

Outbreak Response Protocols: K-12

The following document is to help schools develop a plan within their jurisdiction. It is essential to work with Local Public Health to determine specific protocols for your location.

MONTANA September 2020

Adapted from Rhode Island Outbreak Response Protocol: Pre-K-12



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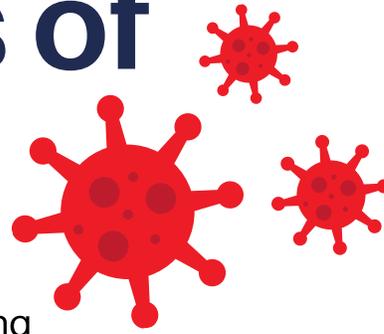
Purpose of School Guidance and Directions for Use

How should I use this guidance?

What is the purpose of this guidance?

- Local Public Health (LPH) and schools should work together in the event of a case of COVID-19 in the school setting. This document will supplement that process.
- This guidance on how to respond if a child or staff member exhibits symptoms of COVID-19 or tests positive for COVID-19 can be used or adapted by local jurisdictions for all their schools; it does not address unique situation-specific questions that you may have.
- The guidance does not replace direct engagement with Local Public Health, but rather gives an overview of what will occur throughout that engagement process.
- The information in this document complements current Montana state and county guidelines and guidance.
- Please note that the material in this document may evolve as new information is released. Visit covid19.mt.gov for the most current version.

Symptoms of COVID-19



- Cough (new or unexplained)
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Temperature greater than or equal to 100.4 F or chills
- Muscle or body aches
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose (new or unexplained)



Not all symptoms of illness mean someone has COVID-19.

The following symptoms may indicate a SUSPECT CASE of COVID-19. School staff may consult LPH for further guidance.

Any **ONE** symptom

OR

Any **TWO** symptoms

- Cough (new or unexplained)
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Temperature greater than or equal to 100.4 F or chills
- Muscle or body aches
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose (new or unexplained)

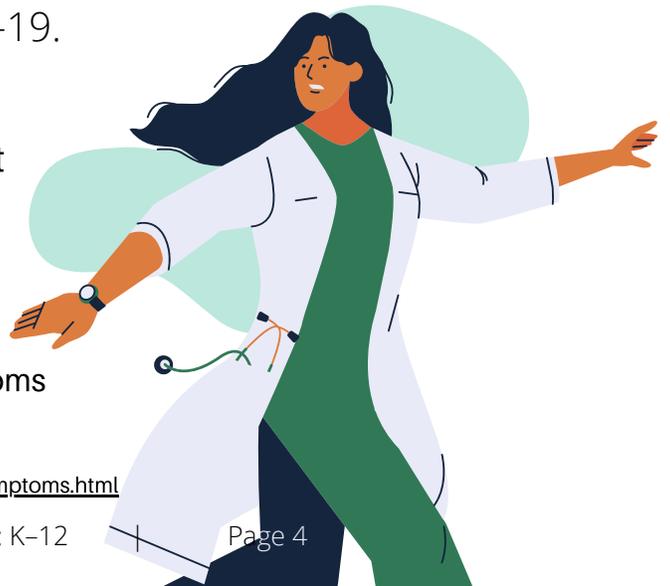
Source: <https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/08/05/>

When to call for emergency care:

A person with the following symptoms needs emergency medical attention. **Call 911** and notify the operator that you are seeking care for someone who may have COVID-19.

- Difficulty breathing
- Persistent pain or pressure in chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list does not reflect all possible symptoms requiring emergency care.



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

Determining Close Contacts In Schools

Close contacts are those within 6 feet (with or without a face covering) for at least 15 minutes starting from 2 days before illness onset (see page 16). Schools and LPH should work together to determine close contacts.

