



**ADOM POLICY Regarding COVID-19 Exposures,
REPORTING REQUIREMENTS and
RETURN TO WORK/SCHOOL APPROVAL PROCESS (REVISED Mar 22, 2021)**

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All employees should remain at home if sick, or in contact with someone who is, or is thought to be, infected with COVID-19. This includes remaining at home while awaiting test results. In addition, they are directed to immediately notify their supervisor.

All students should remain at home if sick or in contact with someone who is, or is thought to be, infected with COVID-19. **This includes remaining at home while awaiting test results.** In addition, they should immediately notify their appropriate school official.

Consistent use of face coverings (masks) and social distance, frequent hand washing and sanitizing of the work or school area, minimizing contact with others, avoiding crowds all help to mitigate the possibility of transmission.

Cooperation with quarantine or isolation is vital to reducing the transmission of the virus. Pastors and principals, or their designees, are asked to continue reporting exposures or infections of any student, employee or priest to the Chancellors' Office using the ADOM form provided.

POLICY GUIDELINES APPLICABLE TO ALL ENTITIES OF THE ADOM:

1. REQUIRE All persons over 2 years of age to wear masks when with anyone – even if at a distance in excess of 6'. This applies to students and all adults (lay, religious, or priests) whether employees or volunteers – **including persons who have been vaccinated against COVID-19 or may have developed natural immunity by**

being infected with the virus. Masks are to be used by all except children age two (2) or younger; or children in supervised school recess, outdoors and socially distant AND engaged in vigorous activity.

2. Masks may be removed when eating --- however, social distance becomes critical and should be absolutely maintained at 6' or MORE for all children and adults for as short a period as is reasonable.
3. REQUIRE everyone, staff as well as parents of children, **NOT TO COME TO school/work if sick and to inform the school if they are sick.**
4. REQUIRE everyone, staff as well as parents/children to avoid coming to school/work if they have been exposed (close contact as per CDC definition) to someone who may be sick or may be asymptomatic but is awaiting or has received positive test results. Call the school for directions.
5. REQUIRE employees or students who have had CLOSE CONTACT (as per CDC definition¹) with a person infected with COVID-19 to quarantine according to the required quarantine protocol.
6. REQUIRE social distancing in all areas of parish and school campus, offices, meeting areas, church, sacristy, lunchrooms, school offices, maintenance shops, while on ADOM owned vehicles (such as school buses) or wherever.
7. **SOCIAL DISTANCING for children** in the classroom where the class remains as a cohort together during the day is defined as a minimum of 3' apart from all other children, 6' apart from adults AND masks are mandatory for children over 2 years old.
8. **SOCIAL DISTANCING for students who change classes** during the day is a minimum of 6' apart AND masks are mandatory for students and teachers.
9. **SOCIAL DISTANCING for adults** is a minimum of 6' from children or other adults in every setting.
10. Establish procedures in reception area or other gathering places so persons do not gather (wait outside, make appointments or other procedures to reduce the occasion to gather)
11. Establish procedures in parish or school open office space such as marking off a buffer zone, so that staff and anyone coming in for assistance remain socially distant (more than 6' distance); all must be wearing masks
12. Conduct meetings via ZOOM or other video conferencing equivalent to minimize inviting visitors/vendors or other outsiders into parish office.
13. Ministry activity should be conducted by video conference; as of Dec 5, 2020, ministries are still not approved by Archbishop to begin meeting in person.
14. Parents should be reminded that the same level of caution taken by the schools should be implemented for the events in which their children participate outside of school. *Athletic events on community-based teams and family parties and gatherings continue to be major sources of infection causing quarantine of ADOM school children.*

¹ As per CDC: *Someone who was within 6 feet of an infected person for at least 15 minutes (continuous or intermittent) starting from 2 days before illness on-set (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated and continuing for 10 days.*

Data are limited to precisely define the “prolonged exposure” to determine “close contact,” however 15 minutes of close exposure can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the infected individual has symptoms (e.g., coughing likely increases exposure risk) and whether either the case patient or contact were wearing an N95 respirator (which can efficiently block respiratory secretions from contaminating others and the environment). At this time, differential determination of close contact for those using fabric face coverings is not recommended.

