an activity with clear markings for spacing, masks can be removed. Masking during outdoor free play will depend on community conditions (see table below).

- Social Distancing

  At most times throughout the day, and especially when indoors, students will be asked to remain 3 feet apart. There will be less emphasis placed on spacing when outdoors (see table below).

  During snack or lunch time, when masks are removed, students will be spaced at least 6 feet apart if indoors or 3 feet apart if outdoors.

  Teachers are not being asked to remain distanced from children because all teachers in school have been vaccinated.

- Outdoor Time

  Being outside greatly reduces risk of transmission because fresh air is constantly moving, dispersing any infectious droplets. Outdoors someone is less likely to breathe in enough of the respiratory droplets containing the virus that causes COVID-19. Outside time will be prioritized to the fullest extent possible, but is weather dependent and more difficult for some skills-based learning, like writing.

- Ventilation and filtration

  When indoors, the concentration of viral particles is often higher than outdoors. The lower the concentration, the less likely viral particles can be inhaled into the lungs, potentially lowering the inhaled dose. Ventilation and filtration strategies to reduce airborne concentrations can help reduce viral particle concentration and reduce risk to occupants.

We have engaged an architectural engineer who specializes in indoor air quality from Penn State to further advise us how to improve ventilation and filtration to the fullest extent possible.

- Morning Screening Form

  The objective of this layer is to reduce the likelihood of someone entering school if they have an exposure to someone with COVID-19 or are potentially infectious based on symptoms they might be exhibiting.

  The morning screening form will be as short as possible.

- Case Management and Contact Tracing

  If someone was in school during the infectious period, SCFS will use contract tracing to identify who might need to self-isolate, quarantine or enter a voluntary testing protocol.

- Hand Washing and Respiratory Practices

  While there is consistent, strong evidence that SARS-CoV-2 spreads by airborne transmission and that this is the dominant route of transmission, hand-washing and reducing touching one's face are important hygiene practices to teach children for general health. Normal handwashing and respiratory etiquette practices will be practiced and taught.

- At-home Testing
  Until recently, at-home testing was not available to be used as an additional layer of protection to prevent the spread of SARS-CoV-2. The speed and convenience of this tool, combined with its effectiveness compared to polymerase chain reaction (PCR) testing, make this a very desirable layer to employ at SCFS at select times and as a voluntary alternative to other actions.

Mitigation Strategy Decision-Making Framework

The SCFS decision-making framework is modeled using the risk threshold indicators put forth by the CDC. When community levels shift or hover between colored zones, the administration will take one week to gather as much relevant information as possible before deciding how to proceed. According to the CDC, if the two Risk Threshold Indicators suggest different levels, the CDC recommends actions corresponding to the higher threshold should be chosen.

Risk Threshold Indicators				
Centre County Cases* (Total new cases per 100,000 persons in the past 7 days)	0-9	10-49	50-99	100+
Positivity Rate of Testing in the past 7 days	<5%	5.0 - 7.9%	8.0 - 9.9%	>10%
Mitigation Strategies				
Universal	Morning health form Universal indoor masking Physical distancing Handwashing and respiratory etiquette Maintaining healthy, well-ventilated facilities Contact tracing in combination with isolation and quarantine			
Outdoor masking	No outdoor masks		Outdoor masking for free play, not for 3-6 foot spaced activities	
Mixed-aged classes	Outdoor time prioritized for academic mixing between classes		Reduction or elimination of mixing between classes	

*For SCFS decision making, we have decided to monitor Centre Country cases excluding the two student-predominant zip codes (16801 and 16802), while keeping an eye on all Centre Cases. We are tracking this in a google doc that is available upon request.

Positive or Pending COVID-19 Cases and Contacts

When a case or pending case is brought to the attention of the school, the administration will begin to implement its COVID-19 case protocols. This will include performing an assessment of the case/potential case to understand what actions need to be taken and if/who needs to be informed for public health safety reasons.

If someone is identified as a confirmed case or a probable case of COVID-19:

- The individual will not return to school for at least 10 days from symptom onset (if symptomatic) or test date (if asymptomatic).
- SCFS will execute its internal contact tracing protocols to identify all close contacts of the case.
    - Internal contact tracing does not replace the Health Department's contact tracing protocol but rather allows the school to act quickly to inform and protect the school community.
- SCFS will notify all close contacts of the case in the school without identifying the names of the individuals who have tested positive.
- SCFS will inform the entire school community about the positive or probable case.