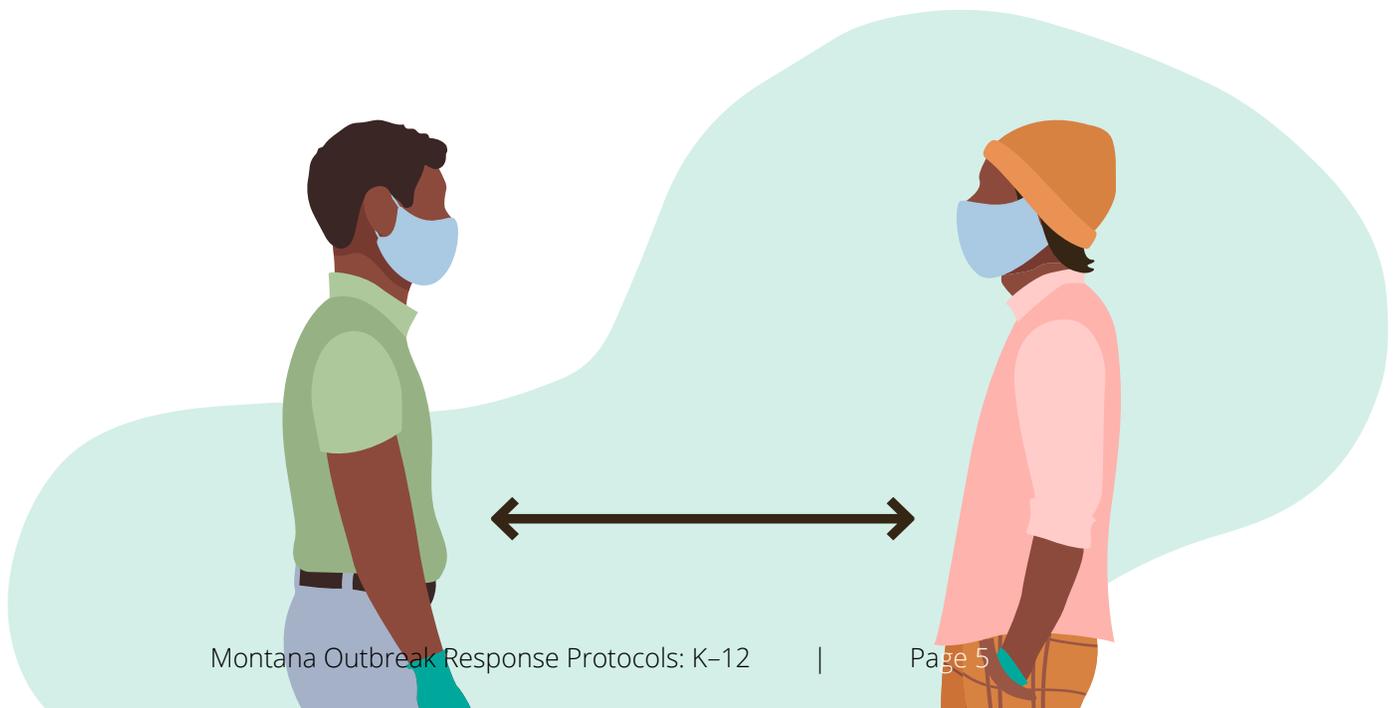
In settings where physical distancing can be maintained or determined, not all students/staff may be identified as close contacts. Examples of such settings include:

- Classrooms with assigned seats (Seating charts needed for contact identification and tracing)
- Buses with assigned seats and controlled entry/exit

In settings where physical distancing cannot be maintained or determined, most of the students/staff are likely to be close contacts. Examples of such settings include:

- Entire classroom/cohort members
- Childcare and summer camp
- K-12 classrooms without physical distancing or assigned seats
- Sports teams or extracurricular activities

Case investigation may reveal additional close contacts. As each situation is different, schools and Local Public Health should work together to determine close contacts.



Protocols to Respond to a Symptomatic Person in Schools During the COVID-19 Pandemic

Protocol - *Symptoms but not a suspect case*

SITUATION	ISOLATION AND QUARANTINE PROTOCOL	RECOMMENDED TESTING PROTOCOL	REQUIREMENT TO RETURN
Staff/student has a symptom of illness but does not meet the definition of suspect case (see page 4).	<p>Symptomatic individual is isolated and sent home.</p> <p>No quarantine recommended for close contacts.</p>	If symptoms persist after 48 hours, advise symptomatic individual to seek medical advice and test if recommended by healthcare provider/LPH.	Has been fever free for 24 hours and symptoms improved (back to usual health).

Consider contacting LPH if the symptomatic student remains absent for 48 hours **and**:

- The student has not been ruled out as a suspect case.
- There is a confirmed case in the student's school in the last 14 days.
- 10% or more of the students or staff in the classroom or cohort are currently out with COVID-19 symptoms. (Rounding up; e.g., for 14-member classroom, 2 or more students and staff).

