School Guidance Update 10/14

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Overview

- **Summary of Changes**
- **Overview of Tools**
- **Questions**

Summary of changes

<u>Updated</u>

- "At Home COVID 19 Symptom Screening Tool for Parents and Staff"

- "Child/staff feels/appears unwell after arriving at school"

- "Return to learn guidance following a positive symptom screen for COVID-19".

- "What happens to the contacts?"

<u>Summary of substantial changes</u>

Summary of changes

New

- "Return to School Note for Providers", a new template letter for health care provider, to send with staff or student
- "Who is a close contact?" A new tool that allows middle and high schools not cohorting students and staff in small groups to determine close contacts of cases after meeting specific criteria.

Summary of changes

<u>Revisions of note in the guidance</u>

- Loss of taste or smells is now a "critical symptom."

- Additional guidance provided around "cohorting."

- The section on "case and outbreak reporting" has been enhanced to encourage greater cooperation with public health.

- The section on "considerations for siblings" has been clarified to include all household contacts.

- QR codes/links added to ask questions or provide feedback at any time.

Revised Tools

Tool #1

At Home COVID-19 Symptom Screening Tool For Parents and Staff

Parents and guardians can use these symptom checklists to determine when to keep their child at home. School staff can also use this tool to determine if they need to stay at home. **Any student or staff diagnosed with COVID-19 or who is a close contact of a COVID-19 case should not go to school and should** isolate or quarantine according to public health recommendations regardless of current symptoms.

This symptom screen refers only to new symptoms or a change in usual symptoms. A student/staff should not be kept home for usual symptoms they experience due to a chronic condition unless they are worse than usual. These guidelines are in addition to your regular school guidance (for example, a child with vomiting should also not attend school based on usual school guidance). Please refer to the Return to Learn guidance to determine when it is appropriate to return to school.

If your child is/you are experiencing any potentially life-threatening symptoms please call 911.

Symptom Screen:
If any of the following symptoms are present, keep the child at home/stay at home, inform the school of symptoms, and reach out to a health care provider about COVID-19 testing and next steps for treatment.

- ❏ Feeling feverish, having chills, or temperature 100.4°F or higher.
- ❏ New or unexplained persistent cough.
- ❏ Shortness of breath.
- ❏ Difficulty breathing.
- ❏ Loss of taste or smell.
- ❏ Fatigue.
- ❏ Muscle aches.
- ❏ Headache.
- ❏ Sore throat.
- ❏ Nausea or vomiting.
- ❏ Diarrhea.
- ❏ Runny nose or congestion.

Tool #2

COVID-19: Child/Staff Feels/Appears Unwell after Arriving at School

STOP If the person has any of the following symptoms, immediately call 911, and DO NOT place a mask on the person.

Difficulty breathing, chest pain, new confusion, difficulty concentrating, bluish lips or face.

Assess for any COVID-19-like symptoms

Critical Symptom	Major Symptoms	Minor Symptoms	
• Loss of taste or smell	• Feeling feverish, having chills, temperature of 100.4° F or greater • New or worsening cough • Shortness of breath or difficulty breathing	• Sore throat • Runny nose or congestion • Muscle or body aches	• Headache • Fatigue • Nausea, vomiting • Diarrhea

Does individual have new loss of taste or smell of any duration?
— Yes / No —

Does the person have any of the Major or Minor symptoms listed above?
— Yes / No —

Are all symptoms consistent with symptoms of an existing chronic condition and unchanged from the person's baseline?
— No / Yes —

No branch:
1. If it is safe to do so, have the ill student/staff put on a mask if not already wearing one.
2. Arrange for ill person to go home. For ill students, inform parents and have student picked up early.
3. Assist the student to an area that is separate from others, but within adult line of sight.
4. Students/staff sent home should contact a healthcare provider and ask for COVID-19 PCR testing.
5. Refer to the COVID-19 Return to School/Work guidance to determine when it is appropriate to return to school.

