

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

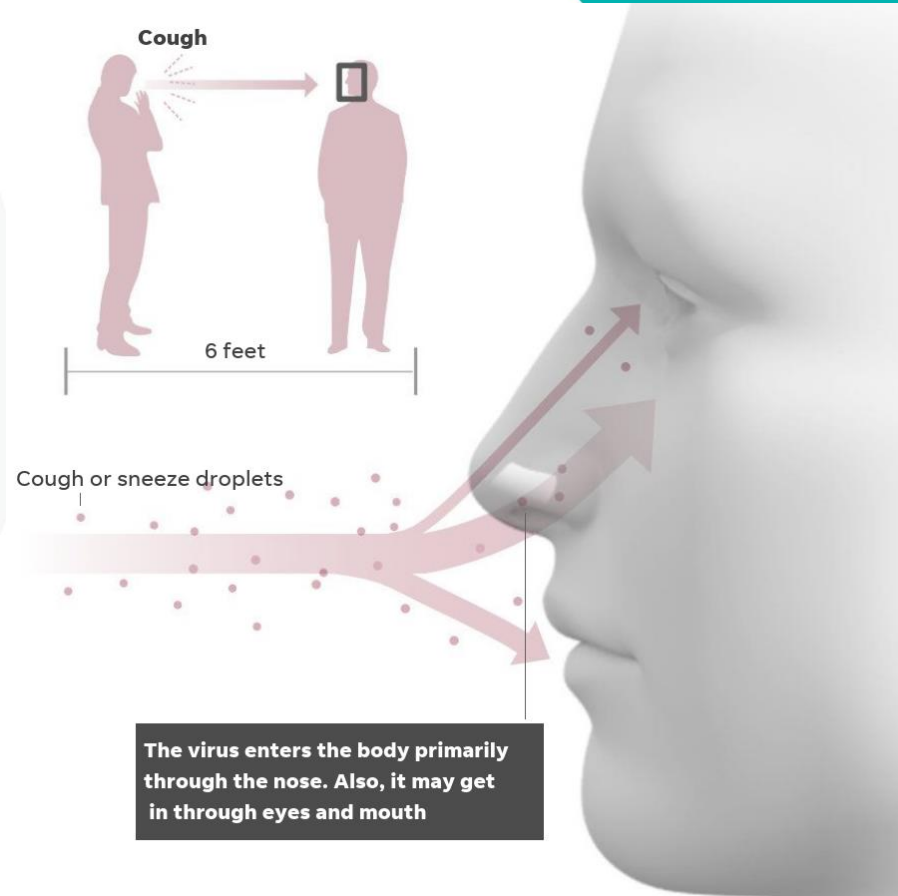
Medical Advisor to Douglas County Health Department

Steps to Keep Schools Safe:

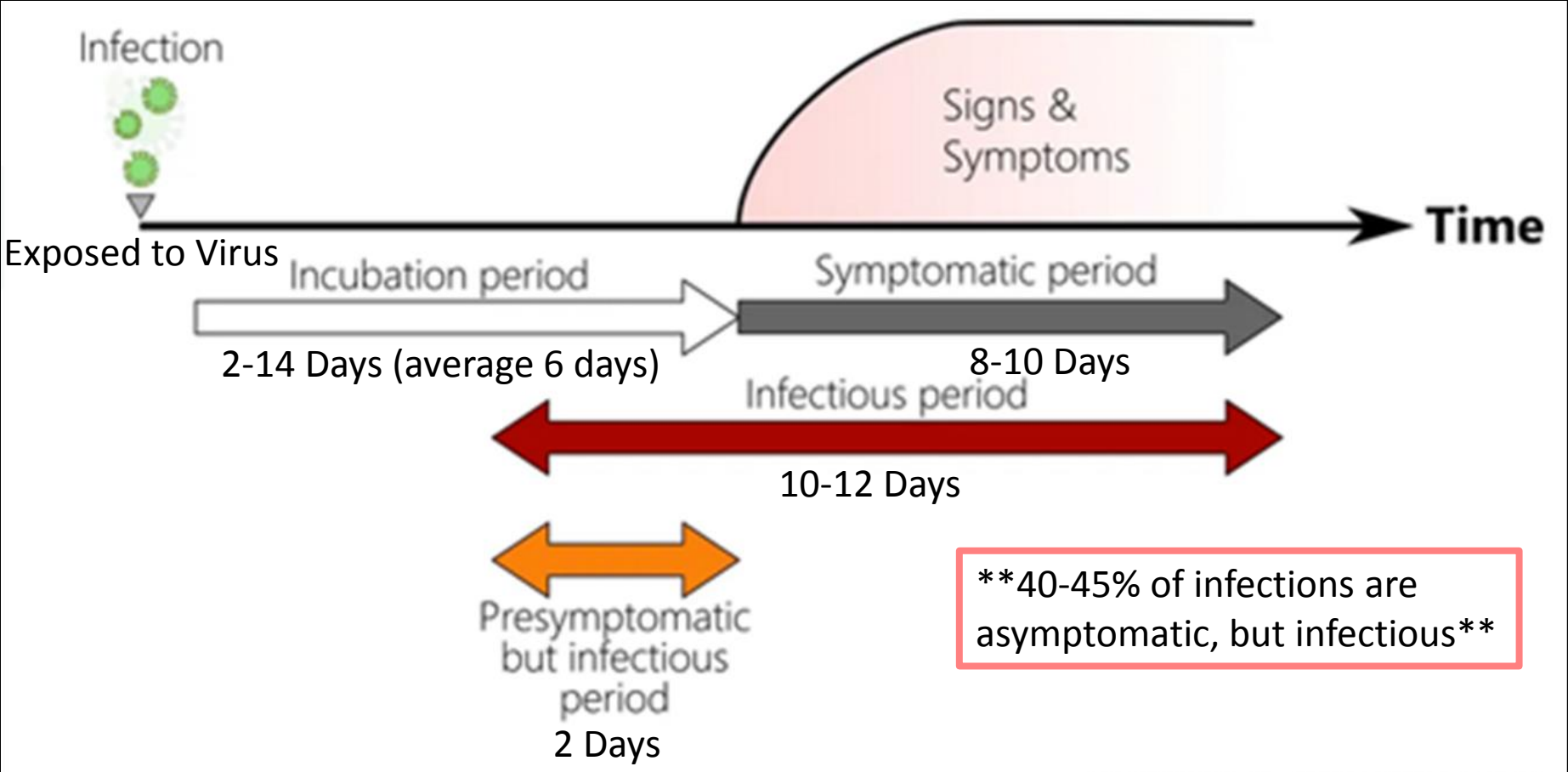
- Parental Screening- KEEP SICK KIDS HOME
- Minimize Exposure- Directed Health Measures
 - Masks, Eye Protection
 - 6 feet separation
 - Frequent hand hygiene
- Role of Nurses
 - Screen the 'sick' student for COVID-19 infection
 - Isolate the 'sick' kid and arrange for removal
 - Guidance to the families

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 \geq 15 minutes



Infectious Timeline



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:

<input type="checkbox"/>	Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
<input type="checkbox"/>	Diarrhea, vomiting, or abdominal pain
<input type="checkbox"/>	New onset of severe headache, especially with a fever

SECTION 2: Close Contact/Potential Exposure

<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	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
<input type="checkbox"/>	Live in areas of high community transmission (as described in the Community Mitigation Framework) while the school remains open

COVID-19 Symptom Checker



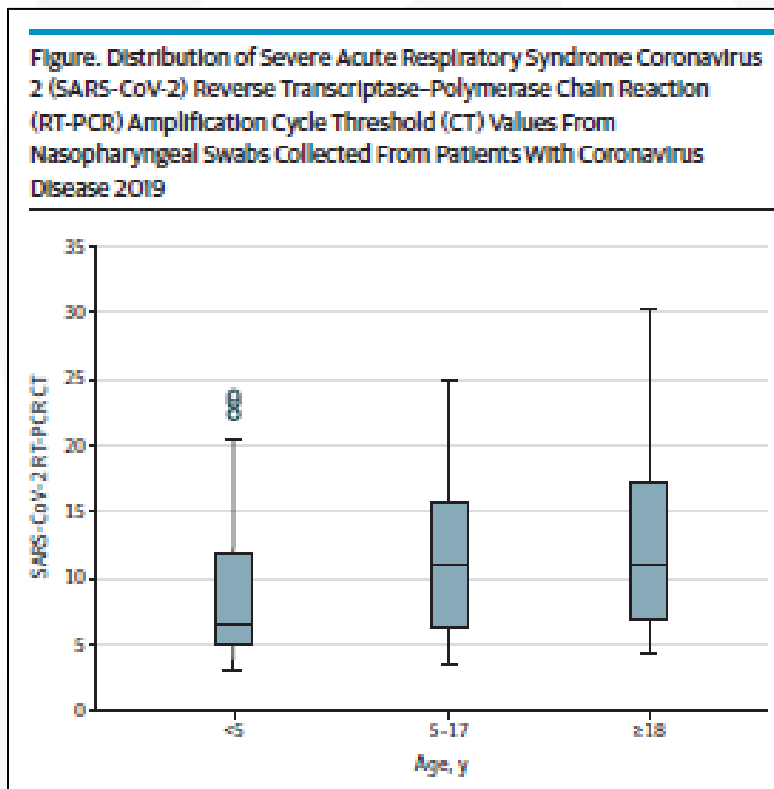
COVID-19 Guidance for Parents

ES

This guide will help you decide whether your child needs medical attention for COVID-19 and what you can do to protect your child and others from the spread of the disease.