Protocol - *Suspect case*

SITUATION	ISOLATION AND QUARANTINE PROTOCOL	RECOMMENDED TESTING PROTOCOL	REQUIREMENT TO RETURN
<p>Staff or student is a suspect case (see page 4).</p>	<p>Symptomatic individual is isolated and sent home.</p> <p>No action for close contacts while waiting for test result or healthcare provider clearance.</p> <p>Quarantine for close contacts, including siblings/household contacts, MAY be advised by LPH depending on transmission of COVID-19 in the school setting.</p>	<p>Advise symptomatic individual to seek medical advice and obtain a COVID-19 test.</p> <p>LPH may recommend testing for others in certain situations.</p>	<p>Attestation from a parent or guardian that documents one of the following:</p> <ul style="list-style-type: none"> • Tested negative for COVID- 19, has been fever free for 24 hours and symptoms improved (back to usual health). • Tested positive for COVID- 19 and has since met CDC/LPH guidelines for ending isolation. • Not tested, 10 days since symptoms first began and fever free for 24 hours and symptoms improved (back to usual health).

Protocol - *Confirmed case*

SITUATION	ISOLATION AND QUARANTINE PROTOCOL	RECOMMENDED TESTING PROTOCOL	REQUIREMENT TO RETURN
<p>Staff or student tests positive.*</p> <p>*A positive viral test via RT-PCR. This document does not address how to handle test results from antigen or antibody tests. Please consult Local Public Health on how to handle these test results.</p>	<p>Person testing positive is isolated at home per CDC/LPH guidelines.</p> <p>Close contacts are quarantined at home for 14 days since last exposure to staff/student that tested positive for COVID-19. LPH can help determine close contacts.</p>	<p>Positive case needs no further testing (no testing for cure).</p> <p>Close contacts in quarantine should be tested and should self-monitor for symptoms and seek medical advice as needed.</p>	<p>Positive individuals should meet the CDC/LPH guidelines for ending isolation before returning to school.</p> <p>LPH recommends the symptom-based strategy for ending isolation. Isolate until:</p> <ul style="list-style-type: none"> • Fever free for 24 hours; and • Symptoms have improved; and • 10 days since symptoms first appeared (20 days if severely immunocompromised) <p>OR time-based approach if asymptomatic when tested positive. Isolate until:</p> <ul style="list-style-type: none"> • 10 days since date of specimen collection (20 days if severely immunocompromised)

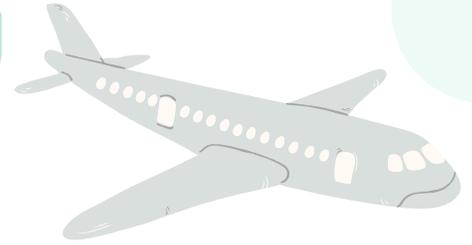
Protocol - *Close contact of a confirmed case*

SITUATION	ISOLATION AND QUARANTINE PROTOCOL	RECOMMENDED TESTING PROTOCOL	REQUIREMENT TO RETURN
Staff or student is a close contact of a confirmed case (see page 5).	A close contact is quarantined at home for 14 days after last exposure to the confirmed case.	Close contacts in quarantine should be tested and should self-monitor for symptoms and seek medical advice as needed.	<p>Staff or student should meet the CDC/LPH guidelines for ending quarantine before returning to school.</p> <p>Quarantine for 14 days after the last date of exposure to the confirmed case. A negative test does not change the quarantine time.</p>

Additional Resources for Educating Teachers, Parents/Guardians and Children



When can a child or staff member return to school after travel?



- The preferred method is to quarantine for 14 days after returning to Montana from international travel or travel to another US state where >10% of COVID-19 tests are positive.
- Review LPH website at dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt/demographics for guidance after traveling to another Montana county with declared community spread.
- COVID-19 can develop any time between 2-14 days after exposure.
- A single negative test only indicates that you are negative at that point in time, but you could become infectious any time through day 14.
- Quarantining for 14 days before returning to school is the best way to reduce the chance of exposing the school community to COVID-19.

Scan me!



Scan the QR code with your smartphone's camera to see a county's info.



Student/Staff Symptom Screening

Additional considerations for Local Public Health.