Yes branch:
1. Follow routine illness care
2. Return to class if appropriate. Alert teacher to monitor the student with heightened awareness.
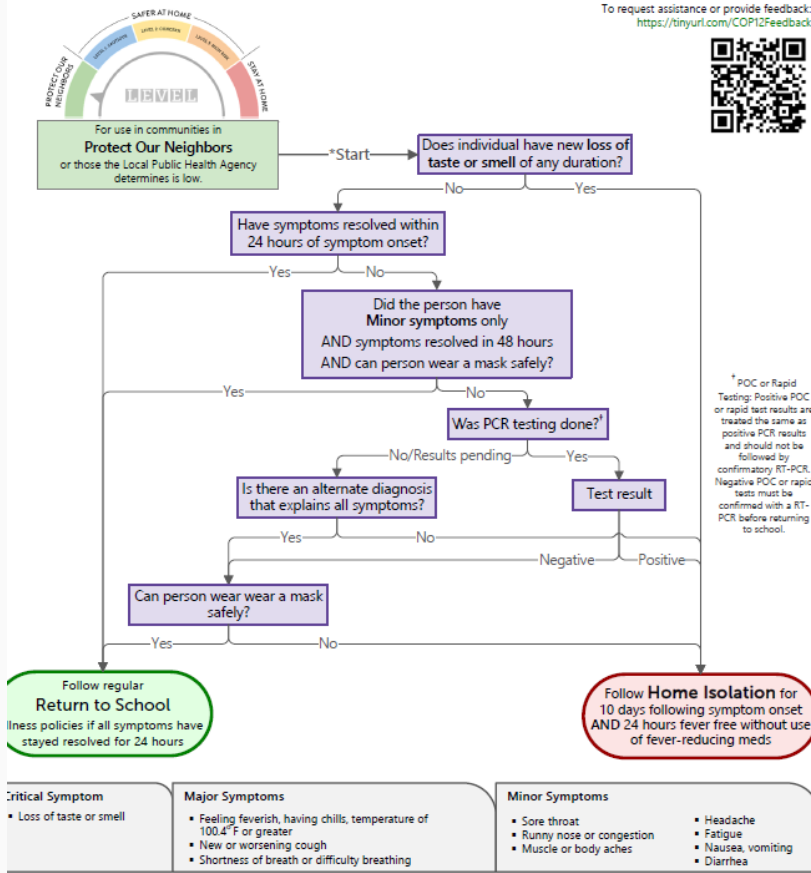3. Record visit in the usual manner.

Tool #3: "R1"

For persistent symptoms, individual may return with:

Alternate Diagnosis
OR
Negative Test Result

Return to Learn: guidance following a positive COVID-19 Symptom Screen (R1)

Tool #3: "R2"

For persistent symptoms, individual may return with:

Negative Test Result
Only

Return to Learn: guidance following a positive COVID-19 Symptom Screen (R2)

Tool #3: "R3"

For persistent symptoms, individual may return with:

Alternate Diagnosis
AND
Negative Test Result

Return to Learn: guidance following a positive COVID-19 Symptom Screen (R3)

STOP This decision tool is NOT intended for cases or close contacts of COVID-19.
A confirmed COVID-19 case or close contact should follow public health isolation or quarantine instructions for return to school/work. *No test result can end an individual's isolation or quarantine period early.*
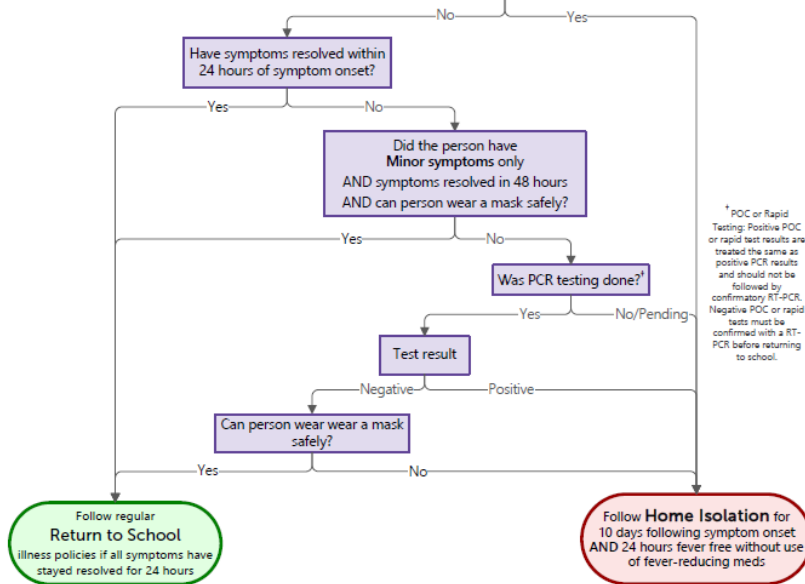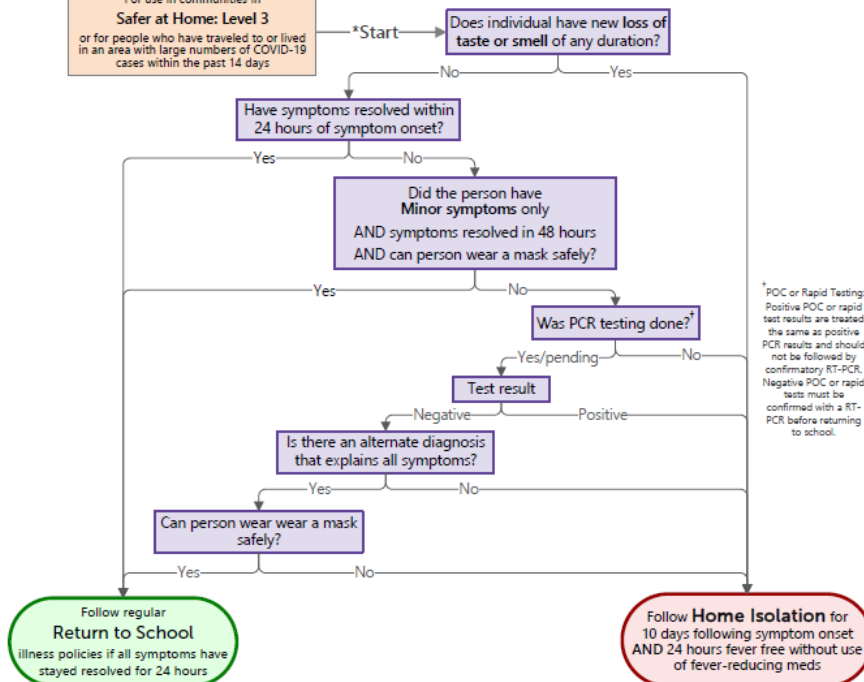*All students/staff with symptoms of COVID-19 should be tested as soon as possible.

