



# ALIQUIPPA SCHOOL DISTRICT

DR. PHILLIP K. WOODS, SUPERINTENDENT OF SCHOOLS

October 13, 2021

Dear Aliquippa Parents & Families,

Wednesday, October 13th, we are managing ZERO positive student COVID cases at the Jr./Sr. High and ZERO positive student COVID cases at the elementary school. We have ONE active staff case at the elementary school, the staff member first reported symptoms over the weekend. Exercising an abundance of caution, the staff member quarantined him/herself and volunteered for a COVID test. The staff member did not have close contact with any students 48 hours before exhibiting symptoms.

As part of the contact tracing protocol, anyone who has been identified as having close contact with the individual, has been notified of their close contact status prior to the distribution of this letter and has been asked to self-quarantine for 10-14 days from the time of exposure unless they are fully vaccinated. Per the CDC, close contact is defined as any individual within 6-feet of an infected person for at least 15 minutes or more over a 24 hour period. We have conducted an investigation to determine students and staff who may have had close contact with the individual who tested positive and these individuals have been notified. Additionally, all infected work areas and supplies have been disinfected per CDC guidelines.

People who are fully vaccinated do not need to quarantine after contact with someone who has COVID-19 unless they demonstrate symptoms. However, fully vaccinated individuals should get tested 2-5 days after their exposure even if they do not show symptoms and wear a mask indoors in public for 14 days following exposure or until their test result is negative. The District is offering free COVID-19 testing. Contact Nurse Judy for more information. [☰ COVID Testing Consent Form 2021 \(1\) \(2\)](#)

Anyone who has been exposed to COVID-19 and is quarantining should notify the District. You will be permitted to complete your school work remotely and your absences will be excused. Please continue to report positive cases of COVID-19 to **Jessica Judy, R.N., C.S.N., Aliquippa School District, (724)857-7500 ext. 2170, email: [jjudy@quipsd.org](mailto:jjudy@quipsd.org)** or via Parent Square

Lastly, please access our new COVID TRACKER located on our District website for updated COVID-19 data. <https://www.quipsd.org/Coronavirus.aspx>

We remain committed to ensuring a safe and healthy environment for all students and staff as we continue our mitigation efforts to fight the spread of COVID-19.

Yours in Education,

***Dr. Phillip K. Woods***

Superintendent of Schools

*Macte Virtute! "Increase excellence."*



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## Daily Wellness Checklist

Staff and students, please complete this wellness checklist each day prior to leaving home for work/school. Your cooperation helps us keep our school community safe and healthy.

### First, answer the following questions:

1. Have I or members of my household been in contact with anyone who has symptoms and/or has tested positive for COVID-19? Y/N
2. Do I have a temperature of or greater than 100.4? Y/N
3. Have I taken any medication to treat or reduce a fever such as Ibuprofen (Motrin, Advil) or Acetaminophen (Tylenol)? Y/N

### Second, am I experiencing any of the following symptoms?

Group A 1 or my symptoms	Group B 2 or more symptoms
Cough Shortness of breath Difficulty breathing New change or loss of smell New taste disorder (change or loss of taste)	Fever Chills/Shaking Myalgias (muscle pain) Headache Sore Throat Nausea/Vomiting Diarrhea Fatigue Congestion or runny nose

- ❖ If you answered yes to questions 1-3 or
- ❖ If you have 1 or more symptoms from Group A or 2 or more symptoms from Group B

**Please stay home.**

Students/parents contact the school nurse. Staff contact your building administrator.



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8/19/2021

Dear Parent or Guardian,

One Love Laboratory provides voluntary COVID-19 Testing. The Lab needs demographic information to process the tests. If you would like your child to be included in this voluntary program, please complete the sections below and return the signed form to the school.

Student Name \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

Student Address \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

**Policy Number** \_\_\_\_\_

Please sign the consent below:

I, \_\_\_\_\_, give permission for the **School District/Youth Sports Organization** to release any information needed by the Lab for my child (Listed Above) to be tested weekly using the PCR cheek swab. I understand that this test causes no harm nor injury to my child. I agree and authorize that the cost of this test will be charged to my current insurance carrier and I will incur no cost for this test. I also understand that if my child does not have insurance, the cost of the test will be covered through the CARES ACT. I understand that all test results will be reported to me via text. I can be contacted at (cell phone #) \_\_\_\_\_, for all weekly test results.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you,

One Love/PhD Laboratories  
4922 Albermarle Road  
Charlotte, NC. 28205  
919-500-6181



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<https://drive.google.com/file/d/1Tb0Lk9suOHB1n8XWK8kWd0oxcMxWp956/view?usp=sharing>

## COVID-19 Quarantine Guidance Flowchart K-12 schools

**Close Contact**  
Are you staff or a student?

**STAFF**  
Are you vaccinated?

**STUDENT**  
Are you vaccinated?

**NO**  
Quarantine for 10 days and seek testing.\*

**YES**  
Do you have symptoms?

**NO**  
What was the distance between you and the positive case?

**YES**  
Do you have symptoms?

**NO**  
Get tested 2-5 days after exposure. You do not need to quarantine, but you must wear a mask until your test results come back. Isolate if test is positive.

**YES**  
Get tested. Stay home until test results come back and 24 hours have passed since symptoms resolved. Isolate if test is positive.

**LESS THAN 3 FT.**  
Quarantine for 10 days and seek testing.\*

**BETWEEN 3-6 FT.**  
Were both students wearing masks consistently and correctly?

**NO**  
If you were between 3-6 ft. of an infected person and both masked, no action is needed. If you were closer or either was unmasked, wear a mask and get tested 2-5 days after exposure.

\* Quarantine can end 10 days after exposure if no symptoms develop with careful daily monitoring. Continue to monitor for a full 14 days. Quarantine can end after 7 days if the person does not develop symptoms and tests negative 5 days after exposure or later. All activities can be resumed on Day 8 with a negative test.

**NO**  
Quarantine for 10 days and seek testing.\*

**YES**  
Do you have symptoms?

A person is considered a close contact if they were within 6 ft of an infectious person for 15 consecutive minutes or more in an indoor school setting with or without a mask.  
**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.<sup>1</sup>

**NO**  
You are excluded from quarantine and testing.

**YES**  
Get tested. Stay home until test results come back and 24 hours have passed since symptoms resolved. Isolate if test is positive.

<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact> Updated 8/11/21