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

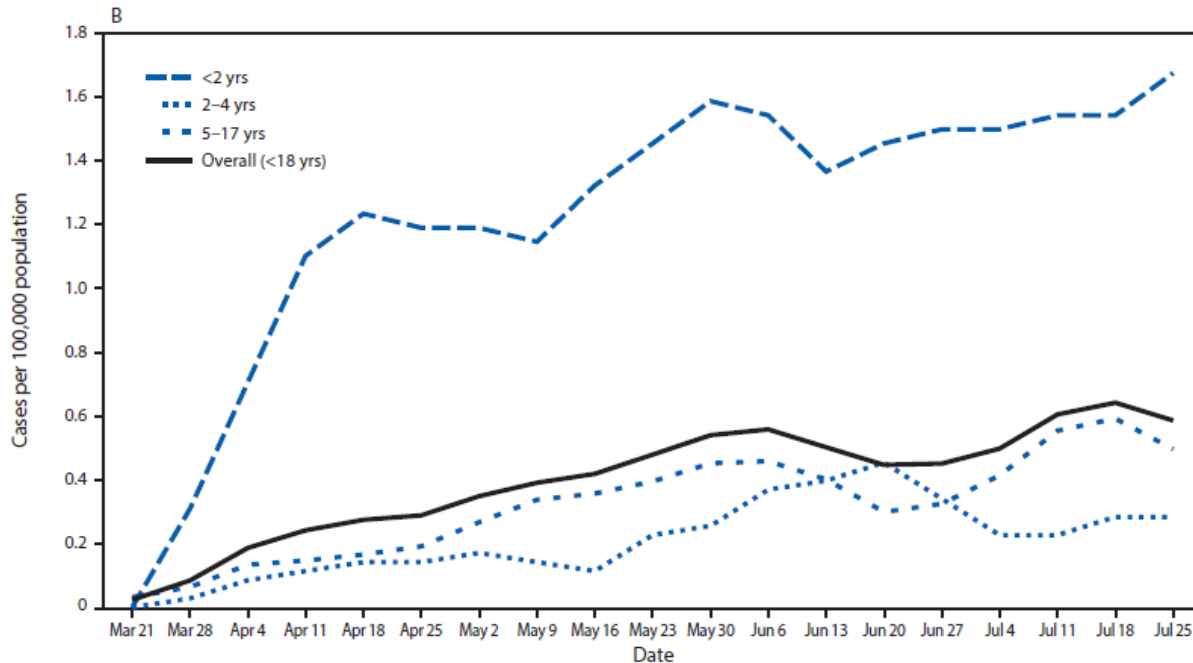


**There were significantly great amounts of viral nucleic acid detected in children < 5 years than other ages

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

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

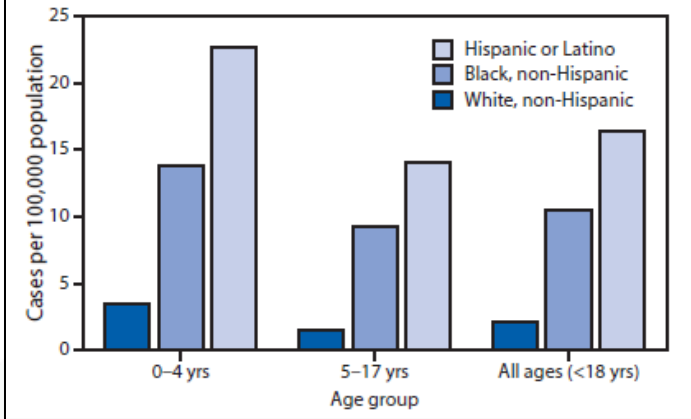
-Adult 164.5/100,000 population

Which kids gets Hospitalized?

Age group (N = 576)	
0–2 mos	108/576 (18.8)
3–5 mos	20/576 (3.5)
6–11 mos	29/576 (5.0)
12–23 mos	31/576 (5.4)
2–4 yrs	50/576 (8.7)
5–11 yrs	97/576 (16.8)
12–17 yrs	241/576 (41.8)

1 in 3 hospitalized children require admission to an ICU

FIGURE 2. Cumulative COVID-19-associated hospitalization rates* among children aged <18 years, by age group and race/ethnicity—COVID-NET, 14 states†, March 1–July 25, 2020^{§,¶}