To request assistance or provide feedback:
https://tinyurl.com/COP12Feedback

For use in communities in
Safer at Home: Level 3
or for people who have traveled to or lived in an area with large numbers of COVID-19 cases within the past 14 days

*Start → Does individual have new loss of taste or smell of any duration?

Have symptoms resolved within 24 hours of symptom onset?

Did the person have **Minor symptoms** only AND symptoms resolved in 48 hours AND can person wear a mask safely?

Was PCR testing done?

⁺POC or Rapid Testing: Positive POC or rapid test results are treated the same as positive PCR results and should not be followed by confirmatory RT-PCR. Negative POC or rapid tests must be confirmed with a RT-PCR before returning to school.

Test result

Is there an alternate diagnosis that explains all symptoms?

Can person wear wear a mask safely?

Follow regular **Return to School** illness policies if all symptoms have stayed resolved for 24 hours

Follow **Home Isolation** for 10 days following symptom onset AND 24 hours fever free without use of fever-reducing meds

Critical Symptom
• Loss of taste or smell

Major Symptoms
• Feeling feverish, having chills, temperature of 100.4°F or greater
• New or worsening cough
• Shortness of breath or difficulty breathing

Minor Symptoms
• Sore throat
• Runny nose or congestion
• Muscle or body aches
• Headache
• Fatigue
• Nausea, vomiting
• Diarrhea

Tool #4

What happens to the contacts?

Q: When a student or staff is out of school because of a COVID-19 test or symptoms, do their contacts need to be dismissed and quarantined?
A: If the student or staff sent home was in class within 48 hours prior to their test or symptom onset, follow the flowchart below.

START

Does the student or staff sent home have a positive COVID-19 test?
~OR~
Does the student or staff sent home have new symptoms and close contact with someone who has COVID-19?
~OR~
Does the student or staff sent home have new loss of taste or smell?

If all answers are NO

Does the *student or staff sent home* have one or more **Major Symptoms**?
~OR~
Does the student or staff sent home have two or more **Minor Symptoms**?
~OR~
Are 10% or more of the students or staff in the classroom or cohort currently out with COVID-19 symptoms? (rounding up; e.g., for 14-member classroom, 2 or more students and staff)

If all answers are NO

Continue Care or In Person Learning

If criteria are met

If any answers are YES

Dismiss contacts from school immediately;
- *Complete full quarantine period based on last contact with student/staff sent home*

If any answers are YES

First 4 Days | Contacts continue in-person learning; *Evaluate for Criteria for Contacts to Return*

Days 5-14 | Contacts quarantine at home and practice remote learning; *Evaluate for Criteria for Contacts to Return*