What is a Close Contact?
The CDC defines a close contact as any individual who was within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or for asymptomatic patients, 2 days prior to positive test) until the time the individual is isolated.

- **CDC Exception for the 2021-202 school year:** In the K–12 indoor classroom setting, the close contact definition *excludes* students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) where:
    - both students were engaged in consistent and correct use of well-fitting face masks; *and*
    - other K–12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K–12 school setting.

Additional Information about close contacts: Being a close contact does not necessarily mean that one will become ill with COVID-19. A number of factors can influence a person's risk of becoming ill following an exposure, including the type, proximity, and duration of their exposure, environmental factors (such as crowding and ventilation), vaccination status, prior COVID-19 infection, and mask use.

Someone is also considered a close contact if they provide care for someone with COVID-19, were directly exposed to coughs or sneezes from someone with COVID-19 or shared utensils with someone with COVID-19.

What is a "Contact of a Contact"?

A contact of a contact is someone who has had close contact with a close contact of a case. This term is most useful for descriptive purposes, as the CDC does not consider the individual to have been exposed and therefore does not need to quarantine and can continue normal activities.

Table 1: If a student or employee of SCFS meets the definition of a...

Definition	CDC Recommendation
Confirmed case or probable case (As defined in the glossary)	Isolate for 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive lab test.
Close contact (See glossary for CDC-updated school definition of close contact)	Close contacts who were not diagnosed with COVID-19 within the last 90 days and are not vaccinated: Those with no symptoms (and unvaccinated) will be asked to quarantine for: ● Option 1: 10 days following exposure (with no testing) ● Option 2: 7 days following exposure with a negative PCR or FDA-approved home test taken after day 5 of quarantine ● Option 3: 0 days with a negative FDA-approved home test taken on all mornings the child plans to come to school for 7 days following exposure. This option will be offered for low-risk contacts (Table 2) at the discretion of the Advisory Committee. Following the normal school day, the student is asked to return home and reduce all other contacts and activities (also for 7 days following exposure). NOTE: The day of contact will be counted as "Day 0." The day after contact marks "Day 1" for any of the options listed above. Anyone who develops COVID-like symptoms should immediately self-isolate for 10 days after symptom onset and follow the protocol for a confirmed or probable case. Confirmation of a negative test will be requested by the school administration.

Contact of a contact	Can continue regular activities. Quarantine is not recommended. Pay attention to any possible signs of symptoms. Intermittent at-home testing might be suggested, depending on the risk level of the situation, but not required.

Please note:

- Every situation will have different circumstances and considerations. Therefore cases will be evaluated by the Pandemic Advisory Committee to make the safest decision possible. The school reserves the right to use discretion in each case.

When to Keep My Child Home

Staying home with symptoms

Symptom screening is used to determine if an individual currently has an infectious illness that they could pass on to others and therefore should be kept home. The presence of any of the symptoms below generally suggests an individual has an infectious illness and should not attend school, regardless of whether the illness is COVID-19 (CDC COVID symptoms site). There is emerging evidence the most predominant strain circulating in the US, the Delta variant (D), produces different symptoms compared to the wild-type and other Sars-CoV-2 variants.

These symptoms are listed on the morning form:

- Temperature of 100.4 degrees Fahrenheit or higher (D)
- Difficulty breathing/shortness of breath
- Cough
- New loss of taste or smell
- Sore throat (D)
- Congestion or runny nose (D)
- Headache (D)
- Diarrhea
- Vomiting or nausea
- Muscle or body aches
- Fatigue

Students **should not** attend school in-person if they display any of the symptoms above that are different from their typical health status. If a student experiences any of the symptoms above, fill out the morning form indicating their symptoms and the administration will follow-up.

Staying home without symptoms
If your child is not exhibiting symptoms listed above, he/she might need to stay home in the following circumstances:

- A household member of the SCFS student has any of the above symptoms of infectious disease.
    - The student could be considered a close contact and will be asked to follow the close contact procedures on Table 1.
- A household member or a close contact of the child has been diagnosed with COVID-19.
    - The student could be considered a close contact and will be asked to follow the close contact procedures on Table 1.
- The student receives a positive test result but is asymptomatic.
- The student has been identified as a close contact through contact tracing inside or outside of SCFS

Your child will be able to return to school if/when:

If an SCFS student has/had symptoms of an infectious illness:

1. The child has a negative COVID-19 test (an FDA-approved at-home test or PCR test) OR the SCFS student quarantines for 10 days, AND
2. Feel better and have not had a fever for 24 hours without the use of medication, AND
3. Did not had a high-risk exposure to someone with COVID-19, AND
4. Has obtained permission from the administration

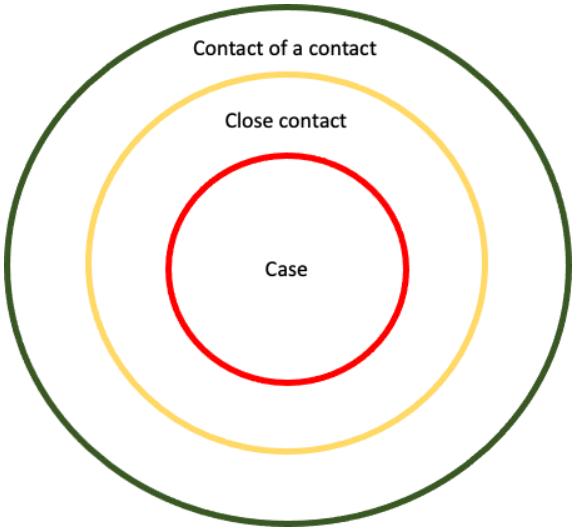
If a household member (vaccinated or unvaccinated) of an SCFS student has symptoms of an infectious illness:

1. The ill household member has a negative COVID-19 test (an FDA-approved at-home test or PCR test) OR the SCFS student quarantines for 10 days, AND
2. The SCFS student does not have symptoms of infectious illness, AND
3. Has obtained permission from the administration

If an SCFS student is a confirmed symptomatic or asymptomatic case or a potential or confirmed close contact of a case:

1. They enter or complete the appropriate protocol in Table 1, AND
2. Has obtained permission from the administration

Examples of Any Symptoms, Cases, Close Contacts and Contacts of Contacts



Example 1: A student of SCFS has received a positive test result for COVID-19. The student is therefore a case and must isolate.

Example 2: A member of a student's household tests positive for COVID-19. The student is therefore a close contact. The SCFS student has two, possibly three options, according to Table 1 and a decision will be made in collaboration between the school administration and the family.

Example 3: A member of a student's household has been identified as a close contact of someone outside the household, but the student is not considered a close contact of the case. A healthy student is considered a contact of a contact and may go to school.

Example 4: A member of a student's household who had been identified as a close contact of someone outside the household and was in quarantine starts to show potential symptoms of COVID-19. The healthy student/employee will likely be asked to follow the procedures for a close contact according to Table 1.

Communication to Families About Illness

It is the intention of SCFS to make communications to the SCFS community in a timely and effective manner based on all the information available at the time. There are many variables to consider when a case or potential case comes to the awareness of SCFS and therefore the exact timing of notifications will be dependent on SCFS's receipt and processing of information. Communications which are not time sensitive will be communicated via email.

Confirmed or probable case of COVID-19

- If there is a confirmed or probable case of COVID-19 who has been in school while potentially infectious, a communication will be made to the entire school. Class members and any close contacts will receive a communication as soon as the information is received and processed by the school.

- If there is a confirmed or probable case of COVID-19 who was not in school while potentially infectious, no communication will be sent as there is no risk posed by this case.

An individual is experiencing symptoms <u>and</u> has had potential contact to a case of COVID-19

- When a student/employee has potentially been exposed to COVID-19, notification will be sent to the class of that affected person if the student/employee has any symptoms of COVID-19.

An individual is experiencing symptoms of an infectious disease but has not had any known contact to COVID-19

- If a student/employee has symptoms of an infectious disease but has no known potential contact to COVID-19, no notifications will be sent. If the individual's status changes to a confirmed or probable case, a notification will be sent at that time.

Close Contact

- If a student/employee is considered a close contact of a case outside of the school environment, a notification will be sent if the person was in school while potentially infectious.

State College Friends School Internal Contact Tracing Guidelines

Contact tracing is the process of identifying, notifying, and monitoring any employee or student who came in close contact with another employee or student of the school who tested positive or are a probable case of COVID-19 while they were infectious (two days before onset of symptoms until the end of the person's isolation period).

Contact tracing is a key strategy for preventing the further spread of SARS-CoV-2. Close contacts of an individual who tests positive are considered to have been exposed to SARS-CoV-2 and may go on to develop COVID-19. Identifying and quarantining close contacts limits their ability to spread disease should they become infectious and helps to limit spread within the school community.

