COVID Response for School Health Learning Collaborative

Session Two:
How to Manage Symptomatic Students and Staff
Thursday, August 27, 330-430 PM CST
Via Zoom
✓ Don’t forget to mute your phone!

✓ Please enter your name and email address in the chat box

✓ Sessions will be recorded with video, PowerPoint, and Q&A available at: www.childrensomaha.org/back-to-school/

✓ An evaluation will be provided after this session via a link at the end of the presentation and email
Take Five ....

A quick chat about what is happening in schools with our experts:

- Dr. John Skretta
  ESU6 Administrator

- Arianne Conley
  ESU1 School Nurse Coordinator
How to Manage Symptomatic Students and Staff

Kari Neemann MD
Assistant Professor of Adult and Pediatric Infectious Diseases
Medical Advisor to Douglas County Health Department
Steps to Keep Schools Safe:

- Parental Screening- KEEP SICK KIDS HOME
- Minimize Exposure- Directed Health Measures
  - Masks, Eye Protection
  - 6 feet separation
  - Frequent hand hygiene
- Role of Nurses
  - Screen the ‘sick’ student for COVID-19 infection
  - Isolate the ‘sick’ kid and arrange for removal
  - Guidance to the families
Transmission:

- Transmission may be through
  - Droplets (splatter)
  - Fomites/surfaces
  - In the air*

- What is a significant exposure?
  - Contact with a person confirmed to have acute COVID-19 infection
    - < 6 feet for ≥ 15 minutes
**Infectious Timeline**

- **Exposed to Virus**: 2-14 Days (average 6 days)
- **Incubation period**: 2 Days
- **Symptomatic period**: 8-10 Days
- **Infectious period**: 10-12 Days
- **Presymptomatic but infectious period**: 2 Days

**40-45% of infections are asymptomatic, but infectious**
Parental Screening

Daily Home Screening for Students

Parents: Please complete this short check each morning and report your child’s information [INSERT YOUR SCHOOL REPORTING INSTRUCTIONS] in the morning before your child leaves for school.

SECTION 1: Symptoms
If your child has any of the following symptoms, that indicates a possible illness that may decrease the student’s ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐️</td>
<td>Temperature 100.4 degrees Fahrenheit or higher when taken by mouth</td>
</tr>
<tr>
<td>☐️</td>
<td>Sore throat</td>
</tr>
<tr>
<td>☐️</td>
<td>New uncontrolled cough that causes difficulty breathing (for students with chronic allergic / asthmatic cough, a change in their cough from baseline)</td>
</tr>
<tr>
<td>☐️</td>
<td>Diarrhea, vomiting, or abdominal pain</td>
</tr>
<tr>
<td>☐️</td>
<td>New onset of severe headache, especially with a fever</td>
</tr>
</tbody>
</table>

SECTION 2: Close Contact/Potential Exposure

<table>
<thead>
<tr>
<th>Close Contact/Potential Exposure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐️</td>
<td>Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19</td>
</tr>
<tr>
<td>☐️</td>
<td>Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the Community Mitigation Framework</td>
</tr>
<tr>
<td>☐️</td>
<td>Live in areas of high community transmission (as described in the Community Mitigation Framework) while the school remains open</td>
</tr>
</tbody>
</table>

cdc.gov
Myth- Children can’t infected with SARS-CoV-2

- Study looking at 145 patients with mild to moderate illness within 1 week of symptom onset
  - Swabbed nosed to determine amount of virus present

**There were significantly great amounts of viral nucleic acid detected in children < 5 years than other ages**

**Children 5-17 had similar amounts of virus as adults**

Sargent et al. *JAMA Pediatrics*, 2020, Jul 30
Myth-Children don’t get sick with COVID-19

• Currently, 7.3% of positive cases are in children
  • Children make up 22% of the US population
  • The % of positive cases in children has increased from March to July 2020 as children have had more exposures and as testing has expanded
    • Testing initially prioritized adults with severe illness.

Hospitalization Rate:
- Children 8/100,000 population
- Adult 164.5/100,000 population

-Kim et al. MMWR 2020, August 14
Which kids gets Hospitalized?

1 in 3 hospitalized children require admission to an ICU

Kim et al. MMWR 2020, August 14
Myth- Children can’t spread COVID

- Contact tracing from South Korea, January-May
  - Rates of transmission were higher for contacts of children with infection vs adults with infection within the household setting.