Continuously evaluate

Criteria for Contacts to Return

The student or staff sent home has met "Return to School" criteria on 'Return to Learn and Care" tool
OR
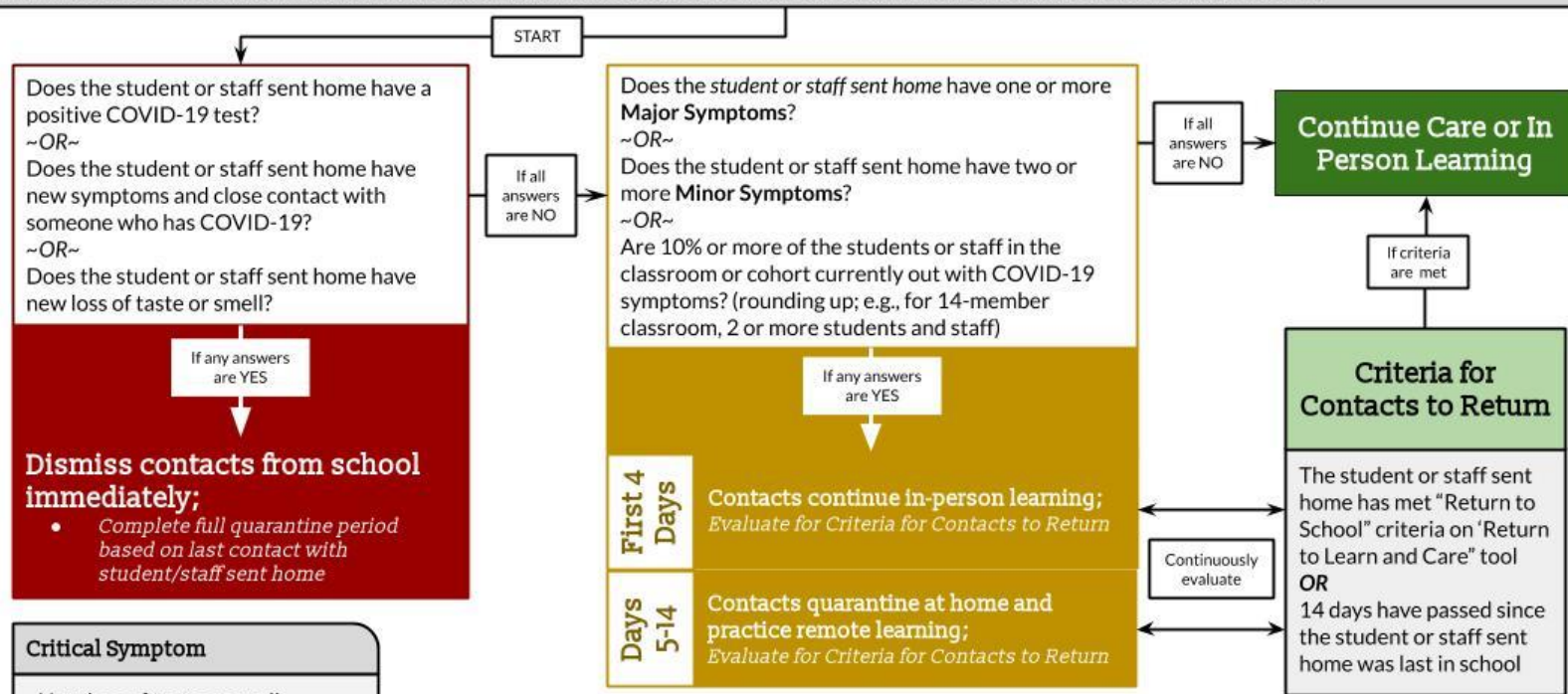14 days have passed since the student or staff sent home was last in school

Critical Symptom
- New loss of taste or smell

Major symptoms
- Feeling feverish, having chills, temperature of 100.4 or greater
- New or worsening cough
- Shortness of breath or difficulty breathing

Minor symptoms
- Sore throat
- Runny nose or congestion
- Muscle or body aches
- Headache

- Fatigue
- Nausea, vomiting
- Diarrhea

To request assistance or provide feedback: https://tinyurl.com/COP12Feedback

Released October 2020

Tool #5

Who is a close contact?

Close contact determination for schools meeting all of the criteria outlined below.

In special circumstances, the below tool *may* be used to determine who needs to be quarantined in the event of an student/staff member with COVID-19 or symptoms of COVID-19 in school.
In addition, consider the following:
- The most effective mechanism to limit the potential for disease transmission and reduce disruption to in-person learning is creating small cohorts and following the "standard contact identification" path (generally, quarantine of an entire exposed classroom). Use of the "Targeted Contact Identification" approach represents a less-tested strategy and may be associated with greater risk.
- Targeted contact identification is likely to be most impactful and feasible in middle and high school settings
- Contacts should be identified based on the full contagious period, including 2 days before the sick student/staff member's symptoms started or positive test date, whichever is earlier
- All time-based criteria are cumulative
- Schools are strongly encouraged to complete a "contact tracing drill" before adopting a targeted contact identification strategy

TARGETED CONTACT IDENTIFICATION CRITERIA

❏ **DISEASE PREVALENCE**
- Is your county in "Protect our Neighbors" or "Safer at Home" 1 or 2?
- Is there only one student/staff member in the class who has COVID-19 or is currently symptomatic?