15. In the event of an exposure from someone diagnosed as positive within the parish or school, to follow CDC guidelines (and county guidelines) on closing off and sanitizing the area(s) involved.
16. Guidance from the county DOH will be requested. It is **required** to report the exposure to Sr Elizabeth Worley (eworley@theadom.org, 305.450.6420, with the use of the EMPLOYEE/STUDENT/PRIEST exposure forms) who will provide ADOM guidance.
17. Daily screening via Paylocity or other screening tool for employees and via parent's screening on the ADOM School tool is required -- with a call before coming to the school/work if *any* response is YES.

DAILY SYMPTOM SCREENING FOR STUDENTS AND EMPLOYEES

STUDENTS will undergo symptom screening daily based on program and grade level, using a screening tool and data collection process determined by the school.

Parents are the best persons to screen their child for symptoms of any illness. The school is asked to provide the screening questions to parents for their daily evaluation of the child. The method of distribution of the symptom checklist is at the discretion of the school. Additional information can be sought or if the checklist is to be submitted to the school, an identifier (name, e-mail address etc) needs to be added.

It is advisable, at a minimum, that the school develop a method by which the results of the parent's daily symptom screening be received by the school. That could be an electronic app sent from the parent to the school. Or it could be an e-mail from the parent to the teacher with the child's name and confirmation that all responses are negative. Or the school may wish to develop a form (Google or Microsoft or Adobe pdf for example) and submit to the school electronically. Reports from Microsoft Forms produces an Excel spreadsheet which is easily scanned for any YES responses.

Please note that the recommended text includes a request for the parent to contact the school if ANY response is YES. The school should provide the contact of the person(s) designated to receive these calls. Training is available for the designated persons regarding the use of the screening tool (contact Sr Elizabeth for training information). That will give the person receiving the call the opportunity to probe if the symptom might be an allergy that is normal to the child or something that might suggest COVID. Symptoms of regular childhood illnesses can be easily confused with COVID. In an abundance of caution, the parent may be advised to keep the child home and contact the school the following day to report progress of the child. The CDC notes that children experiencing the usual childhood diseases should return to school once symptoms resolve in a day or two. Symptoms of COVID will take longer to resolve and return to school would be based on the protocol provided by the ADOM and the FL Department of Health (found on the DOH form for reporting exposure of students).

Daily Symptom Screening

Please complete this required symptom check list each morning and submit to the school. Within the last three (3) days have you experienced any of the follow symptoms? If so, please call _____ to notify the school.

- | | | |
|----|-----|---------------------------------------------|
| NO | YES | Fever or chills |
| NO | YES | New uncontrolled Cough |
| NO | YES | Shortness of breath or difficulty breathing |
| NO | YES | Fatigue, muscle or body aches |

- | | | |
|----|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NO | YES | New onset of severe headache |
| NO | YES | New loss of taste or smell |
| NO | YES | Sore throat |
| NO | YES | Congestion or runny nose |
| NO | YES | Diarrhea, vomiting or abdominal pain |
| NO | YES | Have you had a fever of 100.4 ° F or greater (when taken by mouth) in the last three (3) days? |
| NO | YES | Have you had close contact within 6' (or, in the classroom, a minimum of 3') of an infected person for at least 15 minutes within 2 days BEFORE they developed symptoms or tested positive for COVID-19? |
| NO | YES | Have you traveled outside of south Florida in the last week? |

While the methodology for distribution of the survey and collection of the data may vary, the questions surveyed should include the above list.

Temperature Checks (now optional – at the discretion of the school except for a licensed childcare program where temp checks are required)

Many students testing positive for COVID-19 as asymptomatic. Thus, many who are infected do not have a fever. While taking temperatures may indeed locate a child who should be isolated and tested, it is more likely that the infected child does not have a fever. Taking the temperature of the children may provide a false sense of security that no one is infected if they do not have a temperature reading 100.4°F or higher.