Any underlying condition (N = 222)	14/65 (21.5)	9/24 (37.5)	71/133 (53.4)
Obesity [§]	N/A	6/18 (33.3)	36/93 (38.7)
Chronic lung disease	2/65 (3.1)	4/24 (16.7)	34/133 (25.6)
Asthma	1/65 (1.5)	0/24 (0)	29/133 (21.8)
Prematurity (gestational age <37 weeks) [¶]	10/65 (15.4)	N/A	N/A
Neurologic disorder	6/65 (9.2)	7/24 (29.2)	18/133 (13.5)
Immunocompromised condition	0/65 (—)	2/24 (8.3)	10/133 (7.5)
Feeding tube dependent	4/65 (6.2)	3/24 (12.5)	5/133 (3.8)
Chronic metabolic disease	1/65 (1.5)	0/24 (—)	9/133 (6.8)
Diabetes mellitus	0/65 (—)	0/24 (—)	6/133 (4.5)
Blood disorders	0/65 (—)	0/24 (—)	8/133 (6.0)
Sickle cell disease	0/65 (—)	0/24 (—)	5/133 (3.8)
Cardiovascular disease	2/65 (3.1)	2/24 (8.3)	3/133 (2.3)
Congenital heart disease	2/65 (3.1)	1/24 (4.2)	1/133 (0.8)

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.

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

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

Index patient age, y	Household		Nonhousehold	
	No. contacts positive/no. contacts traced	% Positive (95% CI)	No. contact positive/no. contacts traced	% Positive (95% CI)
0-9	3/57	5.3 (1.3–13.7)	2/180	1.1 (0.2–3.6)
10-19	43/231	18.6 (14.0–24.0)	2/226	0.9 (0.1–2.9)
20-29	240/3,417	7.0 (6.2–7.9)	138/12,393	1.1 (0.9–1.3)
30-39	143/1,229	11.6 (9.9–13.5)	70/7,407	0.9 (0.7–1.2)
40-49	206/1,749	11.8 (10.3–13.4)	161/7,960	2.0 (1.7–2.3)
50-59	300/2,045	14.7 (13.2–16.3)	166/9,308	1.8 (1.5–2.1)
60-69	177/1,039	17.0 (14.8–19.4)	215/7,451	2.9 (2.5–3.3)
70-79	86/477	18.0 (14.8–21.7)	92/1,912	4.8 (3.9–5.8)
≥80	50/348	14.4 (11.0–18.4)	75/1,644	4.6 (3.6–5.7)
Total	1,248/10,592	11.8 (11.2–12.4)	921/48,481	1.9 (1.8–2.0)

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 \leq 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. SARS-CoV-2 attack rates*.[†] among attendees of an overnight camp, by selected characteristics — Georgia, June 2020

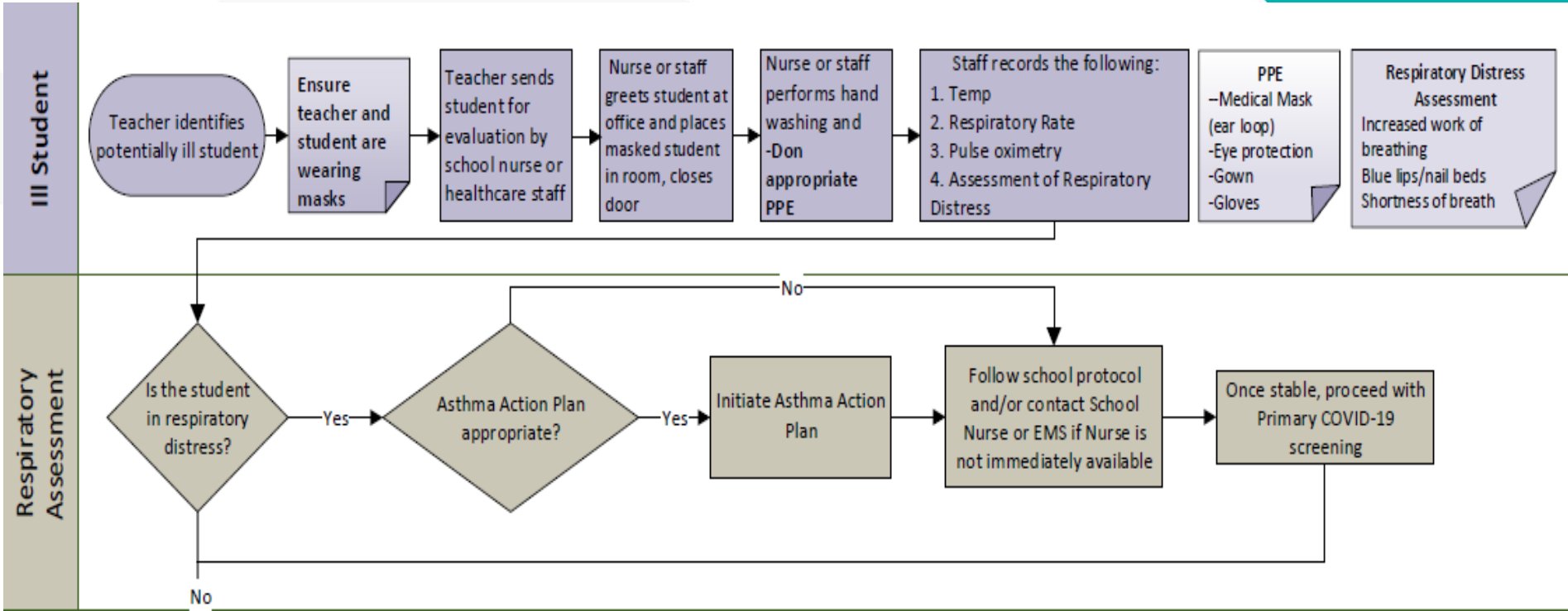
Characteristic	No. [§]	No. positive	Attack rate, %
Total	597	260	44
Sex			
Male	267	123	46
Female	330	137	42
Age group, yrs			
6-10	100	51	51
11-17	409	180	44
18-21	81	27	33
22-59	7	2	29
Type of attendee (dates attended camp)			
Trainee (June 17-21)	134	26	19
Staff member (June 17-27 ^{¶, **})	117	66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