- Has the student/staff been in close contact* in the last 14 days with anyone who tested positive for COVID-19 or traveled outside Montana?
- Is student/staff a suspect case? (see symptoms list below)

YES to either question

NO to both questions

SEEK HEALTHCARE
PROVIDER OR LOCAL
PUBLIC HEALTH
GUIDANCE REGARDING
COVID-19 TESTING

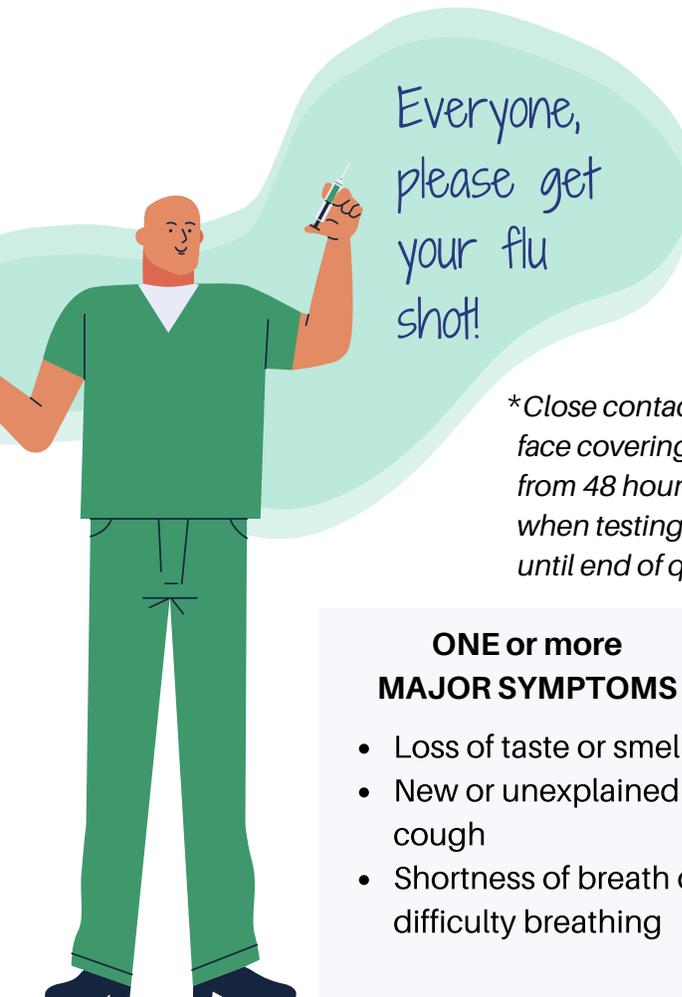
ISOLATE STUDENT
AT HOME

If symptoms
have NOT
resolved in 48
hours

If symptoms
HAVE
resolved in 48
hours

SEEK HEALTHCARE
PROVIDER OR LOCAL
PUBLIC HEALTH
GUIDANCE REGARDING
COVID-19 TESTING

MAY RETURN TO
SCHOOL IF AT
LEAST 24 HOURS
HAVE PASSED SINCE
LAST FEVER
(TEMPERATURE
GREATER THAN OR
EQUAL TO 100.4 F)
WITHOUT THE USE
OF FEVER-REDUCING
MEDICATIONS.



Everyone,
please get
your flu
shot!

*Close contact = within 6 feet (with or without a face covering) for more than 15 minutes total from 48 hours before symptoms started or when testing occurred (if never had symptoms) until end of quarantine.

ONE or more MAJOR SYMPTOMS

- Loss of taste or smell
- New or unexplained cough
- Shortness of breath or difficulty breathing

SUBJECT TO UPDATES - Last updated 8/27/2020

TWO or more MINOR SYMPTOMS

- Temperature greater than or equal to 100.4 F or chills
- Sore throat
- Runny nose or congestion
- Muscle or body aches
- Headache
- Fatigue
- Nausea, vomiting
- Diarrhea

Athletic and Extracurricular Guidance During COVID-19

- Engaging in both athletic and other extracurricular activities has physical and mental health benefits for children and adolescents.
- Although children have not been a common source of disease outbreaks to date, the role they play in transmission to adult coaches, officials, instructors, or family members is unclear. Because prolonged, close contact with a person infected with SARS-CoV-2 is the main driver of transmission, the type of activity and setting influence the risk of transmission.
- To reduce risk, modifications are recommended including hand hygiene, face coverings when appropriate, and prioritizing activities where physical distance can be maintained.
- Per Montana High School Association (MHSA) requirements, face coverings are required for all players, coaches, and officials. Additionally, face coverings do not have to be worn during play, but substitutes must wear face coverings when not competing.
- Other risk reduction strategies include maintaining practice or event groups in consistent small cohorts, minimizing travel to other communities, cleaning and disinfecting frequently touched surfaces/equipment, reducing shared equipment/spaces, and minimizing the size of indoor gatherings.
- Face coverings should be worn in activity areas with poor ventilation. Considerations should be made for increased ventilation via opening doors or windows or use of fans when safe.
- Athletic and extracurricular activity participants should not share food or drink and are encouraged to bring their own water bottles.