The school may take the temperature of the student upon arrival and other times during the day. Temperature needs to be documented only if it is a disqualifier (at or above the threshold of 100.4°F). If there is documentation of temperature it does not need to be signed by the parent, and can be, as determined by the school, verified by a second reading from another thermometer.

Temperature readings should not be taken immediately after the child has been exercising or has taken fever-reducing medication as the readings are generally affected by both exercise and medication and the reading is likely to be inaccurate.

PLEASE NOTE: TEMPERATURE OF THE CHILD MUST BE MEASURED DAILY BY THE SCHOOL IN A LICENSED CHILDCARE PROGRAM.

Exposure (close contact) of a student or a student possibly infected or already diagnosed, symptomatic or asymptomatic, are to be reported to Sister Elizabeth via the STUDENT EXPOSURE form, and/or by telephone to 305.450.6420. Sister is available for consultation on decisions regarding quarantine or isolation of students (see page 8 and following) and reporting to the Department of Health.

EMPLOYEES will be screened daily via Paylocity.

Directions for implementing the screening tool in Paylocity (or other screening tool at the choice of the school) will be provided to the person responsible for payroll at each parish and school. Employees are required to complete and submit the Paylocity screening tool daily, with YES or NO responses, and the direction if ANY response is YES, is to call the entity before coming to work for guidance. Directions for the use of the tool have been provided to employees and to payroll managers.

The parish or school will receive the responses via Paylocity from the employees when submitted. An individual(s) should be assigned (HR or whomsoever the

pastor/principal/director wishes to designate, to take a look at the responses and deal with any **DISQUALIFYING** response (**any YES answers**). Some education should be provided to all employees to understand several points:

- Provide information on what is a “close contact” as per the CDC (*criteria for a close contact in footnote on page 2 of this policy*)
- Provide the ADOM requirements to wear a mask and always practice social distancing, the two best barriers against transmission of COVID-19. A face shield may be used but always IN ADDITION to a mask unless a physician’s note is on file noting that the individual cannot safely wear a mask and instead is required to wear a face shield to adequately cover the face.
- Requirement of daily symptom screening on Paylocity
- Stay home when sick (with any disease, COVID-19 included) and notify the school/parish/entity.
- Notify the school/parish/entity by phone of an exposure from a close contact (*criteria for a close contact in footnote on page 2 of this policy*)
- Provide necessary information for the completion of the ADOM Exposure Form
- Follow the directions provided by the school including directions to be tested for COVID-19 and/or to quarantine or isolate related to an exposure.

All exposures (close contact) of an employee or an employee possibly infected or already diagnosed, symptomatic or asymptomatic, are to be reported to Sister Elizabeth via the EMPLOYEE EXPOSURE form (or PRIEST EXPOSURE form), and/or by telephone to 305.450.6420. Sister Elizabeth is available for consultation on decisions regarding quarantine or isolation of employees or priests.

The questions asked in the Paylocity Employee Screening tool are as follows:

Please complete this required symptom check list each workday morning and submit to the parish, school or archdiocesan entity where you work. If any of the answers are YES, DO NOT REPORT TO WORK until you have called the parish, school or archdiocesan entity for clearance.

Within the last three (3) days have you experienced any of the follow symptoms?

- | | | |
|----|-----|------------------------------------------------------------------------------------------------|
| NO | YES | Fever or chills |
| NO | YES | New uncontrolled Cough |
| NO | YES | Shortness of breath or difficulty breathing |
| NO | YES | Fatigue, muscle or body aches |
| NO | YES | New onset of severe headache |
| NO | YES | New loss of taste or smell |
| NO | YES | Sore throat |
| NO | YES | Congestion or runny nose |
| NO | YES | Diarrhea, vomiting or abdominal pain |
| NO | YES | Have you had a fever of 100.4 ° F or greater (when taken by mouth) in the last three (3) days? |
| NO | YES | Have you had close contact (as defined by CDC) with a person who tested positive for COVID-19? |
| NO | YES | Have you traveled outside of south Florida in the last week? |

TRAVEL, POSSIBLE NEED TO QUARANTINE - TRAVEL - PCR

The need to travel out of S. Florida, to another State in the US, or outside the country is best discussed with the pastor, principal or school leader ahead of the travel. **SCHOOLS ARE ASKED TO PROVIDE THE ADOM TRAVEL FORM All March 2021** to anyone considering travel outside of the Archdiocese (Broward, Miami-Dade and Monroe Counties). Guidance is available from Sr Elizabeth. The ADOM TRAVEL FORM All March 2021 provides information to parent/student and/or priest or lay employee regarding safe procedures to follow when traveling and the possible requirement of quarantine and testing upon return to S. FL.

