



HIGHLAND PARK CHRISTIAN ACADEMY

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UPDATED COVID RESPONSE POLICY PER PG COUNTY HEALTH DEPARTMENT

EFFECTIVE IMMEDIATELY

Dear Parents,

With an increase in cases, including among the fully vaccinated, and an increase in the number of reported school outbreaks statewide, the Prince George's County Health Department wants to ensure the health and safety of the community. Please thoroughly review the Maryland Department of Health (MDH) school outbreak definition, the **updated Prince George's County outbreak response recommendations in classroom and high-risk settings**, and the MDH/MSDE criteria for suspension of in-person learning.

K-12 Outbreak Definitions

Classroom/cohort outbreak definition:

1. At least two confirmed COVID-19 cases among students/teachers/staff within a 14-day period and who are epidemiologically linked, but not household contacts; or

School-wide outbreak definition:

2. Three or more classrooms or cohorts with cases from separate households that meet the classroom/cohort outbreak definition that occurs within 14 days; or
3. Five percent or more unrelated students/teachers/staff have confirmed COVID-19 within a 14-day period (minimum of 10 unrelated students/teachers/staff).

<https://coronavirus.maryland.gov/pages/school-resources>

Prince George's County Outbreak Response Recommendations

Per [MDH/MSDE K-12 School COVID-19 Guidance](#), if the number of laboratory confirmed cases of COVID-19 meets the definition of an outbreak, the response decisions, including possible suspension of in-person learning, child care classroom/program closure, and recommendations for COVID-19 testing of staff and students/children should be made by the LHD and the local school system as applicable.



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- **K-12 Classroom Setting**

- Once the criteria is met for a classroom/cohort outbreak, the classroom/cohort should quarantine, **regardless of vaccination status**. CDC recommends 14-day quarantine as the safest option, but the following options to shorten quarantine may be an acceptable alternative:

Quarantine can end after Day 10 if NO symptoms have been reported during daily monitoring. With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.

OR

Quarantine can end after Day 7 if a diagnostic specimen (collected on Day 5 or later) tests negative and if NO symptoms have been reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7. With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.

Please Note: If there is an indication of substantial, uncontrolled spread or high contact rates, a reduced quarantine option should not be used and a standard 14-day quarantine period should be implemented because this is a setting where even a small risk of post-quarantine transmission could still result in substantial secondary clusters.

When a person meets these criteria and quarantine is ended early, **all of the following must be implemented:**

Daily symptom monitoring continues through Day 14; AND

Persons are counseled regarding the **need to adhere strictly to all recommended mitigation strategies including correct and consistent face mask use, physical distancing, and self-monitoring for symptoms of COVID- 19 through Day 14;** AND

Persons are advised that if any symptoms develop, they should immediately self-isolate and contact their health care provider to determine if they need to be tested and how long they should be excluded from work or school.

Note: For persons that are unable to comply with correct and consistent face covering use including young children and persons with a disability or medical condition that makes



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wearing a face covering unsafe, a shorter quarantine option may NOT be used and these person must quarantine for a full 14 days.

- **High Risk Sports/Activities**

- High risk sports and activities include, but are not limited to, indoor or high contact athletics, indoor forced exhalation activities such as singing or playing a wind or brass instrument.
- Once the criteria is met for a cohort outbreak, the entire cohort should quarantine, **regardless of vaccination status**. CDC recommends 14-day quarantine as the safest option, but the following options to shorten quarantine maybe an acceptable alternative:

Quarantine can end after Day 10 if NO symptoms have been reported during daily monitoring. With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.; OR

Quarantine can end after Day 7 if a diagnostic specimen (collected on Day 5 or later) tests negative and if NO symptoms have been reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7. With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.

Please Note: If there is an indication of uncontrolled spread or high contact rates, a reduced quarantine option should not be used and a standard 14-day quarantine period should be implemented because this is a setting where even a small risk of post-quarantine transmission could still result in substantial secondary clusters.

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Persons are counseled regarding the **need to adhere strictly to all recommended mitigation strategies including correct and consistent face mask use, physical distancing, and self-monitoring for symptoms of COVID- 19 through Day 14;** AND



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Note: For persons that are unable to comply with correct and consistent face covering use including young children and persons with a disability or medical condition that makes wearing a face covering unsafe, a shorter quarantine option may NOT be used and these person must quarantine for a full 14 days.

Suspension of In-Person Learning

While the goal is to continue in-person learning whenever possible, MDH and MSDE recommend the following criteria for temporary suspension of in-person learning in a specific school (or classroom/cohort within a school):

- When there is evidence of substantial, uncontrolled in-school transmission
- When schools need additional time to identify, notify, and exclude close contacts
- When there are logistical or safety concerns arising from the number of cases and close contacts
- When discussed with and recommended by local public health and medical professionals

Decisions around the suspension of in-person learning for an entire school or a portion of a school due to COVID-19 as well as the duration of the suspension of in-person learning should be made in coordination with the local health department and the local school system as applicable.

[K-12 School and Child Care COVID-19 Guidance \(Oct. 28\)](#)