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



Nurse Visit: Screening



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.

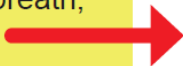
Students with two or more of the following: fever (measured or subjective), chills, rigors, muscle aches, headache, sore throat, nausea, vomiting, diarrhea

OR

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

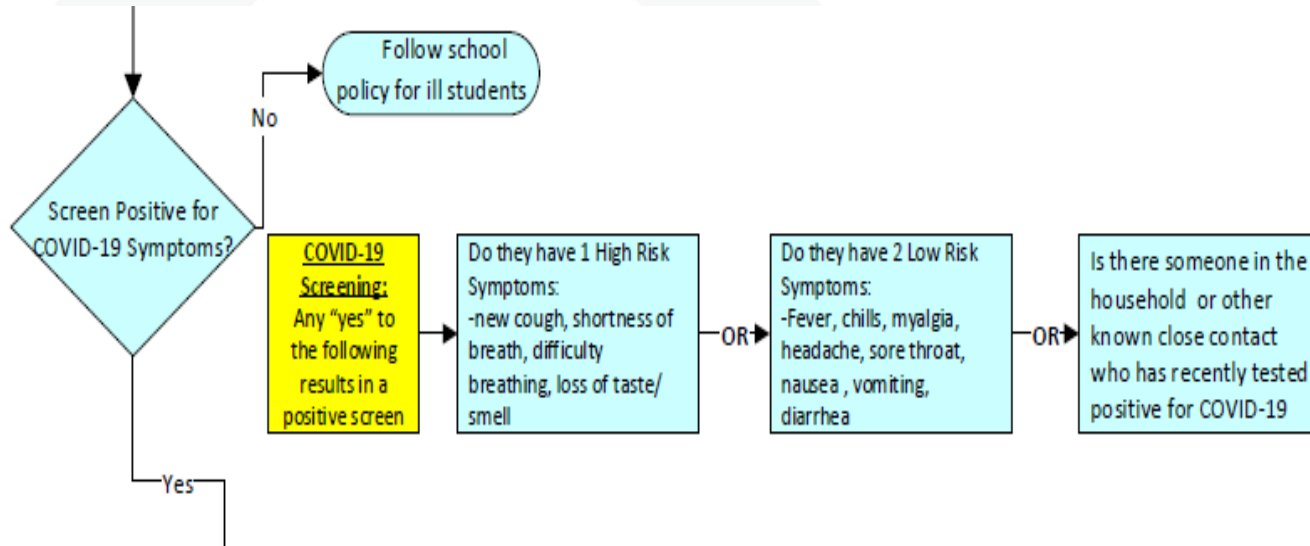
OR

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



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)
 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

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

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

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

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

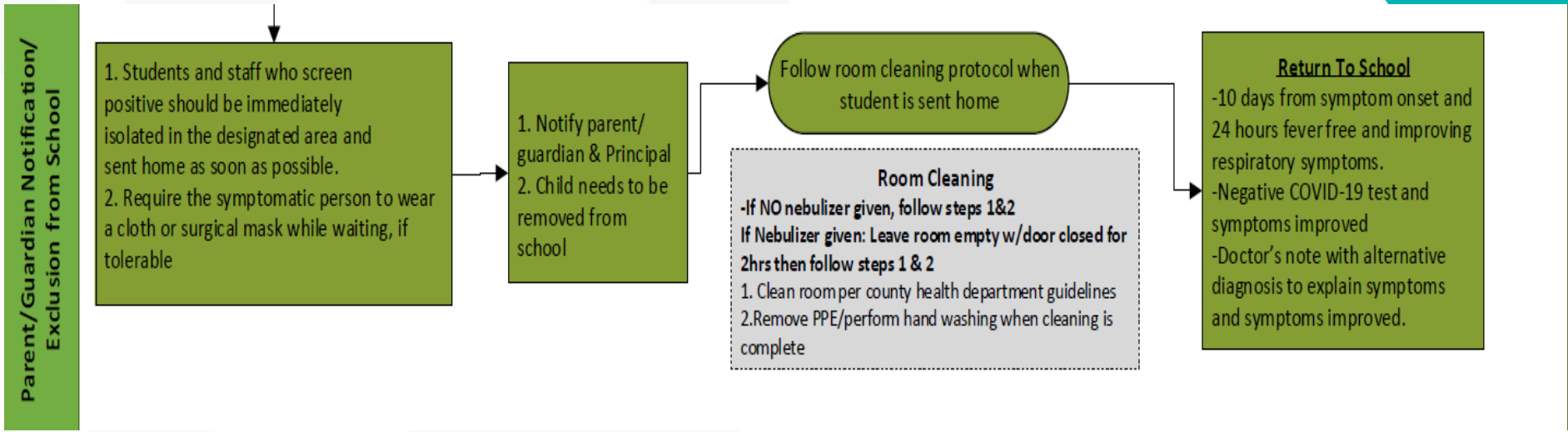
N=438 patients. *Following the definition detailed in the method section. The following symptoms/clinical signs suspect of COVID-19 were considered: fever, upper respiratory tract symptoms (cough, rhinitis, tonsillitis,odynophagia, otalgia, otitis, conjunctivitis), influenza like illness (including asthenia,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