The ADOM TRAVEL FORM All March 2021 should be filled in and submitted to the parish or school **BEFORE** travel. It is used for all, students, lay employees, priests. Upon return the FORM assists the school or parish personnel in dialogue with the parent or adult traveler regarding the activities and persons encountered while out of S. Florida.

TRAVEL WITHIN UNITED STATES (possible quarantine and PCR testing)

The screening questions trigger a YES from the employee/student who has traveled upon their return from travel outside S. FL, requiring a call to the school or work place before coming in and conversation with the school/supervisor regarding the risks encountered in travel and compliance with mask use and social distance while traveling in order to determine if, in the interest of safety, quarantine and testing might be required prior to a return to school/work.

An employee or student returning from travel within the United States who is required by his/her ministry or school to quarantine because of concerns regarding possible exposure while traveling and/or activities during the travel must quarantine for at least three (3) full days of quarantine (not including the day of travel to return to S. FL) followed by testing (PCR test for COVID-19, not antigen testing) and remain quarantined until negative test results are received. Negative test results are then presented to the school or entity to authorize returning to school or work.

Employees should be aware that if they are asked to quarantine related to personal travel, that the days out of work will be paid as vacation days or personal days, if the employee has vacation or personal time available. Quarantine time following personal travel is NOT paid as sick time.

INTERNATIONAL TRAVEL (mandated quarantine and PCR testing)

An employee or student returning from international travel must quarantine for at least three (3) full days of quarantine (not including the day of travel) once returned to the US, followed by testing (PCR test for COVID-19, not antigen testing) and remain quarantined until negative test results are received. Negative test results are then presented to the school or entity to authorize returning to school or work.

Employees should be aware that quarantine related to personal travel will be paid as vacation days or personal days, if the employee has vacation or personal time available. Quarantine time following personal travel is NOT paid as sick time.

The requirements related to travel are applicable to all clergy, religious, lay employees and students working or studying in the entities of the Archdiocese. The ADOM TRAVEL FORM All March 2021 is the form to be used for anyone traveling outside the Archdiocese.

In summary, the **QUARANTINE – TRAVEL - PCR protocol** is as follows (mandated for international travel; and at the discretion of parish/school/entity for travel within US).

Day 0 travel back to S Fl
Day 1, Day 2, and Day 3 three full days' quarantine at home, minimize exposure to family, stay home, use vacation or personal time
Day 4 get tested – PCR test required, continue quarantine
Day 5 and days following remain quarantined until negative test results received; if negative, present results to school/parish; return to school/work
If diagnosed positive, then follow protocol for positive diagnosis.

IMMUNITY

Persons who have natural immunity by having COVID and recovered and those who have been fully vaccinated for at least 10 days prior to an exposure – do not need to be quarantined if the vaccination or the recovery from the virus occurred **within 90 days of the exposure**. If the COVID recovery or vaccination occurred longer than 90 days prior to the current exposure (close contact), quarantine is necessary.

RESPONDING TO A POSSIBLE EXPOSURE

All exposures must be reported to the Chancellors' Office (Sr Elizabeth Worley) using the electronic exposure forms:

ADOM COVID EXPOSURE REPORT – EMPLOYEE Dec 2020 for employees or volunteers, and

ADOM COVID EXPOSURE REPORT – STUDENT Dec 2020 for students.

ADOM COVID EXPOSURE REPORT – PRIEST Dec 2020 for priests

If it is determined that the infection exposure is potentially school based or may have affected persons in the school community, the exposure is reported to the County Department of Health. Specific forms and guidance are available from Sister Elizabeth for reporting to the DOH.