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<table>
<thead>
<tr>
<th>Index patient age, y</th>
<th>No. (%) index patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>29 (0.5)</td>
</tr>
<tr>
<td>10-19</td>
<td>124 (2.2)</td>
</tr>
<tr>
<td>20-29</td>
<td>1,695 (29.7)</td>
</tr>
<tr>
<td>30-39</td>
<td>668 (11.7)</td>
</tr>
<tr>
<td>40-49</td>
<td>807 (14.1)</td>
</tr>
<tr>
<td>50-59</td>
<td>1,107 (19.4)</td>
</tr>
<tr>
<td>60-69</td>
<td>736 (12.9)</td>
</tr>
<tr>
<td>70-79</td>
<td>338 (5.9)</td>
</tr>
<tr>
<td>≥80</td>
<td>202 (3.5)</td>
</tr>
<tr>
<td>Total</td>
<td>5,706</td>
</tr>
</tbody>
</table>

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Table 2
Rates of coronavirus disease among household and nonhousehold contacts, South Korea, January 20–March 27, 2020

<table>
<thead>
<tr>
<th>Index patient age, y</th>
<th>Household No. contacts positive/no. contacts traced</th>
<th>% Positive (95% CI)</th>
<th>Nonhousehold No. contacts positive/no. contacts traced</th>
<th>% Positive (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>3/57</td>
<td>5.3 (1.2–13.7)</td>
<td>2/180</td>
<td>1.1 (0.2–3.6)</td>
</tr>
<tr>
<td>10-19</td>
<td>43/231</td>
<td>18.6 (14.0–24.6)</td>
<td>2/228</td>
<td>0.9 (0.1–2.9)</td>
</tr>
<tr>
<td>20-29</td>
<td>24/361</td>
<td>6.7 (5.2–8.9)</td>
<td>139/12,393</td>
<td>11.1 (9.9–13.4)</td>
</tr>
<tr>
<td>30-39</td>
<td>143/1,229</td>
<td>11.6 (9.9–13.5)</td>
<td>70/7,407</td>
<td>0.9 (0.7–1.2)</td>
</tr>
<tr>
<td>40-49</td>
<td>200/1,749</td>
<td>11.8 (10.3–13.4)</td>
<td>101/7,900</td>
<td>2.0 (1.7–2.3)</td>
</tr>
<tr>
<td>50-59</td>
<td>300/2,045</td>
<td>14.7 (13.2–16.3)</td>
<td>166/9,308</td>
<td>1.8 (1.5–2.1)</td>
</tr>
<tr>
<td>60-69</td>
<td>177/1,039</td>
<td>17.0 (14.8–19.4)</td>
<td>215/7,451</td>
<td>2.9 (2.5–3.3)</td>
</tr>
<tr>
<td>70-79</td>
<td>86/477</td>
<td>18.0 (14.8–21.7)</td>
<td>92/1,912</td>
<td>4.8 (3.9–5.8)</td>
</tr>
<tr>
<td>≥80</td>
<td>50/348</td>
<td>14.4 (11.0–18.4)</td>
<td>75/1,644</td>
<td>4.6 (3.6–5.7)</td>
</tr>
<tr>
<td>Total</td>
<td>1,248/10,592</td>
<td>11.8 (11.2–12.4)</td>
<td>921/48,481</td>
<td>1.2 (1.0–1.4)</td>
</tr>
</tbody>
</table>
Myth- Children will only infect close household contacts

• Georgia Camp
  • June 17-20: orientation for 138 trainees and 120 staff members
    • Median Age: 17 years (14-59 years)
  • June 21-27: 363 campers arrive and 120 staff members remain
    • Median Age: 12 years (6-19 years)

• Health Measures
  • Cloth masks for staff, no masks required for campers
  • Negative SARS-CoV-2 test ≤ 12 days prior to arrival
  • Did not open windows/doors- HOT
  • Cohorted campers by cabin

• June 22- Staff member develops symptoms (positive 6/24)
  • Started to send campers home 6/24
  • Camp closed 6/27