❏ **ADMINISTRATIVE CAPACITY**
- Is there a plan in place to track and respond to illness-related absences in the school?
- Does every class attended by the affected student/staff member have a seating chart?
- Do students remain in their seats enough to make seating charts applicable?
- Is there a plan in place to perform contact tracing in conjunction with local public health in the school?

❏ **MINIMIZING TRANSMISSION RISK**
- Is screening completed for each student and staff member each day?
- Did the affected student/staff member wear a mask at all times (except during mealtimes)?
- Were steps taken to minimize transmission risk during meals (e.g. lunch outside, staggered mealtime, spacing)?
- Did the affected student/staff member refrain from activities such as singing, playing wind/brass instruments, or vigorous exertion known to increase the risk of disease transmission above normal masked speech?

TARGETED CONTACT IDENTIFICATION

YES to all

Follow quarantine guidance for students who meet ANY of the following criteria:
- ❏ Were within 6 feet of the individual for 15 minutes or greater, when both parties are masked OR
- ❏ Were within 12 feet* of the individual for 15 minutes or greater, when either parties is unmasked and indoors (e.g. mealtimes)

NO to any

STANDARD CONTACT IDENTIFICATION

Follow quarantine guidance for all students who meet ANY of the following criteria:
- ❏ Were in the classroom with the individual for 40 minutes or greater
- ❏ Were within 6 feet of the individual for 15 minutes or greater, when both parties are masked OR
- ❏ Were within 12 feet* of the individual for 15 minutes or greater, when either parties is unmasked and indoors (e.g. mealtimes)

To request assistance or provide feedback: https://tinyurl.com/COP12Feedback

*https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext

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Provider Note

Return to School Note for Providers

Note: Completion of this form does not guarantee return to school. No test result or alternate diagnosis can end a case's isolation or a contact's quarantine period early. CDPHE guidance for Return to Learn varies based on Dial Phase. Discuss with your school and provider what is needed for return to school after illness.

Identifying Information

Student / Staff Name _____   Student / Staff DOB ____/____/_____

Please select all that apply:

[ ] Negative RT-PCR SARS-CoV-2 test   Date test performed: ____/____/_____

[ ] I have examined (in clinic or via telehealth) the student/staff listed above on ____/____/_____ and identified **an alternate diagnosis or diagnoses** that reasonably explain(s) **all** of his/her COVID-like symptoms.

Provider Signature _____   Date ____/____/_____

Provider Name _____   Clinic Contact Number (____) ____ - _____

Feedback Form

https://forms.gle/qZnmTbZ2KBz316be9

CDPHE P-12 Guidance Feedback or Help Request Form

See our most current guidance here: https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools

* Required

Email address *

Your email

Do you want help or would you like to leave feedback? *

○ I'd like to get help using the P-12 guidance.

○ I'd like to provide feedback on the P-12 guidance.

Questions

Laura Luzietti, MD
Colorado Access Peer Learning Session
October 14, 2020

Back to School Planning

Back to School Planning

- Fairly "normal" back-to-school season, busy with well child visits.
- Major challenge is school clearance after illness.
- Helping parents weigh risks and benefits of in-person school if an option.
- Supporting patients with additional challenges related to remote school and anxiety about returning to school.

Public Health Guidance

Public Health Guidance

- Following CDPHE guidelines for school clearance
- Schools have had varying requirements for return to school.
- Most patients can be evaluated via telehealth +/- COVID testing.
- Moving target requiring constant reevaluation and communication.

Clinical Innovation

Clinical Innovation

- Separating sick and well patients by time of day.
- Telehealth visits implemented in March.
- Resources, forms, letters, etc. provided to patients via email or patient portal
- Remote check-in implemented in September to prevent back-up in waiting rooms.

Clinical Innovation

- Unique logistical challenges with each of the innovations.
- Centralized scheduling and EHR have helped with communication to patients.
- Weekly, then bi-weekly all staff virtual meetings
- Many of these innovations will improve care post-pandemic.

Immunizations

Immunizations

- Drastic visit reduction in March through May.
- Visit volumes are near-normal.
- Have prioritized immunization visits throughout pandemic.

Immunizations

- Ongoing recall process through EHR, RTO alerts set by providers
- Efforts to increase immunization uptake

    - Targeted outreach to patients who are behind

    - Communication about safety measures

    - Flu shot messaging campaign

Questions?