All exposures are reviewed as per the ADOM protocol below, including:

- communication regarding the exposure or infection, including to the DOH, and
- required consultation for clearance before the employee or student returns to work/school

Procedures for isolating a possibly infected student and contacting parent/guardian is outlined in the School's *Return to School Plan*.

As per the CDC guidelines anyone with a **close contact** to **someone who is infected with COVID-19** needs to quarantine using either **QUARANTINE 7 DAYS + PCR** or **QUARANTINE 10 DAYS** protocols outlined on page 9 in this policy.

According to the CDC, a close contact may have occurred if:

Someone who was within 6 feet of an infected person for at least 15 minutes (intermittent or continuous) starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection (testing)) until the time the patient is isolated and for 10 days thereafter.

Data are limited to precisely define the “prolonged exposure” to determine “close contact”, however 15 minutes of close exposure can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether either the case patient or contact were wearing an N95 respirator (which can efficiently block respiratory secretions from contaminating others and the environment). At this time, differential determination of close contact for those using fabric face coverings is not recommended.

Persons who have natural immunity by having COVID and recovered and those who have been fully vaccinated for at least 10 days prior to an exposure – do not need to be quarantined if the vaccination or the recovery from the virus occurred **within 90 days of the exposure**. If the COVID recovery or vaccination occurred longer than 90 days prior to the current exposure (close contact), quarantine is necessary.

SCHOOL EXPOSURE

If there is a possible exposure on the school campus from a sick child, as well as providing for the needs of the sick child:

- The School notifies the pastor for elementary schools, and the Office of Schools as quickly as reasonably possible; *Exposure forms for employees and/or children, as applicable, are filled in with available information and sent by e-mail to Sr Elizabeth.*
- Communication with Sister Elizabeth determines the reportability of the case to the DOH.
- The School notifies the County Department of Health (DOH) for guidance regarding management of the exposure, including, but not limited to, actions needed regarding contact tracing and communication and cleaning and disinfecting of space where the sick child or adult may have been. The School communicates with Sister Elizabeth and the Office of Schools regarding directions from the DOH.
- Any classroom or school-wide closure is determined in collaboration with the County Department of Health and the ADOM Office of Catholic Schools with consultation with Sister Elizabeth.
- The School seeks the guidance from the County DOH on any additional community communication that may be necessary.
- If classroom or school-wide closure is necessary, cleaning and sanitization protocols consistent with the CDC guidelines and the local ordinances will be implemented. Reopening will occur only after the risk of exposure has been fully evaluated. While classroom or school is closed, students will participate in remote learning activities.

EMPLOYEE EXPOSURE

If there is a possible exposure on the school campus from a sick employee (or contractor)

- the employee/contractor is sent home or contact made at the request of the employee/contractor for transportation home. The individual is advised to contact their physician or seek testing and advise the entity of the outcome when information is available.
- If it is a school employee and a reasonable expectation that the exposure may have occurred at school, Sister Elizabeth is notified and the DOH is contacted by the school for direction regarding contact tracing and communication and cleaning and disinfecting of space where the employee/contractor may have been.

- Any classroom or school-wide closure is determined in collaboration with the County Department of Health and the ADOM Office of Catholic Schools with consultation with Sister Elizabeth. The School seeks guidance from the County DOH on any additional community communication that may be necessary. If classroom or school-wide closure is necessary, cleaning and sanitization protocols consistent with the CDC and local ordinances will be implemented.
- Any closure of parish offices or other entity offices is determined in collaboration with the pastor/administrator and the Chancellors' Office based on the guidance of the County Department of Health. Guidance from the County DOH may be sought regarding communication to the community.
- Cleaning and sanitization protocols consistent with the CDC guidelines will be implemented. Reopening will occur only after the risk of exposure has been fully evaluated.
- Return of the employee/contractor to work follows this ADOM protocol.

