



Public Health
Prevent. Promote. Protect.

Shawnee County Health Department

Shawnee County Health Department
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COVID-19 in school settings

Suspect case (clinical criteria):

At least two of the following symptoms: fever (measured 100.4 or greater) and above, chills, rigors, myalgia, malaise, headache, sore throat, diarrhea, new olfactory and taste disorder(s), cough, shortness of breath, or difficulty breathing;

AND EITHER

No alternative more likely diagnosis, **OR**

Presence of an epidemiologic linkage (see below)

Epidemiologic linkage criteria:

One or more of the following exposures in the last 14 days before onset of symptoms:

- Close contact* with a confirmed or probable case of COVID-19 disease
- Close contact* with a person with clinically compatible illness AND linkage to a confirmed case of COVID-19 disease.
- Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2.
- Member of a risk cohort as defined by public health authorities during an outbreak (ex. symptomatic residents of a nursing home where at least one laboratory confirmed COVID-19 case has been identified).

*Close contact is defined as being within 6 feet for at least a period of 10 minutes or having direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on)

What to do if you have a suspect case

1. Immediately remove the person from the school, using your safety protocols.
2. Refer the person for testing and recommend consulting their primary care provider.
3. These individuals should be isolated until COVID-19 can be ruled out through a negative laboratory test.

7/30/2020



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Decision metrics to adjust school restrictions

1) Rationale and general principles

- a) Schools must adapt to changing situation inside and outside
- b) Decision-making processes require triggers that can activate further analysis or action
- c) While triggers can be helpful, they cannot replace a full assessment of the environment in which those elements are generated
- d) Administrators should make decisions in collaboration with local health officials based on a number of factors, including (but not limited to):
 - i) the level of community transmission,
 - ii) whether cases are identified among students, teachers, or staff,
 - iii) what other indicators local public health officials are using to assess the status of COVID-19, and
 - iv) whether student, teacher, and staff cohorts are being implemented within the school.
- e) This document describes how to assess the level of community transmission and the outbreak severity.

2) Community transmission

- a) Refer to <https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html> for definitions
- b) *At the time of this writing Shawnee County is experiencing substantial, controlled level of community transmission (Table 1).* Shawnee County Health Department will continue to reassess the multiple parameters discussed below and update the community transmission level as needed.

Table 1. Level of mitigation needed by level of community transmission and community characteristics

Level of Community Transmission	Community characteristics and description	Level of mitigation
Substantial, uncontrolled transmission	Large scale, uncontrolled community transmission, including communal settings (e.g., schools, workplaces)	Shelter in place
Substantial, controlled transmission	Large scale, controlled community transmission, including communal settings (e.g., schools, workplaces)	Significant mitigation
Minimal to moderate community transmission	Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases	Moderate mitigation
No to minimal community transmission	Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting	Low mitigation

- c) Parameters for assessing the level of community transmission and outbreak severity - A full assessment of the severity of community transmission and how the pandemic affects the entire community (including school operations) must include multiple elements. While a few of these elements can be measured (see below), many are difficult to measure accurately but can provide information useful for decision-making purposes.

- (a) Two elements are particularly important in assessing the outbreak severity and the level of community transmission and have been tracked in Shawnee County since the beginning of the pandemic: Number of cases and Percentage positive tests.

(i) Number of cases

1. Cases are defined by the presence of a positive approved laboratory test (usually PCR)
2. New cases are counted through the state electronic disease reporting system
3. In Shawnee County, given daily variability in the counts, we aggregate and analyze cases by week, using the date of diagnosis as the marker to assign each case to a specific week.
4. The following action thresholds have been developed to guide in the decision-making process in schools and other settings:¹
 - a. Average of less than 25 cases per week over two consecutive weeks = suggestive of no to minimal community transmission
 - b. Average of 25-100 cases per week over two consecutive weeks = suggestive of minimal to moderate community transmission
 - c. Average of 101- 250 cases per week over two consecutive weeks = suggestive of substantial, controlled community transmission
 - d. Average of more than 250 cases per week over two consecutive weeks = suggestive of substantial, uncontrolled community transmission