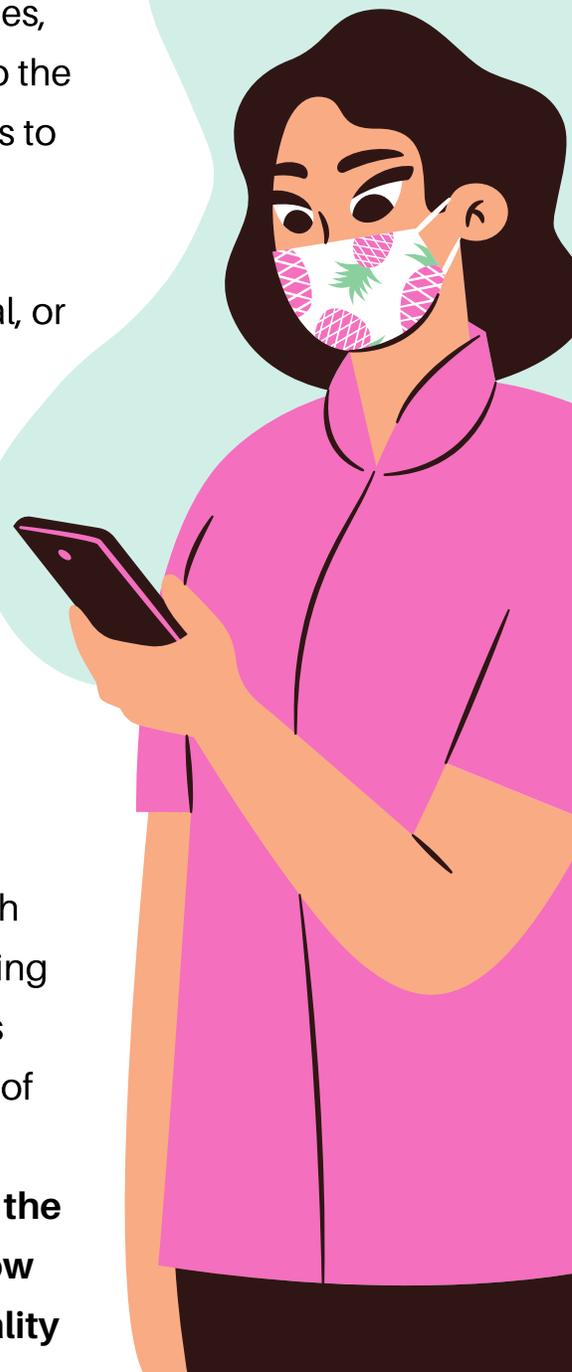
<https://www.mhsa.org/coronavirus>

- Athletic and extracurricular activity participants who exhibit any signs or symptoms of COVID-19 should be held out of ALL practices, games, and extracurricular events. They should seek the advice of their healthcare provider and/or public health for recommendations on testing, isolation, and return-to-activity.
- Based on expert opinion and national guidelines and endorsed by The Montana Chapter of the American Academy of Pediatrics (MTAAP), if an athlete is diagnosed with COVID-19 (whether symptomatic or asymptomatic), it is recommended they be cleared by a healthcare provider or pediatric subspecialist who will perform a cardiac evaluation prior to resuming any participation. COVID-19 is known to cause cardiac damage and myocarditis (heart inflammation). The MTAAP recommends waiting at least 14 days before returning to athletics, based on the risk of myocarditis — a cause of sudden death in young athletes.
- According to CDC guidelines, schools should have plans in place for isolation, treatment, and appropriate transportation for a visiting or traveling athlete, extracurricular activity participant, or staff who develops COVID-19 symptoms.
- Disruptions in athletics and extracurricular activities can be challenging for everyone, especially children and adolescents. Some participants may be emotionally affected more than others. This loss can also have a significant emotional impact on parents. All participants should be monitored for signs and symptoms of depression and anxiety if their participation is disrupted. If prolonged breaks occur, participants should be encouraged to still engage in regular athletic and extracurricular activities and appropriately physically distanced social interaction with their peers.