All exposures or infections, students or employees or priests, must be reported to the Chancellors' Office (Sr Elizabeth Worley) using the electronic form sent by e-mail:

ADOM COVID EXPOSURE REPORT – EMPLOYEE Dec 2020 for employees or volunteers, and

ADOM COVID EXPOSURE REPORT – STUDENT Dec 2020 for students and

ADOM COVID EXPOSURE REPORT – PRIEST Dec 2020 for priests.

ADOM PROTOCOL FOR TESTING, QUARANTINE/ISOLATION, AND RETURN TO WORK

TESTING for symptomatic patient to rule out COVID infection

The ADOM protocol is based on the CDC determination based on symptoms and approved by the FL Department of Health (DOH).

1. A person may be tested when he/she is symptomatic and testing is sought to confirm or rule out COVID-19 infection,
2. A person who is awaiting COVID-19 test results (as in #1) must remain self-quarantined until results are received.
3. A person who is symptomatic and who receives negative test results to rule out COVID-19 is able to return to school or work 24 hrs after the symptoms resolve.

TESTING and QUARANTINE for individuals who have had CLOSE CONTACT with infected patient

1. A person may be tested when there is reason to believe a close contact with an infected person has occurred (*a CLOSE CONTACT (within 6' (or, with the classroom, a minimum of 3') for up to 15 minutes, intermittent or continuous) with the infected person up to 2 days before that person's on-set of symptoms or testing or for 10 days thereafter*).
2. Anyone who has experienced a close contact (as defined by the CDC) and has negative results from a COVID-19 test must still follow the defined **quarantine protocol** (SEE BELOW) for the full 14 day incubation period of the virus as counted from the date of the LAST exposure to the infected person who was the close contact (*criteria for a close contact in footnote on page 2 of this policy*)

3. A patient who is quarantined after a close contact (see #1 in this section, above), who later develops symptoms while on quarantine is required to have a minimum 10 days isolation for resolution of symptoms, counted from the date of on-set of symptoms, before returning to school or work.

QUARANTINE PROTOCOL

Quarantine applies to those who are potentially exposed to COVID-19. One who is quarantined must stay at home, avoid contact with others, even consider wearing a mask at home when with others.

ADOM PREFERRED:

QUARANTINE 7 DAYS + PCR and caution until 14th day

6 full days of quarantine - then

Testing no sooner than day 6 or later, PCR test required

quarantine continued until NEGATIVE results received

quarantine must include at least 7 full days

present negative results to supervisor/school

return to normal life after negative results and completion

of 7 full days of quarantine

EXTRA caution for 7 more days/monitor symptoms

IF ELECTING NOT TO TEST: QUARANTINE 10 DAYS and caution until 14th day

10 full days of quarantine

NO testing

Return to normal life after 10 full days of quarantine if NO symptoms have begun

EXTRA caution for 4 more days/monitor symptoms

IMMUNITY – WHEN QUARANTINE IS NOT REQUIRED

Persons who have natural immunity by having COVID and recovered and those who have been fully vaccinated for at least 10 days prior to an exposure – do not need to be quarantined if the vaccination or the recovery from the virus occurred **within 90 days of the exposure**.

If the COVID recovery or vaccination occurred longer than 90 days prior to the current exposure (close contact), quarantine is necessary.

Antibody test results are not satisfactory for demonstrating immunity.

TESTING POSITIVE: requires ISOLATION for individuals infected with COVID-19; exposure form should be sent to Sr Elizabeth

Isolation applies to those who have tested positive with COVID-19, whether symptomatic or asymptomatic and lasts for at least 10 days from on-set of symptoms or date the patient tested positive. **NO REPEAT TESTING** is recommended or required by the CDC, ADOM or DOH.