(ii) Percentage positive tests

1. Defined as the proportion of laboratory tests performed that are positive
2. It is affected by multiple external factors, including variations in the number of tests performed, testing availability and eligibility, and testing policies such as testing only symptomatic individuals or also individuals without symptoms, with or without a suspected exposure.
3. The following action thresholds have been developed to guide in the decision-making process:
 - a. 5% or less = suggestive of no to minimal transmission
 - b. 5.1 to 9.9 = suggestive of minimal to moderate transmission
 - c. 10.0 to 19.9 - suggestive of substantial, controlled transmission
 - d. 20 or greater – suggestive of substantial, uncontrolled transmission

- (b) Examples of additional elements to be considered in the assessment of outbreak severity and level of community transmission include (but are not limited to):

¹ These thresholds will be reassessed periodically and adjusted to better serve their purpose of guiding appropriate mitigation actions

- (i) number and types of outbreaks in specific settings, or with vulnerable populations
- (ii) testing availability (including inequities in access to testing)
- (iii) proportion of new cases for which a known source of infections is not identified
- (iv) reports of influenza-like or COVID-19-like illness
- (v) age distribution of known cases
- (vi) capacity of the healthcare system
- (vii) capacity of the public health system

7/30/2020



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Case Investigation and Contact Tracing in Shawnee County Schools (K-12) 2020-2021

To help slow the spread of COVID-19, Shawnee County Health Department (SCHD) and Shawnee County schools (public and private) will work together to notify students, parents, staff members, and visitors/volunteers when an exposure to COVID-19 has occurred at school.

Tasks Prior to School Opening:

- Identify a POC for each school
- Provide contact information for each POC to the LHD
- Compile a list of individuals within each school who may be at increased-risk* for complications from COVID-19

SCHD/KDHE Conducts Disease Investigation

- SCHD Issues Isolation Notices for the Individual Testing Positive
- SCHD will issue Quarantine Notices to Other Members in the Same Household as well as close contacts as needed (exposure)

School POC Notified About
Positive Case and Other
Related Household Contacts

Before the 2020-2021 School Year Begins:

- The school should designate a point of contact (POC) to work with the SCHD when a student or staff member tests positive for COVID-19
- A list with contact information for each POC should be provided to the SCHD
- The school POC should identify "increased-risk*" individuals (**older adults and any student/school staff with underlying health conditions*)

When an Individual Tests Positive for COVID-19:

- The SCHD/KDHE will contact the individual and conduct a disease investigation, which includes the contact tracing process, to identify others who may have been exposed - (close contacts - being within 6 feet for 10 minutes or more) to the positive individual in the school setting to COVID-19.
- The individual testing positive will be instructed to isolate and be issued an isolation notice, and cannot return to school until meeting the Centers for Disease Control and Prevention (CDC) criteria to be released
- Other members in the same household who had close contact with the individual will be issued quarantine notices and should quarantine for 14 days from their last exposure to the individual who tested positive. Quarantined individuals that are students, staff members, or visitors/volunteers should not return to school until they have completed their full quarantine period, even if receiving a negative test result during their quarantine period

School-designated Point of Contact (POC) Notified:

- If an individual with COVID-19 attended school within 48 hours of symptoms starting (if symptomatic) or of being tested (if asymptomatic), the SCHD will contact the POC to notify of individuals who have been isolated and others who have been quarantined in the same household. The POC will then assist SCHD with identifying any close contacts

SCHD Monitors Isolated Individual and Notifies School POC When Individual Testing Positive Has Been Cleared to Return to School

School Ensures/Increases Preventative Measures to Slow the Spread of COVID-19 Following Individual School's Plan

School POC Compiles List of Close Contacts and Provides List to SCHD

SCHD notifies Close Contact (Individuals and/or their Parent/Guardian(s))to Provide Education & Quarantine

Individual Testing Positive Monitored & Returns to School:

- The SCHD will monitor the isolated individual and release from isolation once CDC criteria has been met (at least 10 days have passed since symptoms first appeared and at least 72 hours have passed since last fever without the use of fever-reducing medications, and symptoms have improved)
- The individual testing positive can safely return to school after being released from isolation from the SCHD
- The SCHD will contact the POC when an individual has completed isolation

School Ensures and/or Increases Preventative Measures:

- The POC works with the school administration/health services team to ensure preventative measures are followed or increased, according to the individual school's plan
- The SCHD will provide any additional recommendations to the POC to reduce the spread of COVID-19 in the school, if needed

School POC Helps Identify Close-Contact Individuals:

- The SCHD will ask the POC to compile a list of close contact individuals who may have been around the person who tested positive for COVID-19 during a specific time period for longer than 10 minutes at a distance of less than 6 ft. This list could include students, staff members, and visitors/volunteers in the same classes as the individual, those involved in the same sports teams, clubs, extracurricular activities, etc.