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No.</th>
<th>No. positive</th>
<th>Attack rate, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>597</td>
<td>260</td>
<td>44</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>267</td>
<td>123</td>
<td>46</td>
</tr>
<tr>
<td>Female</td>
<td>330</td>
<td>137</td>
<td>42</td>
</tr>
<tr>
<td>Age group, yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-10</td>
<td>100</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>11-17</td>
<td>409</td>
<td>180</td>
<td>44</td>
</tr>
<tr>
<td>18-21</td>
<td>81</td>
<td>27</td>
<td>33</td>
</tr>
<tr>
<td>22-59</td>
<td>7</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Type of attendee (dates attended camp)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainee (June 17-21)</td>
<td>134</td>
<td>26</td>
<td>19</td>
</tr>
<tr>
<td>Staff member (June 17-27%**)</td>
<td>117</td>
<td>66</td>
<td>56</td>
</tr>
<tr>
<td>Camper (June 21-27%)</td>
<td>346</td>
<td>168</td>
<td>49</td>
</tr>
<tr>
<td>Cabin size during camp†† (no. of persons/cabin)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small (1-3)</td>
<td>13</td>
<td>5</td>
<td>38</td>
</tr>
<tr>
<td>Medium (7-13)</td>
<td>75</td>
<td>29</td>
<td>39</td>
</tr>
<tr>
<td>Large (16-26)</td>
<td>375</td>
<td>200</td>
<td>53</td>
</tr>
</tbody>
</table>

Test results were only available for 344 (58%) attendees, 260/344 positive (76%). 26% had no symptoms.
Sick Kid in Classroom

• Child asks to go to nurse or Teacher is concerned child is ill:
  • Ensure student is wearing a mask
  • If possible:
    • A masked escort will take student to nurses office while maintaining 6-feet of distance therefore limiting student contact with frequently used objects (doors/handles).
    • Notify nurses office of impending arrival

• Nurses Office
  • Baseline PPE: Masks, Goggles, Gloves, +/- Gown
  • Assessment: Temp, RR, Pulse Ox, evaluate for respiratory distress
  • Maintain 6-feet distance if appropriate
Work Flow
Local Public Health Recommendations for Screening, Exclusion, and Re-Admittance of Ill Students and Staff for COVID-19 in Schools

The following symptom screening criteria for ill students and staff is based on the most current research. Because people with COVID-19 have reported a wide range of symptoms – from mild symptoms to severe illness – the local health department has developed the following criteria to assist schools in identifying presumptive positive COVID-19 cases.

Students with two or more of the following: fever (measured or subjective), chills, rigors, muscle aches, headache, sore throat, nausea, vomiting, diarrhea

OR

At least one of the following: new cough, shortness of breath, difficulty breathing, new loss of taste/smell

OR

Has at least one symptom and answers yes to: Is there someone in your household who is currently in quarantine or currently positive for COVID-19?

1. Students and staff who screen positive should be immediately isolated in the designated area and sent home as soon as possible.

2. Require the symptomatic person to wear a cloth or surgical mask while waiting, if tolerable.
COVID-19 Screening - Swim Lane

COVID-19 Screening

- Screen Positive for COVID-19 Symptoms

  - COVID-19 Screening: Any "yes" to the following results in a positive screen
    - High Risk Symptoms: new cough, shortness of breath, difficulty breathing, loss of taste/smell
    - Low Risk Symptoms: Fever, chills, myalgia, headache, sore throat, nausea, vomiting, diarrhea

  - Do they have 1 High Risk Symptom?
    - Yes: Is there someone in the household or other known close contact who has recently tested positive for COVID-19?
    - No: Follow school policy for ill students

  - Do they have 2 Low Risk Symptoms?
    - Yes: Is there someone in the household or other known close contact who has recently tested positive for COVID-19?
    - No: Follow school policy for ill students

COVID-19 Screening Signs/Symptoms:
- High Risk Symptoms:
  - New loss of smell or taste
  - Shortness of breath/Difficulty breathing
  - New or persistent cough

- Low Risk Symptoms:
  - *Fever (≥100.4°F)
  - Fatigue
  - Sore throat
  - Congestion/runny nose
  - Nausea/Vomiting/Diarrhea
  - Headache (older kids)

*CDC guidelines and school policies may vary
Myth- There are too many screening symptoms