- 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.

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



Re-Admittance to School

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



Exclude for:

- At least 10 days since symptoms first appeared **AND:**
- At least 24 hours fever free without medication **AND:**
- Symptoms have improved

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



Exclude for:

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

**Symptomatic staff/student
not tested:**



Exclude for:

- At least 10* days since symptoms first appeared **AND:**
- At least 24 hours with no fever without fever-reducing medication **AND:**
- Symptoms have improved

May return to school if a doctor establishes an alternative diagnosis and presents a doctors note.

*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

**Symptomatic staff/student
who test negative:**



Exclude until:

- 24 hours without fever (or meets the schools requirements for readmission) **AND:** improved symptoms

There is no reason for a student or staff member to get a "negative test" to be cleared for the return to school.

A COVID-19 positive individual does not need a repeat COVID-19 test or a health care provider's note in order to return as long as exclusion guidelines above have been followed.

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

Symptomatic Student

From the Health Office at: _____
Name of School

Dear Parent or Guardian,

Our top priority is to promote the health and safety of all of our students and staff. **Your student is being sent home from school due to exhibiting the following symptoms:**

<input type="checkbox"/> New or persistent cough	<input type="checkbox"/> Fever/chills with temp of 100.4 F or above
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Unusual muscle or body aches
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Persistent headache
<input type="checkbox"/> New loss of sense of taste or smell	<input type="checkbox"/> Sore throat
	<input type="checkbox"/> Nausea/ Vomiting
	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Congestion/ runny nose
	Other: _____

The symptoms listed above may be symptoms of COVID-19: a new virus that may infect people of all ages. It is recommended that you follow the CDC guidelines at: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

These guidelines include:

1. Keep your student at home except to seek health care.
2. Notify your health care provider of your student's symptoms.
3. **SEEK EMERGENCY MEDICAL CARE** if your student exhibits the following symptoms:
 - trouble breathing
 - new confusion
 - blue lips or face
 - pain or pressure in the chest that does not go away
 - inability to wake up or stay awake
 - severe abdominal pain

*** This list is not all-inclusive. Please consult your health care provider for any other symptoms that are severe or concerning. Your provider may want to discuss testing or other concerns with you. ***

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

1. Your health care provider has determined a different illness than COVID-19 and provided written clearance for your student to return. **OR**
2. At least 10 days from onset of symptoms **AND** at least 24 hours with no fever without fever-reducing medication **AND** when symptoms have improved. **OR**
3. Negative COVID-19 test and symptoms improved.

Only in the case of known COVID-19 exposure or a positive test, any siblings living in the household of the sick student may not return for 10 days after the last day they were in contact with the ill student. You should try to isolate the sick student from well family members while at home.

A COVID-19 positive individual does not need a repeat COVID-19 test or a health care provider's note in order to return as long as exclusion guidelines above have been followed.

Return-to-School Date: _____ **Staff Name:** _____

Thank you for helping us protect all members of our Westside community. Please contact the health office at your student's school if you have any questions regarding these guidelines.

XXX Public Schools



- 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?