SCHD Contacts Close-Contact Individuals:

- SCHD will contact individuals potentially exposed, using the list provided by the POC
- Close contacts will be provided with education and instructions on ways to take extra precautions, including to quarantine if needed
- School nurses may want to follow up with individuals to answer any additional questions they have and support the quarantine period

Quarantined Individuals
Self-Monitor for Symptoms
& Get Tested for COVID-19
if Needed

Quarantined Individuals:

- Should self-monitor for symptoms of COVID-19 and get tested if they are or become symptomatic
- May need accommodations for learning to ensure health and safety is maintained
- The SCHD will continue to work with quarantined individuals if they later test positive

SCHD Conducts
Additional
Investigation(s) if Needed

SCHD Conducts Additional Investigations as Needed:

- The SCHD will conduct additional investigations with anyone else who later tests positive for COVID-19 and repeat the same processes

K-12 Schools During the COVID-19 Pandemic | Modified Isolation and Quarantine Requirements

July 28, 2020

This guide specifically addresses requirements around maintaining continuity of learning in the situation where all students and staff in a classroom are exposed to COVID-19; namely the modified quarantine requirements for close contacts of a case. What this modified quarantine allows is the ability for all students and staff in the exposed classroom to continue physically attending school during their quarantine period but remaining in quarantine outside of the regular school day. Ideally, any students or staff that have been identified as close contacts of a case would be able to continue lessons remotely. However, in the case where this is not possible, a school district, in working with their local health department, might consider this option for modified quarantine. This guide includes some specific engineering and administrative controls that must be in place before the modified quarantine of close contacts is allowed.

Background:

COVID-19 is a respiratory disease caused by a coronavirus (SARS-CoV-2) which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose. Studies show that asymptomatic people and people in the pre-symptomatic phase (2-3 days before symptoms begin) can also be a source of infection.

The most common symptoms of COVID-19 are fever and lower respiratory symptoms including coughing, shortness of breath or difficulty breathing. However, there are many other symptoms that may be associated with COVID-19 including chills, fatigue, muscle aches or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. The elderly and people with underlying medical problems such as high blood pressure, heart problems or diabetes, or chronic respiratory conditions, are at a greater risk of serious illness from COVID-19.

Schools are an important part of the infrastructure of communities, as they provide safe, supportive learning environments for students, employ teachers and other staff, and enable parents, guardians, and caregivers to work. The unique and critical role that schools play makes them a priority for opening and remaining open, enabling students to receive both academic instruction and support as well as critical services.

Current Isolation and Quarantine Requirements:

A Person Under Investigation (PUI) is someone who is suspected of having COVID-19 disease. A person who is being tested for COVID-19 is required to be in isolation until test results are received. Possible outcomes of the test result include: 1) If the test result is positive, then the person becomes a case or 2) If the test result is negative and the person has a known exposure, then the person must finish their 14 day quarantine, or 3) If the test result is negative and there was no known exposure, then the person is released from isolation.

Symptomatic cases are released from isolation 10 days after symptom onset OR 72 hours fever free without the use of medication and significant improvement in symptoms, whichever is longer. Meaning, symptomatic cases are in isolation for a minimum of 10 days. Asymptomatic cases are released from isolation 10 days after their positive sample was collected, as long as they remain asymptomatic. If they become symptomatic during the 10 days, then they would begin a new isolation period using the criteria for symptomatic cases.

Close contacts of a confirmed case are in quarantine for 14 days after their last contact with a case while the case was infectious. A symptomatic case is considered infectious starting two days before the onset of their first symptom until they are released from isolation. An asymptomatic case is considered infectious starting two days before the date their positive sample was collected until they are released from isolation.

Defining A Close Contact:

A close contact is someone who has been within 6 feet of a case for 10 minutes or more or had direct contact with bodily secretions (for example, being coughed or sneezed on). Any students or staff that maintained a 6-foot distance from the positive case would not be considered close contacts and would therefore not be subject to the 14-day quarantine period.

If the positive case, or close contacts, or both, wore cloth facemasks at all times this reduces the risk of developing COVID-19 disease. However, the use of cloth facemasks does not eliminate the risk completely; therefore, close contacts would still be subject to a 14-day quarantine. Any close contacts that wore appropriate PPE, either a fit-tested N95 masks with protective eyewear or a surgical mask with a face shield, would not be considered close contacts.