- Meta-analysis
  - 28 Studies
  - 1614 patients

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Number of patients included for the outcome</th>
<th>Number of studies included for the outcome</th>
<th>Percentage (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic</td>
<td>1600</td>
<td>26</td>
<td>16 (10; 23)</td>
</tr>
<tr>
<td>Fever</td>
<td>887</td>
<td>27</td>
<td>48 (42; 54)</td>
</tr>
<tr>
<td>Headache</td>
<td>482</td>
<td>6</td>
<td>13 (4; 25)</td>
</tr>
<tr>
<td>Myalgia</td>
<td>312</td>
<td>3</td>
<td>14 (4; 29)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>372</td>
<td>9</td>
<td>8 (5; 11)</td>
</tr>
<tr>
<td>Sneezing</td>
<td>19</td>
<td>2</td>
<td>23 (8; 44)</td>
</tr>
<tr>
<td>Rhinorrhoea</td>
<td>741</td>
<td>14</td>
<td>16 (11; 22)</td>
</tr>
<tr>
<td>Sore throat</td>
<td>548</td>
<td>14</td>
<td>14 (7; 22)</td>
</tr>
<tr>
<td>Cough</td>
<td>837</td>
<td>25</td>
<td>40 (33; 47)</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>800</td>
<td>16</td>
<td>9 (6; 13)</td>
</tr>
<tr>
<td>Diarrhoea or constipation</td>
<td>824</td>
<td>19</td>
<td>10 (7; 14)</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>478</td>
<td>8</td>
<td>6 (4; 8)</td>
</tr>
<tr>
<td>Mild infection*</td>
<td>1543</td>
<td>23</td>
<td>37 (26–48)</td>
</tr>
<tr>
<td>Moderate infection*</td>
<td>1543</td>
<td>23</td>
<td>45 (35–54)</td>
</tr>
<tr>
<td>Severe infection*</td>
<td>1543</td>
<td>23</td>
<td>3 (1–5)</td>
</tr>
<tr>
<td>Critical infection*</td>
<td>1543</td>
<td>23</td>
<td>0.6 (0.3–1)</td>
</tr>
</tbody>
</table>

Myth- there is no need to isolate if the child/adult is asymptomatic

- France
- Multi-center study that evaluated symptom-based testing
- Tested all pediatric patients admitted to the hospital regardless of admitting diagnosis

- A symptom-based SARS-CoV-2 testing strategy would fail to identify up to 45% of hospitalized children infected by SARS-CoV-2
- Remember, you can shed this virus for 2 days prior to symptom onset.

Table 1. Performance of Signs and Symptoms in identifying children with COVID-19

<table>
<thead>
<tr>
<th>Symptom/clinical sign</th>
<th>Sensitivity (95% CI), %</th>
<th>Specificity (95% CI), %</th>
<th>LR+ (95% CI)</th>
<th>LR- (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>36 (17; 59)</td>
<td>72 (67; 76)</td>
<td>1.3 (0.7; 2.3)</td>
<td>0.9 (0.6; 1.2)</td>
</tr>
<tr>
<td>Diarrhea or vomiting</td>
<td>41 (21; 64)</td>
<td>82 (78; 86)</td>
<td>2.3 (1.3; 4.0)</td>
<td>0.7 (0.5; 1.0)</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>14 (03; 35)</td>
<td>86 (83; 89)</td>
<td>1.0 (0.3; 2.9)</td>
<td>1.0 (0.8; 1.2)</td>
</tr>
<tr>
<td>URTI symptoms</td>
<td>32 (14; 55)</td>
<td>89 (86; 92)</td>
<td>2.9 (1.5; 5.8)</td>
<td>0.8 (0.6; 1.0)</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>32 (14; 55)</td>
<td>95 (93; 97)</td>
<td>6.6 (3.1; 14.0)</td>
<td>0.7 (0.5; 1.0)</td>
</tr>
<tr>
<td>Skin involvement</td>
<td>23 (08; 45)</td>
<td>96 (94; 98)</td>
<td>6.3 (2.5; 15.7)</td>
<td>0.8 (0.6; 1.0)</td>
</tr>
<tr>
<td>Any symptom suspect of COVID*</td>
<td>55 (32; 76)</td>
<td>59 (54; 64)</td>
<td>1.3 (0.9; 2.0)</td>
<td>0.8 (0.5; 1.2)</td>
</tr>
</tbody>
</table>

N=438 patients. *Following the definition detailed in the method section. The following symptoms/clinical signs suspect of COVID-19 were considered: fever, upper respiratory tract symptoms (cough, rhinitis, tonsillitis, odynophagia, otalgia, oitis, conjunctivitis), influenza like illness (including asthenia, headache and myalgie), anosmia, dysgeusia, dyspnea, chest pain, vomiting or diarrhea, abdominal pain, skin involvement, arthritis or arthralgia, mucosal hemorrhage, Kawasaki syndrome, myocarditis.

Positive Screen

- Isolate the child in pre-designated area.
- PPE: consider gown and/or N95 mask
- Perform assessment as needed
  - Try to limit prolonged close contact
- Notify designated parent/guardian/family member to facilitate student getting home and to medical care safely
  - May not go home on bus or public transportation
- Provide guidance to family on how child may return to school (handout).
- Clean isolation room per school policy
Positive Screen - Swim Lane

1. Students and staff who screen positive should be immediately isolated in the designated area and sent home as soon as possible.
2. Require the symptomatic person to wear a cloth or surgical mask while waiting, if tolerable.