Contact tracing protocols and procedures will be implemented by a trained individual and adhere to CDC and state guidelines. The school contact tracer will ask the teacher(s) of the affected class a series of questions about activities and interactions of people in the class (and outside the class if deemed necessary) during the time the case was in school and potentially infectious to determine who they may have been in close contact with. If the case is a student, teachers, staff, administrators and the child's guardians will be relied on heavily to help provide answers.

Effective contact tracing relies on conducting interviews in a timely manner. Complying with requests for information from SCFS is an important expectation and a necessity as the school attempts to mitigate the spread of COVID-19 within the school community.

The purpose of SCFS internal contact tracing policy is to:

- Explore the possible route of infection or exposure.
- Identify close contacts and others who may be at risk for infection.
- Educate individuals on the need to quarantine or isolate and determine the individuals' plans.
- Identify the support services that the school can provide to the individuals to help them successfully quarantine or isolate.

<u>Please note that the name of the student who tested positive for COVID-19 will never be revealed by the school to close contacts or anyone else.</u>

Scenarios for Positive Cases within State College Friends School

SCFS will consider many factors when deciding to send an individual, class or larger group of students and/or staff home for a period of time. For all situations in which there is a confirmed case or probable case of COVID-19 in the school community, we will use the risk factor table below to guide decision-making.

Scenario #1
There is one confirmed or probable case in the school:

- SCFS likely remains open.
- Students determined to be a close contact with the case are asked to quarantine for 7-10 days or test at home, depending on the contact.
- If there is uncertainty about the determination of close contacts within a class or other high-risk factors are identified, the entire class may be asked to stay off campus for 7-10 days or test at home from the last contact with the case.
    - If an entire class is being excluded from campus, students/employees who were not clearly identified as close contacts would not be considered to be in quarantine during their time outside of school.

Scenario #2
There are two or more confirmed or probable cases in school, originating from exposure sources outside of school:

- SCFS likely remains open.
- If the exposure sources are clearly from outside of SCFS and risk of transmission inside school is deemed low based on internal contact tracing and other risk factors, students and staff determined to be a close contact of the cases will be excluded from campus for 7-10 days or test at home from last exposure to the case.
- If there is uncertainty about the determination of close contacts within a class or other high-risk factors are identified, the entire class may be asked to stay off campus for 7-10 days from the last contact with the case or test at home.
    - If an entire class is being excluded from campus, students/employees who were not clearly identified as close contacts would not be considered to be in quarantine during their time outside of school.

Scenario #3
There are two or more confirmed or probable cases in school, linked together by an activity in school:

- Students and staff determined to be a close contact with the case are asked to quarantine for 7-10 days from last exposure to the case or test at home.

- Because this scenario involves the possibility of on campus transmission, the decision to send home affected class(es) for 7-10 days from the last contact with the case or test at home.
- If the outbreak is large and there are high-risk considerations, SCFS might close campus for 7-10 days.

Scenario #4

A significant community outbreak is occurring or has recently occurred (e.g., large event or large local employer) and is impacting multiple staff, students, and families served by the school community. The number of students/employees in isolation or quarantine make practical operations of in-school learning impractical or impossible:

- SCFS would, most likely, close campus until safe operations can be resumed.

Scenario #5

PA Department of Health and/or Education mandates closure of schools:

- SCFS would close campus until PA governing body allows schools to reopen.

Table 2: Risk factors

Decision-making factor	Considerations to assess level of risk for the school community
Source of case	Source within household (lower risk) Source known to be from outside of school exposure (lower risk) Possibly within-school source (higher risk) Unidentified source (higher risk)
Duration person was in school while potentially infectious	The longer the duration the higher the risk Two days prior to symptom onset and first 5 days of symptoms are highest risk of infectiousness
Time since person in school	Beginning of quarantine period (higher risk) or close to end (lower risk)
Results of contact tracing	0 confirmed close contacts (low risk) 1-2 confirmed close contacts (medium risk) 3+ confirmed close contacts (higher risk) Unconfirmed/undetermined close contacts (consider all factors to determine risk)
Variant transmission	The contagiousness of the predominant variant circulating at the time
Vaccine status	The rates of within-school and/or community vaccination

Additional information About the Effect of Cases Within SCFS

- In all scenarios, healthy siblings of children who are in a class that is asked to remain off campus can continue to come to school.
    - Contact of contacts are not considered to have been exposed and there are no CDC recommendations for quarantine.
- If a class is asked to stay home or if school is temporarily closed, alternative teaching options will be arranged by each teacher. Teachers will use discretion in their approach to teaching during these temporary closures.
- If a teacher or teachers are in isolation and substitutes can't be found due to COVID-related reasons, a class might be asked to stay home until a safe alternative can be arranged.