The time period for close contact tracing includes any day(s) the positive student or staff attended school and the preceding 48 hours prior to symptom onset (symptomatic cases) or the preceding 48 hours prior to sample collection (asymptomatic cases).

Modified Quarantine Requirements:

These modified quarantine requirements are contingent on the close contacts of a case remaining asymptomatic. Students and staff who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during the school day:

- Transportation: Students and staff on modified quarantine should not commute to school with anyone that is not also on modified quarantine.
- Arrival and dismissal times: Students and staff on modified quarantine must arrive and leave school on a staggered schedule without interacting with the general school population.
- Pre-screen: School administrators should measure the quarantined student and staff temperatures and assess symptoms prior to the start of the school day. Ideally, temperature checks should happen before the individual enters the school building. If an infrared device is used to check temperature, accuracy may be an issue so anyone measuring 99.0° F or higher should receive a more accurate temperature check and in-depth symptom screening.
- Medical check-in: Quarantined students and staff should check in with medical staff at specified time periods. If the quarantined student or staff becomes sick

during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Anyone who develops illness compatible with COVID-19 during the quarantine period should notify the school nurse or school administration who will work with the local health department to arrange for testing.

- Wear a mask: The quarantined students and staff should wear a face mask/face covering at all times while in the school.
- Physical separation: The quarantined students and staff should be physically separated from the general school population. All activities, including mealtimes and classes like art and music, should take place within the classroom.
- Bathrooms: The quarantined students and staff must have their own designated bathroom or, if feasible, common bathrooms must be cleaned after a quarantined student or staff have used them.
- School activities: Quarantined students and staff should not participate in any activities that involve interaction with non-quarantined students and staff. This includes before and after school care and all school-related activities.
- Outside of school: Quarantined students and staff should understand that they are still in quarantine outside of the normal school day. Meaning, they should remain at home when not physical in school.

Required Cleaning/Disinfection/Sanitation

- Disinfect high-touch surfaces in the classroom with products meeting Environmental Protection Agency (EPA) criteria for use against SARS-CoV-2 and used according to the manufacturer's instructions.
- If materials are used by multiple people – disinfect between shared use.
- Conduct targeted and more frequent cleaning of high-touch surfaces of shared spaces (e.g., tables and chairs, railings, door handles).

There are no modifications for isolation of a PUI while awaiting test results or for a case under isolation. Local health departments and school districts can decide which approach, either the current isolation and quarantine requirements or the modified requirements, works best for their individual school.





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Shawnee County Schools COVID-19 Information for School Nurses/Administrators

SCREENING

At Home By Parents/Caregivers:

Parents and caregivers should screen their child(ren) for symptoms DAILY at home, prior to sending/bringing them to school. At-home screening reinforces families on how important that choice is, as it helps to further protect other students, school staff members, and the community as a whole. Performing a daily screening before a student arrives at school also reduces the likelihood that a student will have to be isolated at school and sent home after experiencing COVID-19 symptoms. Parents should assess their child(ren) for the following symptoms:

Fever (measured at 100.4°F or above), chills, rigors, myalgia, malaise, headache, sore throat, *cough, shortness of breath, or difficulty breathing, diarrhea, new olfactory and taste disorder(s)

*cough - New uncontrolled cough that causes difficulty breathing;
(for students with chronic allergic/asthmatic cough, a change in their cough from baseline)

Please note: As new symptoms of COVID-19 are identified, this list could change, and schools should be prepared to educate families regarding additional symptoms once identified.

IF parents/caregivers note TWO or more of these symptoms they must:

- a.) have their child tested before they can return to school, OR;
- b.) isolate their child for 10 days from symptom onset, be fever-free for over **72 hours** without taking fever reducing medication, **and** has improving symptoms

SCREENING STUDENTS AT SCHOOL:

All students who enter the school should be visually inspected for signs and symptoms of illness, including a temperature screening prior to going to the classroom, but should ensure those screening procedures do not force bottlenecks at building entry points, creating unnecessary situations where students cannot maintain adequate physical distance from one another.

SCREENING STAFF AT SCHOOL:

COVID-19 data continues to reveal that adults are much more likely to spread the virus than children, therefore, school staff members should self-screen at home, following the same protocol listed above for families screening students at home. Schools should also screen staff members upon entry to the building each day, and include a temperature check.