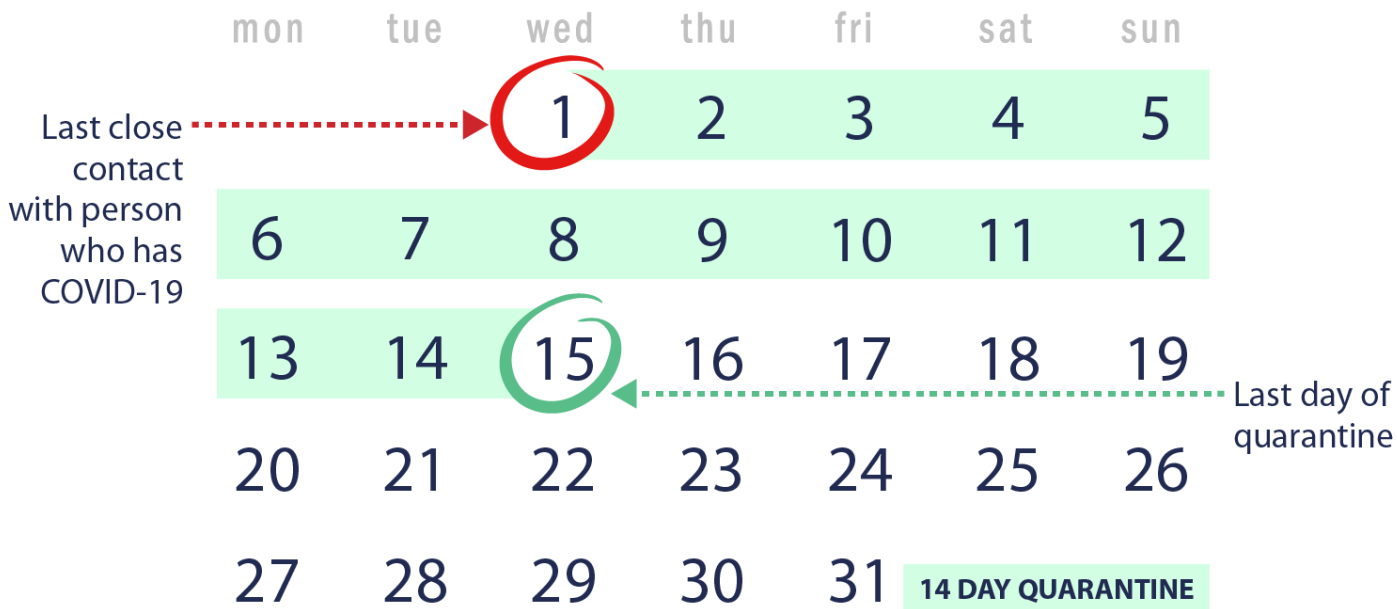
- Requirements:
 - 10 days from symptom onset or positive test (if asymptomatic) AND
 - 24 hours without fever reducing medication AND
 - Symptoms are improving
- A negative SARS-CoV-2 test is not required for return to school
- The child/adult may return to school at <10 days if they have received an 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?

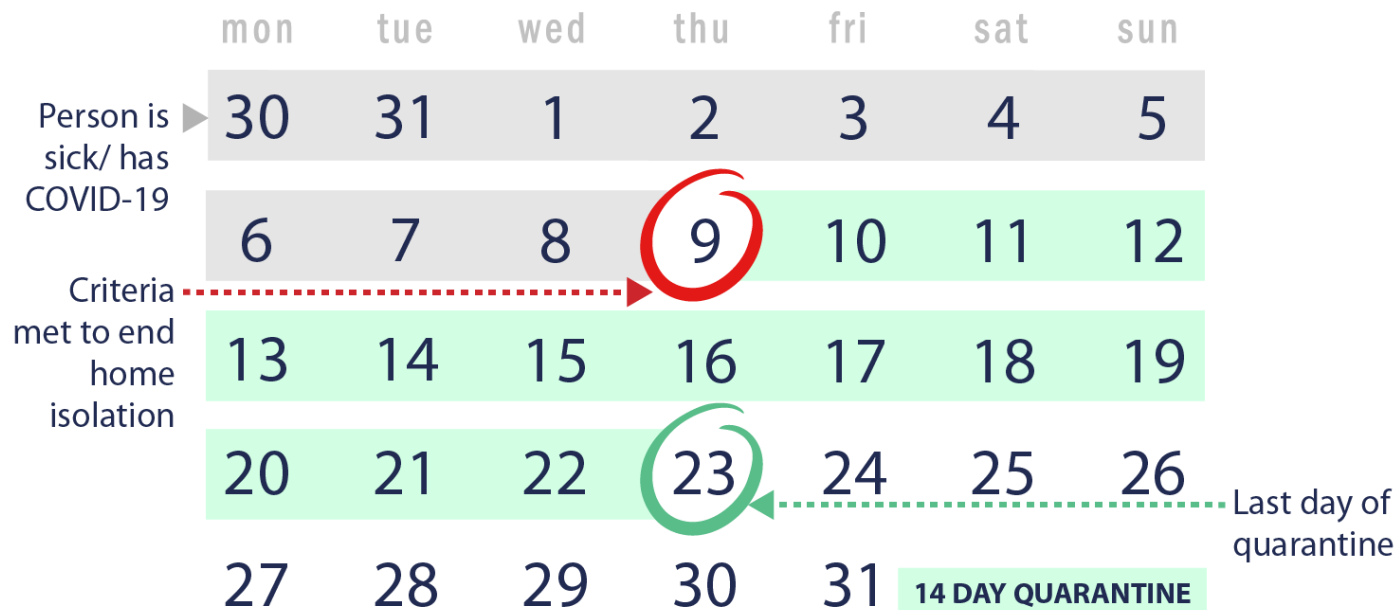
- Will not have further close contact
- 14 days from last known exposure to someone infected with COVID-19



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?