1. Anyone who tested **positive and has remained asymptomatic** must isolate for a minimum of 10 days from testing date before consideration to return to work; if any symptoms appear, including fever, report immediately to the individual's supervisor;

after 10 days, supervisor seeks confirmation for employee to return to work by contacting Sr Elizabeth Worley (305.450.6420, eworley@theadom.org) (NO repeat testing needed)

2. Anyone who had tested **positive and has mild to moderate symptoms** of the disease, the symptoms, including temperature, should be monitored and reported to supervisor; that once the symptoms resolve AND a minimum of 10 days has passed from the onset of symptoms AND at least 2 days had passed without fever, supervisor seeks confirmation for employee to return to work by contacting Sr Elizabeth Worley (305.450.6420, eworley@theadom.org) (NO repeat testing needed)
3. Anyone who had **serious symptoms** of the disease (and likely was treated in a hospital) will likely need to contact their physician and will require medical clearance from a physician to return. The physician may prescribe additional tests. The individual must remain isolated until medical clearance is received to return to work. **Contact Sr Elizabeth Worley with questions (305.450.6420, eworley@theadom.org)**

FMLA

For employees out of work because of a COVID related exposure or employees who are sick, the usual process toward implementing FMLA is used; bookkeepers should contact ADOM HR with questions

COMMUNICATION

- With the County Department of Health is required if an exposure occurs in school. Contact the Chancellors' Office for guidance
- With the parents, faculty or school staff, in the event of a school exposure, contact the Chancellors' Office for guidance (sample notification below)

SAMPLE NOTIFICATION TO SCHOOL COMMUNITY OR THIRD PARTIES

Please edit as needed given the circumstances of the exposure. Schools should share with the Office of Schools before release. Communications Office is available to assist at any time and should be asked to assist for any communication to be sent outside of the immediate school community of parents and employees.

We care about the health and safety of our school community and in this time of an unprecedented pandemic we are treating health and safety as a top priority guiding our operational decisions. We recently learned that one of our **(students/employees/contractors in [identify grade or other descriptor])** tested positive for COVID-19. You or your child may have had close contact with the infected individual and this requires self-monitoring as to symptoms. If you or your child develop COVID-19 symptoms, you should contact your physician. Please see our school re-entry plan for additional details.

[Additional directives from the Archdiocese of Miami and Department of Health specific to the particular facts and circumstances, such as classroom or school closure, should be included as well.]

We have notified those employees and others who to our knowledge potentially have been exposed to the infected individual through close contact at work directing them to remain

quarantined as per the CDC protocol and should practice social distancing and actively monitor for symptoms.

In addition to notifying those individuals who may have come into contact with the infected student, we are taking additional measures to ensure our facility is properly cleaned and disinfected.

We reiterate our commitment to the health and safety of our school community, and others with whom we interact. Thank you for your understanding during this challenging time.

SAMPLE NOTIFICATION TO EMPLOYEES

The health and safety of our employees is a top priority, and in these unprecedented times this priority continues to guide our operational decision. We have just learned that one of our employees in [identify department or work area... without naming the employee] tested positive for COVID-19. After advising the employee to stay home and receive care, we want to make sure that our workforce understands the steps we are taking to address health and safety concerns, including anyone who may have had close contact with this individual.

We have taken the following steps concerning office or building closures and disinfection:

- 1.
- 2., etc

We have notified those employees and others who to our knowledge potentially have been exposed to the infected individual through close contact at work directing them to remain quarantined as per the CDC protocol and should practice social distancing and actively monitor for symptoms.

Thank you for your understanding during this challenging time.

A helpful guide to make decisions about exposure/close contact to someone with COVID-19 and whether or not testing is advised can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Please contact Sr Elizabeth Worley any day, any time, with respect to possible exposures experienced by anyone in parishes, schools or other entities of the ADOM. 305.450.6420 or eworley@theadom.org.

MIAMI DADE DEPARTMENT OF HEALTH CONTACT

Stephanie Calle

Florida Department of Health in Miami-Dade County

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(305) 470-5660

BROWARD DEPARTMENT OF HEALTH CONTACT

Melissa Jiha

Epidemiologist, Department of Epidemiology

Florida Department of Health in Broward County

780 SW 24th Street, Fort Lauderdale, Florida 33315
Office: 954-847-8153
Fax: 954-467-4870 or 954-713-3169
Email: Melissa.jiha@flhealth.gov

MONROE DEPARTMENT OF HEALTH CONTACT

Dana Portillo, RNC, BA

FDOH-Monroe School Health Coordinator

Monroe County School District

Dana.Portillo@flhealth.gov | Dana.Portillo@keysschools.com

Phone#: 305-587-7703

DETERMINING IF AN ENCOUNTER REQUIRES QUARANTINE

Determining if an encounter that occurred with an infected person is actually a CLOSE CONTACT as per CDC and DOH definition -- or is NOT a close contact – requires meeting specific thresholds. **A CLOSE CONTACT is believed to be one in which transmission of the virus can occur from the infected person to other person(s).**

If the encounter with the infected person meets the criteria to be a CLOSE CONTACT then quarantine is required. The quarantine protocol is based on the fact that the corona virus has a 14 day incubation period within the person who has contracted the virus.

Symptoms can occur anywhere from day 2 to day 14 of the incubation period – which is exactly why quarantine period protocol (outlined on page 9) is based on a 14 day period. Even if the person who had the close contact encounter gets tested and receives negative results – that simply means not positive YET -- as symptoms may still develop throughout the incubation period.

The protocol for determining a close contact – and therefore the mandatory quarantine for the person and sometimes the person’s household depends on **ALL** of the following question:

1. Was the person within 6’ (or, for a student in the classroom, a minimum of 3’ from an infected classmate) of the infected (diagnosed) person? **AND**
2. Was the person within 6’ (or, for a student in the classroom, a minimum of 3’ from an infected classmate) in excess of 15 minutes, either the time was for short periods in the day which added to 15 min, or for continuous contact during the day in excess of 15 minutes? **AND**
3. Was the encounter in #1 and #2 (above) within 2 days of the onset of symptoms of a symptomatic patient or the date the infected person tested positive or even after the infected person tested positive?

If the answer to #1, #2, and #3 are ALL YES, then there is a reasonable probability that the encounter was a CLOSE CONTACT and transmission may have occurred from the infected person to another person(s) who met those criteria. Quarantine is necessary unless the person having the close contact has natural immunity from having the virus within the last 90 days or has been vaccinated within the last 90 days.

If the answer to any one of the questions above, #1, #2, and #3, is NO, then the probability of transmission is less (risk of illness is lowered) – but not able to be

eliminated or specifically quantified. If either of the persons wore a mask or the encounter was outdoors (risk of illness is lowered), the probability of transmission is lowered; however, that too, cannot be quantified.

Questions and answers

- Q. What if the date of onset of symptoms of the infected person is not known or if they were asymptomatic?
- A. Use the 2-day time period prior to the testing date (when positive test result was received) to answer #3.
- Q. What if the person is determined to have had a CLOSE CONTACT and the person gets tested (PCR) and receives negative results? Are they virus free and can they return to school or work?
- A. Absolutely not. A negative test result for someone in quarantine as a result of a CLOSE CONTACT with a person who is POSITIVE for the COVID-19 virus *only confirms that as of the day of their test, the symptoms have not yet developed*. It is necessary that the entire Quarantine protocol be followed for the full 14-day incubation period as symptoms may develop anytime during that period.
- Q. What if the person is determined to have had a CLOSE CONTACT and the person gets tested and receives positive results or symptoms do develop during the quarantine?
- A. The person is required to isolate for a minimum of 10 days from date of testing, if asymptomatic, or date of on-set of symptoms, if symptomatic.

A minimum of ten days of isolation is required although more may be need for resolution of symptoms. And the last two (2) days of the isolation period, the person must have a normal temperature without the use of fever reducing medication before return to school or work. This isolation period may be shorter or longer than the 14-day quarantine already underway, depending on when the virus causes symptoms or the testing (which was positive) occurs.

Once a person on quarantine develops symptoms or receives positive test results, the protocol for isolation until resolution of symptoms (for a minimum isolation of 10 days for mild or moderate symptoms), becomes the determinant for the length of isolation and eventual clearance to return to school or work.

- Q. What if the person who experiences a close contact with one who is infected and has had COVID-19 within the last 90 days, or has been vaccinated within the last 90 days?
- A. The person does not need to quarantine because of the natural immunity or vaccination as long as the exposure was within the 90-day look-back period.