SCREENING VISITORS AT SCHOOL:

All schools should reduce or limit visitors coming into the buildings, and should identify alternative ways to conduct meetings with families (conference call, ZOOM meetings, etc), so parents can continue to communicate with school staff on issues related to their child's academic progress. This would include Parent/Teacher Conferences, IEP/504 Meetings, Behavior/Discipline Meetings, etc. If visitors are unable to conduct business outside the building they should be screened using a "symptom screening tool" as well as a temperature screening, and encouraged to limit their time and movement throughout the building. Schools may consider designating a visitor room/space to ensure physical social distancing is followed. A written record/log of all visitors should be kept in the school office, with times in and out entered onto the record/log.

SUSPECT COVID-19 CASE BASED ON SYMPTOMS WITH REFERRAL FOR TESTING

Any student or staff member who is experiencing **TWO of the following symptoms while at school, SHOULD BE "ISOLATED" AND REFERRED FOR COVID-19 TESTING.** The testing may be done by contacting any of the COVID-19 testing sites in Shawnee county, or the Shawnee County Health Agency, or by contacting their healthcare provider for evaluation and testing if indicated.

Fever (measured at 100.4°F or above), chills, rigors, myalgia, malaise, headache, sore throat, *cough, shortness of breath, or difficulty breathing, diarrhea, new olfactory and taste disorder(s)

*cough - New uncontrolled cough that causes difficulty breathing;
(for students with chronic allergic/asthmatic cough, a change in their cough from baseline)

Please note: As new symptoms of COVID-19 are identified, this list could change, and schools should be prepared to educate families regarding additional symptoms once identified.

COVID-19 RELATED ISOLATION SPACE:

In order to minimize transmission of COVID-19, schools must ensure they have an isolated space available for students or staff members displaying COVID-19 symptoms.

Schools should designate a COVID-19 related isolation space that is separate from the nurse's office or other space where routine medical care is provided, to keep ill people away from others. A student or staff member who experiences COVID-19 symptoms during the school day should be moved to the specific room pre-designated for medical-related isolation until they can be picked up by a family member.

STUDENT OR STAFF RETURN TO SCHOOL

POSITIVE COVID-19 TEST AND STUDENT/STAFF HAVE SYMPTOMS (Two or more COVID-19 symptoms):

Any student or staff member who is diagnosed with COVID-19, either by a laboratory test or based on their symptoms, may return to school when the student/staff is at least 10 days from symptom onset, has not had a fever for over **72 hours** without taking fever reducing medication, **and** has improving symptoms.

POSITIVE COVID-19 TESTS AND STUDENT/STAFF ASYMPTOMATIC:

Any student or staff member who is diagnosed with COVID-19, by a laboratory test but is asymptomatic (without symptoms), may return to school in 10 days, as long as no symptoms occur during this time-frame. For additional information visit:

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fwhen-its-safe.html

HEALTHCARE PROVIDER ALTERNATIVE DIAGNOSIS:

Any student or staff member who was referred for testing due to experiencing two or more COVID-19 symptoms and receives an evaluation by their healthcare provider with a written alternative diagnosis (NOT COVID-19), may return to school/work based on the healthcare provider's recommendation.

QUARANTINE

CLOSE CONTACT:

Any student or staff member with a known close contact with COVID-19 should stay home for 14 days from their last contact **and** until return to school is approved by the Shawnee County Health Department in accordance with the CDC guidance. School nurses, or designated school staff in schools without a school nurse, will collaborate with SCHD staff to identify students and school staff who were in close contact with positive case and to quarantine them (14 days). Since we know people can be infectious before they develop symptoms, people are quarantined and kept away from others to keep them from spreading illness before their symptoms start.

MODIFIED ISOLATION AND QUARANTINE

Modified quarantine may be an option for schools to maintain continuity of learning in a situation where all students and staff in a classroom are exposed to COVID-19. Modified quarantine will allow students and staff in the exposed classroom to continue physically attending school during their quarantine period as long as they remain asymptomatic. However these same students and staff need to remain in quarantine outside of the regular school day, through the entire quarantine time-line (14 days). *A school district, through collaboration with the SCHD, could consider this as an option with specific engineering and administrative controls that would need to be in place prior to the modified quarantine being allowed.*

HAND WASHING AND MASKS

HAND HYGIENE:

Handwashing removes pathogens from the surface of the hands. While handwashing with soap and water is the best option, alcohol-based hand sanitizer (at least 60 percent ethanol or at least 70 percent isopropanol) may be utilized when handwashing is not available. As has always been the case, handwashing should be used whenever hands are visibly soiled and after using the bathroom. **Initial requirements and related guidance are as follows:**

Students and staff are required to exercise hand hygiene (handwashing or sanitizing) upon arrival to school and hourly throughout the school day.