Updated 8/23/2020 Guidelines adapted from: American Academy of Pediatrics. (2020, July 22). COVID-19 Interim Guidance: Return to Sports. Retrieved August 8, 2020, from <https://services.aap.org/en/pages/https://www.mtpeds.org/covid-19-resources>

COVID-19 Notification Guidance

- Disclosure of information about a person who tests positive for COVID-19 is governed by the Government Healthcare Information Act (GHIA), which allows disclosure of information to another “state or local public health agency, including those in other states, whenever necessary to continue health services to the named person or to undertake public health efforts to prevent or interrupt the transmission of a communicable disease or to alleviate and prevent injury caused by the release of biological, chemical, or radiological agents capable of causing imminent disability, death, or infection.
- School nurses are considered a public health agency who can receive such information.
- Schools that do not have a school nurse should designate a public health representative who may receive such information (examples are: superintendent, principal, supervising teacher, or office manager).
- Montana law allows a school nurse or public health representative to disclose information to the building principal in order for the principal to take the steps necessary to prevent or interrupt the transmission of COVID-19 in the school setting.
- **In communicating the presence of COVID-19 in the student body or among staff, schools must follow federal and state law protecting the confidentiality of student records.**



Glossary: K-12 Settings Montana

TERM	DEFINITION
Close contact	Being within 6 feet of an infected person (with or without a face covering) for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic clients, 2 days prior to positive specimen collection) until the time the patient has completed isolation; or having unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 during the infectious period.
Cohort (AKA pod)	A consistent group of students and staff who interacts with each other but not with members of other groups on a regular basis.
Community transmission	Occurs when individuals acquire COVID-19 within a community in which the source of the infection is not known.
Confirmed case	A person who has tested positive for SARS-CoV-2 infection (the virus that causes COVID-19) via a viral test.
Contact tracing	Process of identifying individuals who have had close contact (see definition above) with someone infected with COVID-19.
COVID-19	Abbreviation for the disease caused by the novel coronavirus SARS CoV-2.

TERM	DEFINITION
Fever free	At least 24 hours have passed since last fever (temperature greater than or equal to 100.4 F) without the use of fever-reducing medications.
Incubation period	The time between exposure to an infection and the appearance of first symptoms. The virus that causes COVID-19 has an incubation period of 2-14 days.
Infectious period (asymptomatic cases)	2 days prior to testing (the date the swabbing was conducted) until CDC criteria to discontinue isolation are met.
Infectious period (symptomatic cases)	2 days before symptom onset until CDC criteria to discontinue isolation are met.
Isolation	Process of separating individuals who are infected with COVID-19 from others. Isolation lasts a minimum of 10 days from symptom onset if symptomatic. If a person infected with COVID-19 has no symptoms, isolation lasts a minimum of 10 days from the date of test specimen collection (test). For individuals with severely immunocompromising conditions, isolation is at least 20 days, and a healthcare provider should be involved.
LPH	Local Public Health
MT DPHHS	Montana Department of Public Health and Human Services.
Protocol	Recommended actions to follow in the event of a suspect or confirmed case of COVID-19 occurs.

TERM

DEFINITION

Quarantine

Process of separating and restricting the movement of individuals who were in close contact with someone who tested positive or has a high risk of having COVID 19 determined by your local public health. Anyone who has been in close contact with someone who has COVID-19 should stay home for a minimum of 14 days since the last day of contact with the person with COVID-19 and watch for symptoms of COVID-19. Persons in quarantine should self-monitor for symptoms and seek medical advice and test if recommended by local public health or healthcare provider.

Screening

Assessing individuals for symptoms of COVID-19 verbally or via self/parent attestation. Temperature checks may be performed by the school if desired.

Suspect case

Individual who has at least TWO of the following symptoms: fever (temperature greater than or equal to 100.4 F), chills (rigors), body aches (myalgia), headache, sore throat, nausea or vomiting, diarrhea, fatigue, or congestion or runny nose OR at least ONE of the following symptoms: new or unexplained persistent cough, unexplained shortness of breath (e.g., asthma not responding to appropriate treatment), or difficulty breathing, new loss of smell or new loss of taste.

Testing

Three types of tests are available for COVID-19: viral tests, antigen testing, and antibody tests. Viral tests via RT-PCR indicate if you have a current infection. Throughout this document, 'testing' refers to the viral test to diagnose a person with COVID-19.

*Antigen and antibody testing are becoming more widely available. This document does not address how to handle test results from these types of tests. Please consult Local Public Health on how to handle these test results.

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