1. Notify parent/guardian & Principal
2. Child needs to be removed from school

Follow room cleaning protocol when student is sent home

Room Cleaning
- If NO nebulizer given, follow steps 1 & 2
- If Nebulizer given: Leave room empty w/door closed for 2hrs then follow steps 1 & 2
1. Clean room per county health department guidelines
2. Remove PPE/perform hand washing when cleaning is complete

Return To School
- 10 days from symptom onset and 24 hours fever free and improving respiratory symptoms.
- Negative COVID-19 test and symptoms improved
- Doctor’s note with alternative diagnosis to explain symptoms and symptoms improved.
### Re-Admittance to School

<table>
<thead>
<tr>
<th>Symptomatic staff/student who test positive:</th>
<th>Symptomatic staff/student not tested:</th>
<th>Symptomatic staff/student who test negative:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclude for:</td>
<td>Exclude for:</td>
<td>Exclude until:</td>
</tr>
<tr>
<td>- At least 10 days since symptoms first appeared AND:</td>
<td>- At least 10* days since symptoms first appeared AND:</td>
<td>- 24 hours without fever (or meets the schools requirements for readmission) AND:</td>
</tr>
<tr>
<td>- At least 24 hours fever free without medication AND:</td>
<td>- At least 24 hours with no fever without fever-reducing medication AND:</td>
<td>improved symptoms</td>
</tr>
<tr>
<td>- Symptoms have improved</td>
<td>- Symptoms have improved</td>
<td></td>
</tr>
</tbody>
</table>

**Asymptomatic staff/student who test positive:**

Exclude for:
- 10 days from date of test AND:
- If symptoms develop, refer to symptomatic positive instructions.

*This length of time may need to be extended for people who have severe illness or are immunocompromised.
Please consult DCHD or the health care provider for further guidance on those situations.

If a student or staff member tests positive for COVID-19, please call the Douglas County Health Department at: 402.444.7214

Dear Parent or Guardian,

Symptom screenings will identify only that a person may have an illness, but not that the illness is COVID-19. There are no single symptoms that predicts if feeling sick is caused by COVID-19. Many of the symptoms of COVID-19 are also common in other childhood illnesses like the common cold, the flu or seasonal allergies.

Students who are sick with contagious illnesses should not attend school, but the majority of illnesses do not require the long exclusion period which is required for COVID-19 symptoms which would be 10 days. To avoid excluding the student longer than necessary a COVID-19 test would confirm if your student’s current symptoms are a result of infection with this virus. You may want to contact your student’s healthcare provider to be tested for COVID-19 infection or be evaluated and diagnosed with an alternative process (i.e. Strep Throat, Mono, Allergies, etc.).

If the COVID-19 test is positive your student will need to remain home and isolated for 10 days following symptom onset. Exposed family members would also need to quarantine during this time and for 14 days from resolution of the student’s symptoms if on-going exposure to the student. As COVID-19 has a 14-day incubation period from last exposure, household members with on-going exposure to the student could develop illness and then test positive anytime during those following 14 days. Please notify your school immediately if your child has a positive COVID-19 test so that they can assess for any contacts that may need to quarantine.

Students who have received a negative COVID-19 test or an alternative diagnosis by their medical provider should be allowed to return to school once their symptoms have otherwise improved in accordance with existing school illness management policies (e.g. fever free for 24 hours without fever reducing medication).

Sincerely,

SCHOOL NURSE/PRINCIPAL
Children’s assisted letter for Westside Schools for those screening positive.
Contract Tracing:

- Ask parents to contact the school immediately should their child have a positive COVID-19 tests
  - The parent will likely receive this information before the health department due to delays in reporting
- The school can then immediately contact that local health department to begin the process of contact tracing.
  - Depending on your local health department, school personnel may be involved in the contact tracing
Negative Screen

• Care for child as per routine protocols
• Fever alone has been grouped with the lower risk symptoms as non-specific for multiple pediatric infections. Exclude child from school per standard protocol.
Isolation

• Isolation: There is confirmed or suspected infection with SARS-CoV-2.
  • Tested positive for SARS-CoV-2 virus
  • Developed symptoms consistent with COVID-19 infection.