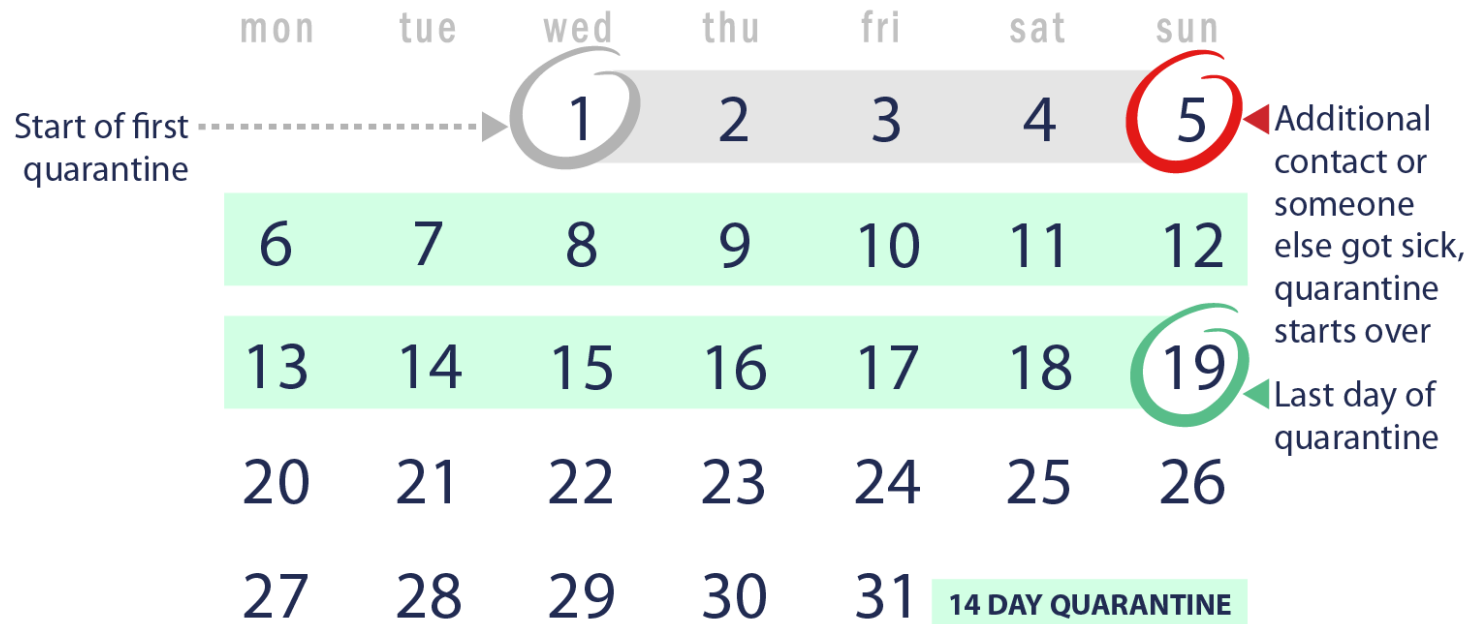
- Will have further exposure (live with contact and can't separate)
- 14 days from last known exposure to someone infected with COVID-19



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?

SECTION 2: Close Contact/Potential Exposure

<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	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
<input type="checkbox"/>	Live in areas of high community transmission (as described in the Community Mitigation Framework) while the school remains open



- Depending on your local level of community transmission and the input of your public health department self-monitoring may replace quarantine for certain exposures

COVID-19

school investigations

WITH NO DOCUMENTED TRANSMISSION IN A CLASSROOM SETTING

ISOLATE

SELF-MONITOR



COVID POSITIVE



EXPOSED

Everyone Masked

When a masked child tests positive and those exposed are wearing masks

ISOLATE

QUARANTINE



COVID POSITIVE



EXPOSED

Exposed Masked

When an unmasked child tests positive and those exposed are wearing masks

ISOLATE

SELF-MONITOR

QUARANTINE



COVID POSITIVE



EXPOSED

Exposed Unmasked

When a masked child tests positive and those exposed are not wearing masks

ISOLATE

QUARANTINE



COVID POSITIVE



EXPOSED

No One Masked

When an unmasked child tests positive and those exposed are not wearing masks

- 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!



YOUR
VOICE
MATTERS

Coming Soon...

Session Three:
***Staff Wellness – Maintaining Health
in Changing Times***

Thursday, September 10th
330-430 PM CST

Via Zoom

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