- **Handwashing:** When handwashing, individuals should use soap and water to wash all surfaces of their hands for at least 20 seconds, wait for visible lather, rinse thoroughly, and dry with an individual disposable towel.

- **Hand sanitizing:** If handwashing is not feasible, hand sanitizer with at least 60 percent ethanol or at least 70 percent isopropanol content can be used. Hand sanitizer should be applied to all surfaces of the hands and in sufficient quantity that it takes 20 seconds of rubbing hands together for the sanitizer to dry. Hand sanitizer should be placed at key locations (e.g., building entrances, cafeteria, classrooms, etc).

MASKS/FACE COVERINGS:

Since the primary route of transmission for COVID-19 is respiratory, masks or face coverings are among the most critical components of infection control and reduced risk of viral spreading. **At this time, initial requirements and related guidance is as follows:**

- Students in grade K-12 are required to wear a mask/face covering that covers their nose and mouth.
- Adults, including educators, staff and visitors, are required to wear masks/face coverings.
- **Exceptions to mask/face covering requirements** must be made for those for whom it is not possible due to medical conditions, disability impact, or other health or safety factors. Request healthcare provider note for exceptions.
- **Mask breaks should occur** throughout the day. Breaks should occur when students can be six feet apart and ideally outside or at least with the windows open.
- **Masks/face coverings should be provided by the student/family**, but extra disposable face masks should be made available by the school for students who need them. Reusable masks/face coverings provided by families should be washed by families daily. Districts and schools with families experiencing financial hardship and unable to afford masks/face coverings should endeavor to provide masks for students through grant funds or other community assistance.
- **Masks/face coverings are required to be worn by everyone on the bus during school bus transportation.**

COVID-19 Return to Work Guidelines

Employee: _____ Building: _____

The above named employee was sent home on _____ with symptoms of COVID-19. Symptoms of COVID-19 could include cough, shortness of breath, fever (Temp>100.4°F or above) fatigue, chills, muscle or body aches, headache, sore throat, diarrhea, or new loss of taste or smell. Below are the symptoms you exhibited that suggest further evaluation/testing for COVID-19.

- _____
- _____
- _____
- _____

If you are experiencing any of the following emergency warning signs contact your medical provider immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to awaken or keep awake
- Bluish lips or face

*This list is not all-inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

If you are able to manage your symptoms at home, you may return to work when the following are true:

1. Your medical provider has determined a different illness other than COVID-19 and cleared you to return to work (must have note from provider).
OR
2. Ten calendar days have passed since symptoms first appeared **AND** fever free for 72 hours without the use of fever reducing medicine and other symptoms have improved (i.e. cough or shortness breath have improved) **OR**
3. You have a negative COVID-19 test and have followed guidelines from your school for Non-COVID-19 illnesses.

Employees who have received a positive test result for COVID-19 may return if the following conditions are met:

- **Symptomatic cases:**
 - 10 calendar days have passed since symptoms first appeared **AND**
 - Fever free for 72 hours without the use of fever reducing medicine and other symptoms have improved.
- **Asymptomatic cases:**
 - Ten calendar days have passed since the date the test was performed **AND**
 - Symptoms have not developed.

The earliest date we would expect you to return is _____
(unless clearance from a medical provider is provided). Please contact your building school nurse if you have any questions about returning to work.

(school nurse)

(email address)

(phone number)

COVID-19 Return to School Guidelines

Student name: _____ School: _____

The above named student was sent home on _____ with symptoms of COVID-19. Symptoms of COVID-19 could include cough, shortness of breath, fever (Temp>100.4°F or above), fatigue, chills, muscle or body aches, headache, sore throat, diarrhea, or new loss of taste or smell. Below are the symptoms your student exhibited that suggest further evaluation/testing for COVID-19.