Other Health and Safety Related Policies

Visitor Policy, including parents and other short-term volunteers
Visitors are allowed outside, distanced and masked. If coming to campus at any time other than drop-off and pick-up, visitors should always notify the school of their arrival on campus. Visitors will not be able to interact with students unless they are family members who are designated to pick-up their child before the end of the school day.

As long as community risk factors indicate, volunteers may come on campus this year. Whether they are short or long term volunteers, they will need to show proof of being vaccinated and follow all of the school's COVID protocols, including being masked at all times. Careful consideration will be given to any decisions involving the use of volunteers on campus. One example of a possible volunteer is a local university teaching intern. Volunteers will be assigned to specific classrooms and not interact with students and faculty outside of that particular pod. Families will be notified if a volunteer is scheduled for a specific classroom.

Drop-off and pick-up
Morning drop off and afternoon pickup will take place outdoors using classrooms' outdoor entrances rather than the main entrance. Families are invited to follow signage on campus between the parking lot and their child's classroom. Family members will not enter the school building during drop off or pick up.

Though SCFS recognizes that the risk of COVID-19 transmission is significantly lower while outdoors, we are asking that families wear masks during drop-off and pick-up in solidarity with students.

Bussing safety
Following SCASD guidelines, drivers and children will be distanced and masked at all times at all times while on buses.

In line with allowable SCASD guidelines, windows will be opened or cracked at least 2 inches.

If a driver or person otherwise tests positive on a bus and windows were not cracked for ventilation, the student will be considered a close contact and asked to follow the procedures for a close contact.

Illness within School
If someone falls ill while in school with symptoms of an infectious disease, the student will be placed in an isolation room and the parents will be contacted immediately. Depending on the symptoms, we might ask the family to perform a rapid test so that the appropriate protocols can begin as soon as possible.

Outdoor Family Time at School
Campus will be open to families after school, unless the situation rapidly deteriorates. We ask that all parents and children are masked when interacting on campus, as children from multiple classes could engage in close-proximity play. This will assist in reducing close contacts for contact tracing purposes.

Field Trips
While pediatric vaccines have not yet been approved, the following guidelines will apply:

- Walking and outdoor field trips are encouraged
- There will be limited or no interaction with people other than SCFS staff and students
- If transport is necessary, masking and at least three feet will be maintained between students on busses

Once vaccines are available for children under the age of 12, guidelines for field trips may be revised to allow for more types of educational outings.

Pediatric vaccines
When vaccines are approved and available for children under the age of 12, SCFS will encourage vaccination.

Glossary of Key Definitions

Confirmed Case- Report of person with COVID-19 and meeting confirmatory lab evidence.

Probable COVID-19 Case - Report of person meeting clinical AND epidemiologic evidence of COVID-19 but without confirmatory laboratory evidence.

Close contact - Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example*, three individual 5-minute exposures for a total of 15 minutes).* An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

- **Exception:** In the K–12 indoor classroom setting, the close contact definition *excludes* students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) where
    - both students were engaged in consistent and correct use of well-fitting face masks; *and*
    - other K–12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K–12 school setting.

Additional Information about close contacts: A number of factors can influence a person's risk of exposure to COVID-19, including the type, proximity, and duration of their exposure, environmental factors (such as crowding and ventilation), vaccination status, prior COVID-19 infection, and mask use.

Correct and consistent mask use is a critical step that people can take to protect themselves and others from COVID-19. However, the type of masks used and whether they are used consistently and correctly varies throughout the general population. Except in K–12 indoor classroom settings as described above, mask use is not considered when defining a close contact during case investigation and contact tracing, regardless of whether the person diagnosed with COVID-19 or the person exposed to SARS-CoV-2 was wearing a mask.

Someone is also considered a close contact if they provide care for someone with COVID-19, were directly exposed to coughs or sneezes from someone with COVID-19 or shared utensils with someone with COVID-19.

Contact of a contact - A *contact of a contact* is someone who had close contact with a *close contact* of a case. A *contact of a contact* is not considered exposed by the CDC and does not need to quarantine

Isolation - The separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Quarantine - The separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic from others who have not been so exposed to prevent the possible spread of the communicable disease. Quarantine may be voluntary or compelled by federal, state, or local public health order.

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact