

**Fort Stockton  
Independent School District**

**Safe Return to School Plan  
2021-2022**



**Please note this is subject to change as we receive updated information and directives from the federal, state, and local governments. Visit our website and follow district social media accounts for the most current information.**

*(Updated, Tuesday, August 18, 2021)*

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## Forward Address to Parents

We wish to welcome back all our students, parents, and staff to another great year at Fort Stockton Independent School District (FSISD)! Thank you for your patience and understanding as we work through some challenging times in our schools. The Texas State Legislature ended without any options for virtual learning. In addition, the Texas State Governor issued orders to prohibit schools from requiring masks and that students attend school face to face.

Complying with the Texas Governor Greg Abbot's orders, FSISD will return to 100 percent face-to-face instruction, for the 2021-2022 school year beginning Monday, August 16, 2021. Remote learning is not an option, although we will continue to update our technology, infrastructure and teacher training ensuring the best education possible for all our students. All students will report to their school in accordance with FSISD's 2021-2022 adopted instructional calendar and students are subject to regular attendance requirements. In addition, we want to remind our students, staff, and families to be mindful of key preventive measures. The CDC offers advice on its website that can help avoid the spread of COVID-19 and other illnesses. Please remember that if your child is sick, they should not be at school.

**Safety will remain a top priority.** We are committed to keeping our families, staff, students, and community members safe and informed. Our district web page serves as a hub for updates related to the reopening of our schools. The situation surrounding COVID-19 is evolving with time. We will update our page as our plans continue to take shape. We encourage you to keep checking back for the latest information.

Thank you for your support and commitment to ensuring that our students continue to learn and grow. We will continue to monitor state and local guidance as we prepare for the upcoming school year. The past two years has been incredibly challenging for the entire Fort Stockton ISD community. We thank you for your patience and understanding as we have dealt with this unprecedented situation.

We look forward to seeing our students back in school this fall.

Sincerely  
Fort Stockton ISD

### KEY CONTACTS:

Alamo School: (432) 336-4016  
Apache School: (432) 336-4161  
Intermediate School: (432) 336-4141  
Fort Stockton Middle School: (432) 336-4131  
Fort Stockton High School: (432) 336-4101  
Transportation: (432) 336-4033  
Special Services: (432) 336-4040  
Central Office: (432) 336-4000

# Governor Gregg Abbott GA 36 - Executive Order

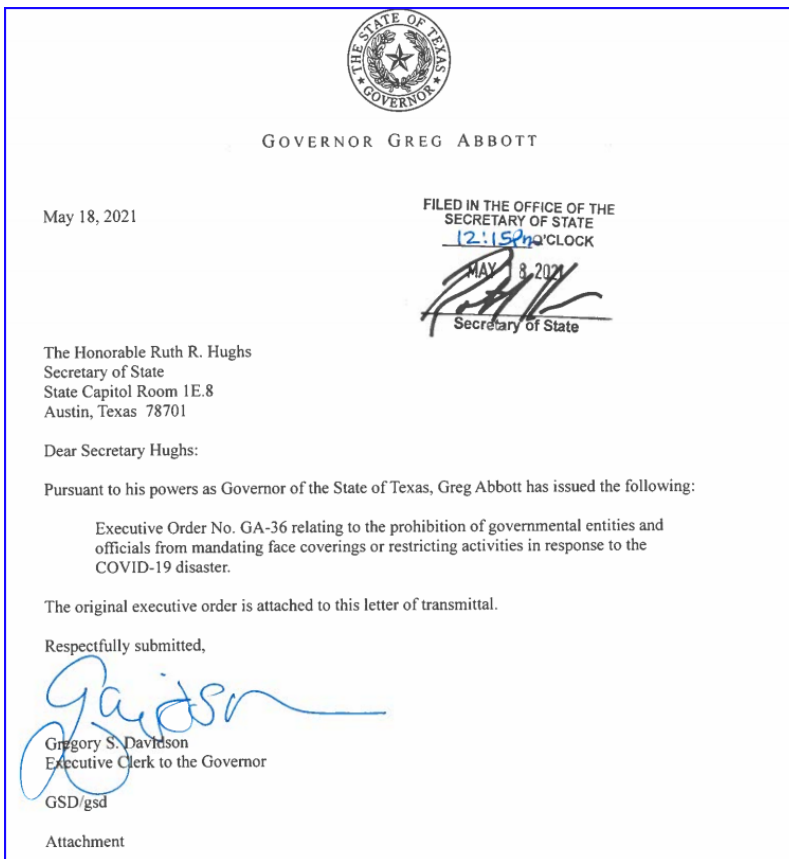
Gov. Greg Abbott issued an Executive Order on May 18, 2021 prohibiting governmental entities in Texas, including counties, cities, school districts, public health authorities or government officials **from requiring or mandating mask-wearing**.

According to the governor's order, public schools were allowed to continue with mandating mask-wearing guidelines through June 4, 2021. After June 4, no student, teacher, parent or other staff member or visitor can be required to wear a mask while on campus.

School districts, local governments, or officials that attempt to impose a mask mandate or impose a limitation that's inconsistent or conflicting with the Executive Order can be subject to a fine of up to \$1,000, the governor's order states. After June 4, 2021, face masks are optional in all FSISD facilities.

Link to the Executive Order GA-36:

[https://gov.texas.gov/uploads/files/press/EO-GA-36\\_prohibition\\_on\\_mandating\\_face\\_coverings\\_response\\_to\\_COVID-19\\_disaster\\_IMAGE\\_05-18-2021.pdf](https://gov.texas.gov/uploads/files/press/EO-GA-36_prohibition_on_mandating_face_coverings_response_to_COVID-19_disaster_IMAGE_05-18-2021.pdf)





## Public Health Guidance from Texas Education Agency

August 5, 2021

The guidance in this document is authorized by Executive Order GA-38, which has the effect of state law under Section 418.012 of the Texas Government Code. Executive Order GA-38 provides TEA with the legal authority to publish requirements for the operation of public-school systems during the COVID-19 pandemic. This document takes effect immediately, replacing all prior guidance. TEA recommends that public school systems consult with their local public health authorities and local legal counsel before making final decisions regarding the implementation of this guidance.

This guidance addresses:

- On-campus instruction
- Non-UIL extracurricular sports and activities
- Any other activities that students must complete

For guidance on matters related to school system staff, please refer [here](#).

Additionally, as a reference for practices recommended by the CDC, see [here](#).

### *Required Actions if Individuals with Test-Confirmed Cases Have Been in a School*

1. If an individual who has been in a school is test-confirmed to have COVID-19, the school must notify its local health department, in accordance with applicable federal, state and local laws and regulations, including confidentiality requirements of the Americans with Disabilities Act (ADA) and Family Educational Rights and Privacy Act (FERPA).
2. Upon receipt of information that any teacher, staff member, student, or visitor at a school is test-confirmed to have COVID-19, the school must submit a report to the Texas Department of State Health Services via an online form. The report must be submitted each Monday for the prior seven days (Monday-Sunday).

### *Masks*

Per GA-38, school systems cannot require students or staff to wear a mask. GA-38 addresses government-mandated face coverings in response to the COVID-19 pandemic. Other authority to require protective equipment, including masks, in an employment setting is not necessarily affected by GA-38.

School systems must allow individuals to wear a mask if they choose to do so.

### *Students Who Have COVID-19*

As provided in this [Department of State Health Services \(DSHS\) Rule](#), school systems must exclude students from attending school in person who are actively sick with COVID-19 or who have received a positive test result for COVID-19. Parents must ensure they do not send a child to school on campus if the child has COVID-19 symptoms or is test-confirmed with COVID-19, until the conditions for re-entry are met. See the DSHS rule for more details, including the conditions for ending the exclusion period and returning to school.

During the exclusion period, the school system may deliver remote instruction consistent with the practice of remote conferencing outlined in the proposed Student Attendance Accounting Handbook (SAAH) rules, as described [here](#).

To help mitigate the risk of asymptomatic individuals being on campuses, school systems may provide and/or conduct recurring COVID-19 testing using rapid tests provided by the state or other sources. Testing can be conducted with staff. With prior written permission of parents, testing can be conducted with students.

### *Students Who Are Close Contacts*

As a reference, close contact determinations are generally based on [guidance outlined by the CDC](#), which notes that individuals who are vaccinated are not considered close contacts. Given the data from 2020-21 showing very low COVID-19 transmission rates in a classroom setting and data demonstrating lower transmission rates among children than adults, school systems are not required to conduct COVID-19 contact tracing. If school systems are made aware that a student is a close contact, the school system should notify the student's parents.

Parents of students who are determined to be close contacts of an individual with COVID-19 may opt to keep their students at home during the recommended stay-at-home period.

For individuals who are determined to be close contacts, a 14-day stay-at-home period was previously advised by the CDC based on the incubation period of the virus. CDC has since updated their guidance, and the stay-at-home period can end for students experiencing no symptoms on Day 10 after close contact exposure, if no subsequent COVID-19 testing is performed.

Alternately, students can end the stay-at-home period if they receive a negative result from a PCR acute infection test after the close contact exposure ends.

During the stay-at-home period, the school system may deliver remote instruction consistent with the practice of remote conferencing outlined in the proposed Student Attendance Accounting Handbook (SAAH) rules, as described [here](#).

# CDC Close Contact Definition and Guidance



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

## COVID-19

**Close Contact through Proximity and Duration of Exposure:** 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) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

### Public Health Recommendations:

Except in certain circumstances, people who have been in close contact with someone who has COVID-19 should quarantine. However, the following people with recent exposure may NOT need to quarantine:

- People who have been fully vaccinated
- People who were previously diagnosed with COVID-19 within the last three months

### Additional Information:

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. (Note: Exposure risk in the healthcare setting is determined separately and outlined in CDC [guidance](#)).

## **Guidance for COVID-19 Prevention in K-12 Schools**

Updated Aug. 5, 2021 (CDC Website)

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

### **Key Takeaways**

- Students benefit from in-person learning, and safely returning to in-person instruction in the fall 2021 is a priority.
- Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.
- Due to the circulating and highly contagious Delta variant, CDC recommends universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.
- In addition to universal indoor masking, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as screening testing.
- Screening testing, ventilation, handwashing and respiratory etiquette, staying home when sick and getting tested, contact tracing in combination with quarantine and isolation, and cleaning and disinfection are also important layers of prevention to keep schools safe.
- Students, teachers, and staff should stay home when they have signs of any infectious illness and be referred to their healthcare provider for testing and care.
- Many schools serve children under the age of 12 who are not eligible for vaccination at this time. Therefore, this guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together consistently) to protect students, teachers, staff, visitors, and other members of their households and support in-person learning.
- Localities should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies (e.g., physical distancing, screening testing).

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This updated version of COVID-19 guidance for school administrators outlines strategies for K-12 schools to reduce the spread of COVID-19 and maintain safe operations.

Many schools serve children under the age of 12 who are not eligible for vaccination at this time. Therefore, this guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together) to protect students,



teachers, staff, and other members of their households, and to support in-person learning. This guidance is based on [current scientific evidence](#) and lessons learned from schools implementing COVID-19 prevention strategies.

This CDC guidance is meant to supplement—not replace—any federal, state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply. The adoption and implementation of this guidance should be done in collaboration with regulatory agencies and state, local, territorial, and tribal public health departments, and in compliance with state and local policies and practices.

### [COVID-19 Prevention Strategies Most Important for Safe In-Person Learning in K-12 Schools](#)

Schools are an important part of the infrastructure of communities. They provide safe and supportive learning environments for students that support social and emotional development, provide access to critical services, and improve life outcomes. They also employ people, and enable parents, guardians, and caregivers to work. Though COVID-19 outbreaks have occurred in school settings, multiple studies have shown that transmission rates within school settings, when multiple prevention strategies are in place, are typically lower than – or similar to – community transmission levels. CDC’s science brief on [Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs](#) summarizes evidence on COVID-19 among children and adolescents and what is known about preventing transmission in schools and Early Care and Education programs.

**To get kids back in-person safely, schools should monitor**

The infographic features a photograph of a young girl wearing a blue face mask and writing in a notebook at a desk in a classroom. Below the photo are four icons representing key monitoring areas: a bar chart with a magnifying glass for 'Community Transmission', a vial labeled 'COVID-19 VACCINE' for 'Vaccination Coverage', a microscope for 'Testing', and a green virus particle for 'Outbreaks'.

**to help prevent the spread of COVID-19**



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

CS22431A R709281

However, with COVID-19 cases increasing nationally since mid-June 2021, driven by the B.1.617.2 (Delta) variant of SARS-CoV-2, protection against exposure remains essential in school settings. Because of the highly transmissible nature of this variant, along with the extent of mixing of vaccinated and unvaccinated people in schools, the fact that children <12 years of age are not currently eligible for vaccination, and [low levels of vaccination among youth ages 12-17](#), CDC recommends universal indoor masking for all students (age 2 years and older), teachers, staff, and visitors to K-12 schools regardless of vaccination status.

FSISD works with local [public health officials](#), consistent with applicable laws and regulations, including those related to privacy, to determine the additional prevention

strategies needed in their area by monitoring [levels of community transmission](#) (i.e., low, moderate, substantial, or high) and local [vaccine coverage](#), and use of screening testing to detect cases in K-12 schools. For example, with a low teacher, staff, or student vaccination rate, and without a screening testing program, schools might decide that they need to continue to maximize physical distancing or implement screening testing in addition to mask wearing.

Schools should communicate their strategies and any changes in plans to teachers, staff, and families, and directly to older students, using accessible materials and communication channels, in a language and at a literacy level that teachers, staff, students, and families understand.

For more information from the CDC click on the following links:

[Health Equity](#)

### [Section 1: Prevention Strategies to Reduce Transmission of SARS-CoV-2 in Schools](#)

**Prevention Strategies (Click on links below for more information)**

1. [Promoting vaccination](#)
2. [Consistent and correct mask use](#)
3. [Physical distancing](#)
4. [Screening testing to promptly identify cases, clusters, and outbreaks](#)
5. [Ventilation](#)
6. [Handwashing and respiratory etiquette](#)
7. [Staying home when sick and getting tested](#)
8. [Contact tracing, in combination with isolation and quarantine](#)
9. [Cleaning and disinfection](#)

[CDC Section 2: Additional Considerations for K-12 Schools](#)

[CDC Section 3: School Workers](#)

[CDC: Testing Strategies for COVID-19 Prevention in K-12 Schools](#)

## Testing

### Testing Benefits

School testing gives communities, schools, and families added assurance that schools can open and remain open safely for all students. By identifying infections early, testing helps keep COVID-19 transmission low and students in school for in-person learning, sports, and extracurricular activities. Screening testing is likely to be most feasible in larger settings and for older children and adolescents.

### Testing Strategies

With guidance from the Texas Department of Emergency Management (TDEM), Center for Disease Control (CDC), Texas Education Agency (TEA), Pecos County, City of Fort Stockton; FSISD implements a BinaxNOW rapid COVID-19 testing program. Rapid antigen-based testing will potentially give FSISD the ability to quickly identify and isolate positive individuals before they can transmit the virus to others. In turn, this will

help reduce the amount of absences for individuals waiting on test results and help to fast track treatment and quarantine for positive individuals and their close contacts. Participation in BinaxNOW rapid COVID-19 testing is voluntary according to each individual's preference.

The infographic features a clipboard icon with a magnifying glass. The title is "Testing can support school systems' efforts to reduce COVID cases on campus". A vertical label on the left reads "TEA's Public Health Guidance Framework". It lists four steps in arrow-shaped boxes: "Provide Notice" (grey), "Prevent" (orange), "Respond" (orange), and "Mitigate" (grey). A blue box on the right states: "By conducting tests on campus, school systems can: • Use tests as an additional screening tool in some cases to **prevent** the virus from coming on campus • Provide another source of testing to which the school can quickly **respond** by removing the individual before they can spread COVID on campus". A red reminder text says: "REMINDER: TEA has a Four-Part Framework included in the [SY 20-21 Public Health Planning Guidance](#) document". The TEA logo is at the bottom.

**Fully vaccinated students, teachers, and staff with no COVID-19 symptoms do not need to quarantine at home following an exposure to someone with COVID-19 but should get tested 3-5 days after exposure.** People who have tested positive for COVID-19 within the past 3 months and recovered do not need to get tested following an exposure as long as they do not develop new symptoms. Any fully vaccinated person who experiences symptoms consistent with COVID-19 should isolate themselves from others, be clinically evaluated for COVID-19, and tested for SARS-CoV-2 if indicated.

People with COVID-19 have reported a wide range of symptoms from no or mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the SARS-CoV-2 virus. Because some of the symptoms of flu, common cold, and COVID-19 are similar, it is hard to tell the difference between them based on symptoms alone. Testing can help confirm a diagnosis, and inform medical treatment and care. Also, testing will confirm the need to isolate from others for at least 10 days and quarantine close contacts.

## Staff and Student Safety

Because COVID-19 can be contracted by people of all ages, it is crucial that Fort Stockton ISD take appropriate action to keep its employees and students safe. The ongoing pandemic is continuously evolving, and these protocols will be periodically reviewed and revised as appropriate to reflect orders and/or recommendations from local,

state, and national government officials and/or health authorities. In the event that changes are made to this document, the District will promptly notify parents, students, and staff members.

### Screening

- All staff members will self-screen for the COVID-19 symptoms prior to reporting to work each day.
- Staff members who experience COVID-19 symptoms or receive a positive, lab-confirmed diagnosis of COVID-19 must report such symptoms or diagnosis to the District and must remain off campus until completing the Isolation Procedures.
- Additionally, staff members are required to notify the district if they come in “[close contact](#)” with an individual who receives a positive, lab-confirmed diagnosis of COVID-19.
- **Close Contact through [Proximity and Duration of Exposure](#):** 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](#)) if both the infected student and the exposed student(s) [correctly and consistently](#) wore well-fitting [masks](#) the entire time.

## Symptoms of COVID-19

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

### If you are feeling sick?

Check Symptoms with Self-Checker

*Clickable Button*

Get Tested for COVID-19

*Clickable Button*



Symptoms can range from mild to severe illness, and appear 2–14 days after you are exposed to the virus that causes COVID-19.

**Seek medical care immediately if someone has  
Emergency Warning Signs of COVID-19**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



Centers for Disease Control and Prevention  
National Center for Emerging and Zoonotic Infectious Diseases

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

**Link to symptoms on CDC Website:**

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

## Response Protocol

### What to do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School

FSISD is required to report positive cases to the respective County Public Health Office and the Texas Education Agency. Staff member’s positive for COVID-19 should report their positive case to their direct supervisor. Students should report positive cases to their

campus. Both students and employees should isolate for ten days after the date of symptom onset or test date if asymptomatic as recommended by the Centers for Disease Control and Prevention Control (CDC). Individuals must be fever free for at least 24 hours without the use of fever reducing medications before returning to school or work. District administrators will continue monitoring the situation along with any updates in requirements for exclusion from the Texas Department of State Health Services.

**Persons that have tested positive for COVID, must meet the following criteria to return to campus:**

- At least 10 days since symptoms first appeared; AND,
  - At least 24 hours with no fever without fever-reducing medication; AND,
  - Other symptoms of COVID-19 are improving. \*\*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation
- 
- Parents must not send a student to District campuses if the student is exhibiting any of the above COVID-19 symptoms, test positive for the virus, or come in “close contact” with an individual who tested positive for the virus and are unvaccinated.
  - Throughout the school day, teachers will monitor students and notify the campus nurse if a student begins exhibiting COVID-19 symptoms.
  - Any student who exhibits symptoms while at school will be **immediately** separated from other students until they can be picked up by a parent or guardian.
  - If a student or staff member begin showing COVID-19 symptoms while at school, appropriate personnel will promptly clean all areas used or occupied by that individual.
  - If a student reports feeling feverish during the school day, they shall immediately receive a temperature check to determine if they are symptomatic for COVID-19.
  - Prior to entering a District campus, visitors will self-screen to determine if they exhibit COVID-19 symptoms, tested positive for COVID-19, or came within “close contact” with an individual who tested positive for the virus and are unvaccinated.
  - Schools should clean the areas used by the individual who showed COVID symptoms while at school (student, teacher, or staff) as soon as is feasible.
  - Persons who report feeling feverish should be given an immediate temperature check to determine if they are symptomatic for COVID. The following link provides source information for the latest updates on this topic.  
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

**Employees are expected to stay home when ill and notify their supervisor. Students should not be sent to school when ill. The school nurse will assess students who become ill during the school day and parents/guardians will be contacted as needed. Visitors should not enter district facilities if they are ill.**

## **Isolation Procedures**

- The following procedures must be followed by staff members and students before they may return to campus following exposure to the virus.
- For the purposes of this Plan, all individuals who exhibit symptoms of COVID-19 but do not undergo virus testing or medical evaluation are assumed to have COVID-19 and also must observe these procedures.
- Each campus will close off areas that are heavily used by any individual who tests positive for COVID-19 until surfaces in those areas can be disinfected.

Another key is having clearly defined response protocols for when a campus receives a report of a positive COVID case, when an ill student is on campus or when a student reports, they have come in close contact with a lab confirmed positive COVID case.

## **Reporting**

- In the event that a student or staff member tests positive for COVID-19, the District shall notify its local health department, in observance of applicable federal, state, and local laws.
- Consistent with local policies and legal confidentiality requirements, the District shall notify all staff members and families of all students within that campus if a lab-confirmed COVID-19 case is identified among students or staff members who participate in any on-campus activities.

## **COVID-19 Positive Case Notifications**

FSISD will notify the respective County Public Health Officials and the Texas Education Agency of any test-confirmed COVID-19 positive as required. FSISD will utilize the district's COVID-19 Dashboard as notification to employees, students, and others of COVID-19 positive cases in district facilities.

FSISD will not conduct in-depth contact tracing; however, staff members who have been identified as being exposed to individuals who test positive will be informed to monitor their health and get tested as needed. Due to the restrictions of vaccinations for students under the age of 12, students and families of a campus will be notified by the campus if identified as being exposed to an individual who tests positive so that families can monitor the students' health. The district will not impose quarantining measures to exposed individuals, only to those students and staff that have tested positive.

## **Health and Hygiene Protocols**

### **Safe Instruction**

- Hand sanitizer and/or hand washing stations with soap and water will be made available at each campus entrance and each classroom.
- Staff members, students, and visitors will be encouraged to sanitize and/or wash hands frequently throughout the day.

- Students will be encouraged and reminded in handwashing for at least 20 seconds throughout the day.
- Staff members and students will be encouraged to practice good hygiene relating to virus transmission, including coughing and sneezing into tissues or elbows as well as immediate handwashing or sanitizing.
- District janitorial staff will regularly sanitize all areas occupied by students and staff members.
- When feasible and practical, campus windows will be opened in an effort to improve air flow by allowing outside air to circulate in the building.
- Where space permits, desks will be separated to the extent possible promoting social distancing.
- When feasible and appropriate, outdoor spaces may be utilized for certain classes in an effort to reduce risk of virus transmission.
- The District will consider the health and safety of individuals for student assemblies and other activities that bring large groupings of students and/or staff members together at once.
- Student desks/seats will be situated to limit transmission of the virus.
- During breakfast and lunch, students are encouraged to practice good hygiene practices to prevent any illnesses.
- District school buildings will open for students at designated times. Any student arriving prior to opening will not be permitted inside of the building. Parents who arrive early must wait with their child until the school building opens.

### **Safe Transportation**

The Transportation Department will monitor and adjust bus seating protocols as COVID-19 cases fluctuate in the community as needed. The following safety protocols will be in place to prevent any outbreak while in the bus:

- All students will be required to follow the campus requirements and expectations while aboard buses.
- Students and staff members will be encouraged to use hand sanitizer upon boarding the bus or other district vehicles.
- When feasible and appropriate, bus windows will be opened to allow outside air to circulate in the bus.
- Parents are encouraged to drop off students at the school in order to limit potential transmission of COVID-19 while riding the bus.
- Buses will be thoroughly sanitized after each bus trip, with special focus on “high-touch” areas.
- When feasible, students will maintain social distancing on buses.

### **Safe Visits**

- Parents and other adults may still visit District campuses when such visits are essential to school operations. At all times, visitors must adhere to the District’s virus transmission prevention and mitigation requirements set forth in this Plan.



- When feasible and appropriate, the District shall arrange for virtual visits with parents in lieu of physical visits to their child’s campus.

## **Extracurricular Activities**

- Athletic practices, performances, and contests will be conducted according to safety protocols provided by the District, UIL, TEA, and other state authorities. This includes staff member and student self-screening, sanitation, locker room usage, travel, spectator attendance, etc.
- Hand washing and/or handwashing stations will be made available in extracurricular facilities and all equipment will be sanitized on a regular basis.
- Locker room use will be determined by TEA and UIL. If locker room use is permitted by the relevant authorities
- For those clubs or organizations that typically meet after regular school hours, such activities may occur in accordance with the health protocols contained in this Plan.
- Extracurricular activities are limited to students that are enrolled in FSISD. Students who are temporarily quarantined are still eligible to participate in extracurricular activities following their release from quarantine.

## **2021-2022 UIL COVID-19 Risk Mitigation Guidelines**

### **Public Health Guidance**

**Updated August 9, 2021**

[\(From UIL Website\)](#)

This guidance takes effect immediately, replacing all prior guidance. UIL recommends that public school systems consult with their local public health authorities and local legal counsel before making final decisions regarding the implementation of this guidance.

### **Required Actions if Individuals with Test-Confirmed Cases Have Been in areas where UIL Activities are being conducted**

1. If an individual who has been in areas where UIL activities are being conducted is test-confirmed to have COVID-19, the school must notify its local health department, in accordance with applicable federal, state and local laws and regulations, including confidentiality requirements of the Americans with Disabilities Act (ADA) and Family Educational Rights and Privacy Act (FERPA).
2. Upon receipt of information that any teacher, staff member, student, or visitor in an area where UIL activities are being conducted is test-confirmed to have COVID-19, the school must submit a report to the Texas Department of State Health Services via an online form. The report must be submitted each Monday for the prior seven days (Monday-Sunday).
3. If a test-confirmed COVID-19 case is identified among students, teachers, or staff who participated in a UIL competition against another school, the school must notify the opposing school and the officials/contest judges who also participated in the competition.

### **Face Coverings and Masks**

- Per GA-38, school systems cannot require students or staff to wear a mask. GA-38 addresses government-mandated face coverings in response to the COVID-19 pandemic. Other authority to require protective equipment, including masks, in an employment setting is not necessarily affected by GA-38.
- School systems must allow individuals to wear a mask if they choose to do so.

### **Students Who Have COVID-19**

- As provided in this [Department of State Health Services \(DSHS\) Rule](#), school systems must exclude students from attending school in person who are actively sick with COVID-19 or who have received a positive test result for COVID-19. Parents must ensure they do not send a child to school on campus if the child has COVID-19 symptoms or is test-confirmed with COVID-19, until the conditions for re-entry are met. See the DSHS rule for more details, including the conditions for ending the exclusion period and returning to school.
- In addition to the criteria and processes described above, a student who has been diagnosed with COVID-19 must receive clearance from a physician prior to returning to participation in UIL marching band or athletic activities.

### **Students Who Are Close Contacts**

- Schools must follow [TEA Public Health Guidance](#) related to students who have been identified as close contacts.

### **Spectators: Capacity and Visiting Spectators Attendance**

UIL is not currently limiting capacity for spectators at UIL events. If a school is limiting capacity as a local decision, the following applies:

- Schools must allow visiting school fans to attend district contests if home school fans are allowed to attend, unless the schools involved in the district contest mutually agree to only allow home school fans.
- The number of tickets or percentage of allowed spectator space provided to the visiting team should be determined by the DEC. If the DEC has not made such determination, the hosting school shall make a reasonable effort to accommodate visiting fans.
- For non-district contests, the two schools involved must mutually agree on home and visiting school fans attendance.
- For football, the UIL Constitution and Contest Rules, Section 1250(g)(1) states: “The visiting team has the right to demand one-half of the stadium seats in relation to the 50-yard line in all UIL football contests, whether district games, non-district games or playoff games, unless mutually agreed otherwise by the two schools involved. A visiting team can demand one-half of the reserved seats. A visiting team has a right to split the stadium in relation to the 50-yard line, subject to the end zone situation being equal, unless mutually agreeable otherwise.”
- If a visiting team requests, the home school must provide the visiting school with 50% of the available tickets/seating for the facility. Schools may mutually agree otherwise; however, without mutual agreement from both schools in the game, this rule applies. This applies to both district and non-district football games.

# Interim Public Health Recommendations for Fully Vaccinated People (CDC Website)

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

## Summary of Recent Changes Updates as of July 27, 2021

- Updated information for fully vaccinated people given new evidence on the B.1.617.2 (Delta) variant currently circulating in the United States.
- Added a recommendation for fully vaccinated people to wear a mask in public indoor settings in areas of [substantial or high transmission](#).
- Added information that fully vaccinated people might choose to wear a mask regardless of the level of transmission, particularly if they are immunocompromised or at [increased risk for severe disease](#) from COVID-19, or if they have someone in their household who is immunocompromised, at increased risk of severe disease or not fully vaccinated.
- Added a recommendation for fully vaccinated people who have come into [close contact](#) with someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, and to wear a mask in public indoor settings for 14 days or until they receive a negative test result.
- CDC recommends universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status.

## Key Points

The following recommendations apply to non-healthcare settings. For related information for healthcare settings, visit [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).

Fully vaccinated people can:

- Participate in many of the activities that they did before the pandemic; for some of these activities, they may choose to wear a mask.
- Resume domestic travel and refrain from testing before or after travel and from self-quarantine after travel.
- Refrain from testing before leaving the United States for international travel (unless required by the destination) and refrain from self-quarantine after arriving back in the United States.
- Refrain from routine screening testing if feasible.

Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. However, preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can spread the virus to others. To reduce their risk of becoming infected with the Delta variant and potentially spreading it to others: CDC recommends that fully vaccinated people:

- Wear a mask in public indoor settings if they are in an area of [substantial or high transmission](#).
  - Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at [increased risk for severe disease](#), or if someone in their household is unvaccinated. People who are at increased risk for severe disease include older adults and those who have certain medical conditions, such as diabetes, overweight or obesity, and heart conditions.
- Get tested if experiencing [COVID-19 symptoms](#).
- If you came into [close contact](#) with someone with COVID-19 get tested 3-5 days after the date of your exposure and wear a mask in public indoor settings for 14 days after exposure or until a negative test result.
- Isolate if they have tested positive for COVID-19 in the prior 10 days or are experiencing [COVID-19 symptoms](#).
- Follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

People who are immunocompromised should be counseled about the potential for reduced immune responses to COVID-19 vaccines and to follow [current](#) prevention measures (including wearing [a mask](#), [staying 6 feet apart from others](#) they don't live with, and avoiding crowds and poorly ventilated indoor spaces) regardless of their vaccination status to protect themselves against COVID-19 until advised otherwise by their healthcare provider.

### **Overview**

Currently authorized vaccines in the United States are highly effective at protecting vaccinated people against symptomatic and severe COVID-19. Fully vaccinated people are less likely to become infected and, if infected, to develop symptoms of COVID-19. They are at substantially reduced risk of severe illness and death from COVID-19 compared with unvaccinated people.

Infections in fully vaccinated people (breakthrough infections) happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. Moreover, when these infections occur among vaccinated people, they tend to be mild. However, [preliminary evidence](#) suggests that fully vaccinated people who do become infected with the Delta variant can be infectious and can spread the virus to others.

For the purposes of this guidance, people are considered fully vaccinated for COVID-19  $\geq 2$  weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or  $\geq 2$  weeks after they have received a single-dose vaccine (Johnson & Johnson [J&J]/Janssen)<sup>†</sup>. There is currently no post-vaccination time limit on fully vaccinated status. People are considered not fully vaccinated if they have not completed a two-dose vaccination series or have not received a single-dose vaccine, regardless of age, including children under the age of 12.

Data suggest immune response to COVID-19 vaccination might be reduced in some immunocompromised people including, but not limited to, people receiving chemotherapy for cancer, people with hematologic cancers such as chronic lymphocytic leukemia, people receiving stem cells or organ transplants, people receiving hemodialysis, and people using certain medications that might blunt the immune response to vaccination (e.g., mycophenolate, rituximab, azathioprine, anti-CD20 monoclonal antibodies, Bruton tyrosine kinase inhibitors).

People who are immunocompromised should be counseled about the potential for reduced immune responses to COVID-19 vaccines and the need to continue to follow current prevention measures (including wearing [a mask](#), [staying 6 feet apart from others](#) they don't live with, and avoiding crowds and poorly ventilated indoor spaces) to protect themselves against COVID-19 until advised otherwise by their healthcare provider. Close contacts of immunocompromised people should also be encouraged to be vaccinated against COVID-19.

This guidance provides recommendations for fully vaccinated people, including:

- How fully vaccinated people can safely resume many activities while protecting others.
- How fully vaccinated people should approach domestic and international travel.
- How fully vaccinated people should approach isolation, quarantine, and testing.

CDC will continue to evaluate and update public health recommendations for fully vaccinated people as more information, including on Delta and other new variants, becomes available. Further information on evidence and considerations related to these recommendations is available in the [Science Brief](#).

### **Guiding Principles for Fully Vaccinated People**

- Outdoor activities pose minimal risk to fully vaccinated people.
- Most indoor activities pose low risk to fully vaccinated people, especially in areas with low or moderate transmission.
- Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant.
- Fully vaccinated people who become infected with the Delta variant can transmit it to others.

To reduce their risk of becoming infected with the Delta variant and potentially spreading it to others, CDC recommends that fully vaccinated people:

- Wear a mask in public indoor settings if they are in an area of [substantial or high transmission](#).
  - Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at [increased risk for severe disease](#), or if someone in their household is unvaccinated.
- Get tested if experiencing [COVID-19 symptoms](#).

- Isolate if they have tested positive for COVID-19 in the prior 10 days or are experiencing [COVID-19 symptoms](#).
- Get tested 3-5 days after exposure to someone with suspected or confirmed COVID-19 and wear a mask in public indoor settings for 14 days after exposure or until they receive a negative test result.
- Continue to follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

### **Recommendations for Indoor Settings**

Risk of SARS-CoV-2 infection, severe disease, and death is reduced for fully vaccinated people. Though they happen in only a small proportion of people who are fully vaccinated, some infections do occur among fully vaccinated people. Fully vaccinated people who do become infected with the Delta variant can transmit it to others. Therefore, fully vaccinated people can further reduce their risk of becoming infected with the Delta variant and transmitting it to others by wearing a mask in public indoor settings in [areas of substantial or high community transmission](#).

Wearing a mask in public is most important for people who are immunocompromised. Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is unvaccinated. [People at increased risk for severe disease](#) includes older adults and those who have certain medical conditions, such as diabetes, overweight or obesity, and heart conditions.

Members of the household who are unvaccinated include: any persons who have not completed vaccination, who cannot be vaccinated, and those who are not eligible for vaccines, including children less than 12 years of age. Fully vaccinated people should also continue to wear a mask where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance, and in correctional facilities and homeless shelters. [Prevention measures](#) are still recommended for unvaccinated people.

CDC recommends universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with proper prevention strategies in place.

### **Recommendations for Outdoor Settings**

Current data suggest the risk of transmission of SARS-CoV-2 in outdoor settings is minimal. In general, fully vaccinated people do not need to wear a mask outdoors. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised.

## **Travel**

Fully vaccinated travelers are less likely to get and spread SARS-CoV-2 and can now travel at low risk to themselves within the United States. International travelers need to

pay close attention to the [situation at their international destinations](#) before traveling due to the spread of new variants and because the burden of COVID-19 varies globally. [Wearing a mask over your nose and mouth is required](#) on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and while indoors at U.S. transportation hubs such as airports and stations. Travelers are not required to wear a mask in outdoor areas of a conveyance (like on open deck areas of a ferry or the uncovered top deck of a bus).

**Domestic travel (within the United States or to a U.S. territory)**

- Fully vaccinated travelers do not need to get a SARS-CoV-2 viral test before or after domestic travel, unless testing is required by local, state, or territorial health authorities.
- Fully vaccinated travelers do not need to self-quarantine following domestic travel.
- For more information, see [Domestic Travel During COVID-19](#).

**International travel**

- Fully vaccinated travelers do not need to get tested before leaving the United States unless required by their destination.
- Fully vaccinated air travelers coming to the United States from abroad, including U.S. citizens, are still [required](#) to have a negative SARS-CoV-2 viral test result or documentation of recovery from COVID-19 before they board a flight to the United States.
- International travelers arriving in the United States are still recommended to get a SARS-CoV-2 viral test 3-5 days after travel regardless of vaccination status.
- Fully vaccinated travelers do not need to self-quarantine in the United States following international travel.
- For more information, see [International Travel During COVID-19](#).

CORONAVIRUS DISEASE 2019 (COVID-19)		
International Travel RECOMMENDATIONS AND REQUIREMENTS	Not Vaccinated	Fully Vaccinated
Get tested 1-3 days before traveling out of the US	✓	
Mandatory test required before flying to US	✓	✓
Get tested 3-5 days after travel	✓	✓
Self-quarantine after travel for 7 days with a negative test or 10 days without test	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓



**Recommendations for Isolation, Quarantine and Testing**

The following recommendations apply to non-healthcare settings. Guidance for residents and staff of healthcare settings can be found in the Updated Healthcare [Infection Prevention Control Recommendations in Response to COVID-19 Vaccination](#).

**Fully vaccinated people with COVID-19 symptoms**

Although the risk that fully vaccinated people could become infected with COVID-19 is low, any fully vaccinated person who experiences [symptoms consistent with COVID-19](#) should [isolate themselves from others](#), be clinically evaluated for COVID-19, and tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their healthcare provider of their vaccination status at the time of presentation to care.

**Fully vaccinated people with no COVID-like symptoms following an exposure to someone with suspected or confirmed COVID-19**

Fully vaccinated people who have come into [close contact](#) with someone with COVID-19 should be tested 3-5 days following the date of their exposure and wear a mask in public indoor settings for 14 days or until they receive a negative test result. They should isolate if they test positive. Fully vaccinated people who live in a household with someone who is immunosuppressed, at increased risk of severe disease, or unvaccinated (including children <12 years of age) could also consider masking at home for 14 days following a known exposure or until they receive a negative test result. Most fully vaccinated people with no COVID-like symptoms do not need to [quarantine](#) or be restricted from work following an exposure to someone with suspected or confirmed COVID-19, if they follow the testing and masking recommendation above. Fully vaccinated people should monitor for [symptoms of COVID-19](#) for 14 days following an exposure.

**Fully vaccinated people with no COVID-19-like symptoms and no known exposure to someone with suspected or confirmed COVID-19**

It is recommended that fully vaccinated people with no COVID-19-like symptoms and no known exposure should be exempted from routine screening testing programs, if feasible.


† This guidance applies to COVID-19 vaccines currently authorized for emergency use by the U.S. Food and Drug Administration: Pfizer-BioNTech, Moderna, and Johnson & Johnson (J&J)/Janssen COVID-19 vaccines. This guidance can also be applied to COVID-19 vaccines that have been authorized for emergency use by the World Health Organization (e.g. AstraZeneca/Oxford).



# Other Resources

## [Guidance for Vaccinated and Unvaccinated Individuals](#)

*(Clickable Link)*



**TEXAS**  
Health and Human  
Services

Texas Department of State Health Services

John Hellerstedt, M.D.  
Commissioner

### **GUIDANCE FOR VACCINATED AND UNVACCINATED INDIVIDUALS**

**Page 1 of 3**

*The following is guidance for all vaccinated and unvaccinated individuals.*

*Over the course of the pandemic, the Texas Department of State Health Services is regularly monitoring new data as it comes in and reviewing the science to inform our guidance and decisionmaking. Based on the latest science, we can say that anyone who is fully vaccinated can resume activities. The science is clear: if you are fully vaccinated, you are protected.*

- Cases have continued falling dramatically, and a growing number of studies have shown three **big things:**

## [How to Protect Yourself & Others](#)

*(Clickable Link)*

### COVID-19

- Home
- Your Health**
- Vaccines
- Cases & Data
- Work & School
- Healthcare Workers
- Health Depts
- Science
- More

#### Your Health

- About COVID-19 +
- Variants of the Virus +
- Symptoms +
- Testing +
- Prevent Getting Sick -
- Protect Yourself**
- Get a Vaccine
- Masks +
- Cleaning Your Home
- Improving Ventilation in Your

To maximize protection from the [Delta variant](#) and prevent possibly spreading it to others, wear a mask indoors in public if you are in an [area of substantial or high transmission](#).

## How to Protect Yourself & Others

Updated Aug. 13, 2021 Languages Print

### Protect Unvaccinated Family Members

Some people in your family need to continue to take steps to protect themselves from COVID-19, including

- Anyone not fully vaccinated, including children under 12 who cannot be vaccinated yet
- People with weakened immune systems or underlying medical conditions

**Protect Your Family**