- _____
- _____
- _____
- _____

If your student is experiencing any of the following emergency warning signs contact your medical provider immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to awaken or keep awake
- Bluish lips or face

*This list is not all-inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

If you are able to manage your student's symptoms at home, your student may return to school when the following are true:

1. Your medical provider has determined a different illness other than COVID-19 and cleared your student to return (must have note from provider).
OR
2. Ten calendar days have passed since symptoms first appeared **AND** fever free for 72 hours without the use of fever reducing medicine and other symptoms have improved (i.e. cough or shortness breath have improved)
OR
3. Your student has a negative COVID-19 test and has followed guidelines from your school for Non-COVID-19 illnesses.

Students who have received a positive test result for COVID-19 may return if the following conditions are met:

- **Symptomatic cases:**
 - 10 calendar days have passed since symptoms first appeared **AND**
 - Fever free for 72 hours without the use of fever reducing medicine and other symptoms have improved.
- **Asymptomatic cases:**
 - Ten calendar days have passed since the date the test was performed **AND**
 - Symptoms have not developed.

The earliest date we would expect your ill student to return is _____
(unless clearance from a medical provider is provided). If your student receives a positive COVID-19 test result any siblings living in the household may not return to school until 14 days after their last exposure with the ill child. You should try to isolate the sick student from well family members while at home. Please contact your school nurse if you have questions about your child returning to school.

(school nurse)

(email address)

(phone number)

Shawnee County School Assessment and Referral Algorithm for COVID-19

Student or staff member is experiencing TWO of these symptoms:

Fever (measured at 100.4°F or above), chills, rigors, myalgia, malaise, headache, sore throat, *cough, shortness of breath, or difficulty breathing, diarrhea, new olfactory and taste disorder(s):

* New uncontrolled cough that causes difficulty breathing;
(for students with chronic allergic/asthmatic cough, a change in their cough from baseline)

NO

Continue Assessment per
school nurse/health office
protocols

YES

Mask Student and separate from other students
in COVID-19 Isolation Space

Use Verbal/Visual/Physical cues to assess student:

Verbal: When did symptoms start? Are these symptoms 'unusual' for you? Recent Travel? (see KDHE out of state travel list) Recent contact/exposure to someone who was ill, or tested Positive for COVID?

Visual: Flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity and unrelated to underlying respiratory condition), fatigue, or extreme fussiness, and coughing

Physical: Temp>100.4°F, ** pulse, respiratory rate, pulse oximeter measurement

(** Physical: Assessment by school nurses or delegated staff with written normative values and protocol)

Verbal, Visual, Physical Concerns

NO

Allow to rest for 10 minutes.
Resolved with intervention(s)
or Improving?

YES

Back to class

YES

Isolate. Send home. Advise to call
Healthcare Provider for possible
testing if symptoms warrant

NO

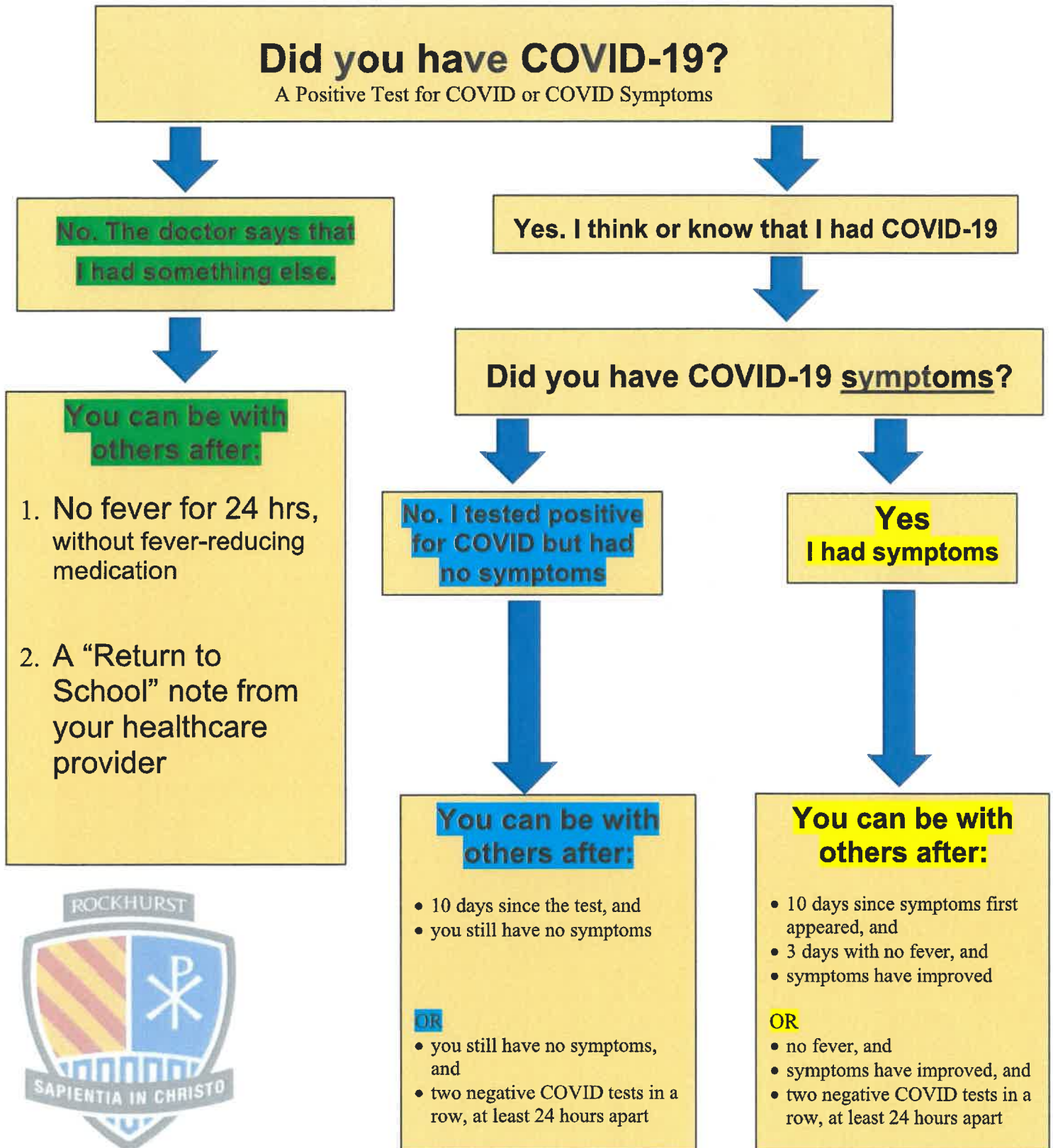
Trouble breathing, persistent
pain/pressure in the chest, new
confusion, inability to wake or
stay awake, bluish lips/face

Call EMS/911

Follow up per Shawnee
County Health Department
Protocol

Decision Tree #2

Returning to School after an Illness



Based on [CDC guidelines](#)

RELEASING CASES AND CONTACTS FROM ISOLATION AND QUARANTINE

CASES

Must be isolated for a minimum of 10 days after onset and can be released after afebrile and feeling well (without fever-reducing medication) for at least 72 hours, whichever is longer.



Note: Lingering cough should not prevent a case from being released from isolation.

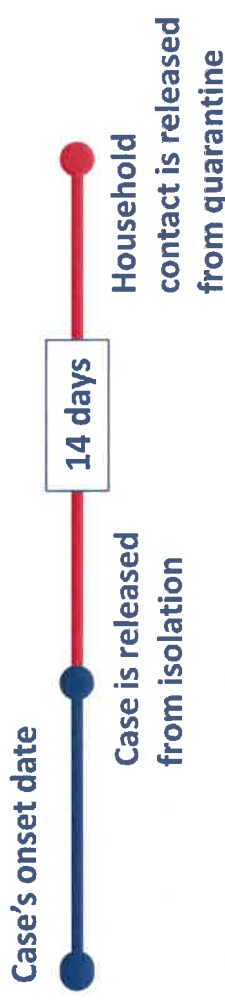
Examples:

- A case that is well on day 2, and afebrile and feeling well for 72 hours, can be released from isolation on day 10.
- A case that is well on day 6, and afebrile and feeling well for 72 hours, can be released from isolation on day 10.
- A case that is well on day 14, and afebrile and feeling well for 72 hours, can be released from isolation on day 17.

HOUSEHOLD CONTACTS

Must be quarantined for 14 days after the case has been released from home isolation (because exposure is considered ongoing within the house).

If a household contact develops symptoms, they should be tested.



This means that household contacts may need to remain at home longer than the initial case.

Examples:

- A case is well 3 days after onset, case released from isolation on day 10, household contact must remain quarantined until day 24.
- A case is well 7 days after onset, case released from isolation on day 10, household contact must remain quarantined until day 24.
- A case is well 14 days after onset, case released from isolation on day 17, household contact must be quarantined until day 31.

NON-HOUSEHOLD CONTACTS

Must be quarantined for 14 days from the date of last contact with the case.