• What does this entail?
  • Stay home except to get medical care
  • Stay in a separate room from other household members, if possible
  • Use a separate bathroom, if possible
  • Avoid contact with other members of the household and pets
  • Don’t share personal household items, like cups, towels, and utensils
  • Wear a mask when around other people, if you are able to

When does isolation end?

- Requirements:
  - 10 days from symptom onset or positive test (if asymptomatic) AND
  - 24 hours without fever reducing medication AND
  - Symptoms are improving
- A negative SARS-CoV-2 test is **not** required for return to school
- The child/adult may return to school at <10 days if they have received an alternative diagnosis by a medical provider (i.e. Strep Throat, Mono, Influenza, etc.)
Quarantine

• Quarantine: is used to keep someone who might have been exposed to COVID-19 away from others.
  • Purpose: helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.

• What is an exposure?
  • Within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
  • Provided care at home to someone who is sick with COVID-19
  • Direct physical contact with the person (hugged or kissed them)
  • Shared eating or drinking utensils
  • They sneezed, coughed, or somehow got respiratory droplets on you

• What does this entail?
  • Stay home for 14 days from time of exposure
  • Separate themselves from others
  • Monitor their health
  • Follow directions from their state or local health department.
When does quarantine end?

- Will not have further close contact
- 14 days from last known exposure to someone infected with COVID-19

Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.
When does quarantine end?

• Will have further exposure (live with contact and can’t separate)
• 14 days from last known exposure to someone infected with COVID-19

Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.
When does quarantine end?

- Second exposure becomes known
- 14 days from last known exposure to someone infected with COVID-19

Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.
Quarantine vs Self-Monitor

• Healthcare personnel who have had COVID-19 exposure at work but:
  • Consistently wore their surgical/N-95 mask
  • Consistently wore goggles/face-shield
  • Wore appropriate PPE for aerosol-generating procedure

  • Can self-monitor for symptoms but remain working

  • This is a setting where everyone- staff and patients- are instructed to adhere to the directed health care measures and have a surgical mask in place

  • Self-monitoring is generally not recommended outside of the healthcare setting
Quarantine vs Self-Monitor

• Back to the Screening:
  • What is a potential exposure?

<table>
<thead>
<tr>
<th>SECTION 2: Close Contact/Potential Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19</td>
</tr>
<tr>
<td>Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the Community Mitigation Framework</td>
</tr>
<tr>
<td>Live in areas of high community transmission (as described in the Community Mitigation Framework) while the school remains open</td>
</tr>
</tbody>
</table>

• Depending on your local level of community transmission and the input of your public health department self-monitoring may replace quarantine for certain exposures
• Given the high level of community transmission currently in Douglas County we will be utilizing the <6 feet for ≥15 minutes when conducting contact tracing in the school setting regardless of mask use.
Miscellaneous Questions
• What to do if the guardian will not pick up the screen positive child?
  • Explain what criteria the child met to screen positive.
  • Explain the requirements for school re-admittance.
  • Let them know that their child will remain in isolation until they are removed from the school.
  • Refer to school policy

• What if the parent doesn’t want the student to wear a mask?
  • Refer to school/district policy regarding mask use
• What do I do for the sibling(s) of the screen positive student?
  • IF
    • Known COVID-19 Exposure: the sibling should be removed from class and quarantined
    • No known COVID-19 Exposure: the sibling would only be removed if the screen positive student has confirmed infection with COVID-19 (i.e. Positive test)

• What if 2 students are positive in 1 class?
  • The health department will be directing who requires quarantine

• If a student was on a bus or in a carpool with an individual who is currently “screen positive” but test result “unknown” should they quarantine for 14 days?
  • No. At this point quarantine is only recommended for those individuals with significant exposure (<6 feet for ≥15 minutes) to known positive cases. The health department is notified of all positive cases and will assist in determining who requires quarantine.
• If a teacher is positive does the classroom need to quarantine for 14 days?
  • The local health department will determine this. It will be based on the amount and consistency of the direct health measures/social distancing.

• If the quarantined student has a negative COVID-19 test can they return to school prior to completion of the 14 day period?
  • No, they still need to isolate throughout the 14 day incubation period.
Session Feedback

An evaluation will be emailed, or you can use the link below (also in chat box).

Your feedback helps us provide you with helpful and applicable content!

https://tinyurl.com/chmc-covid2

THANK YOU!
Session Three: Staff Wellness – Maintaining Health in Changing Times

Thursday, September 10th
330-430 PM CST
Via Zoom

www.childrensomaha.org/back-to-school/