



# ND Healthy Return to Learning

## **SMART SCHOOL RESPONSE GUIDANCE**

*This document is not for publication. The document's intended use is for local schools and public health administrators.*

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# Definitions and Abbreviations

## Definitions

**CASE INVESTIGATION** - When the NDDoH or other public health partner interviews someone who has COVID-19 to determine where or by whom the individual may have gotten infected, understand symptoms, obtain demographics and underlying health conditions, and to identify close contacts.

**CLOSE CONTACT** - Per the CDC being within 6 feet of a COVID-19 case for a prolonged period of time (15 minutes cumulatively within 24 hours). A [close contact](#) would also be someone who was directly coughed or sneezed on or a health care worker who was not wearing appropriate personal protective equipment.

**COMMUNITY MITIGATION** - Actions that people and communities can take to help slow the spread of viruses, including seasonal and pandemic influenza. This includes mask wearing, social distancing, hand washing, avoid large gatherings, and increased sanitizing.

**CONTACT TRACING** - People in close contact with someone who is infected with a virus, such as COVID-19, are at higher risk of becoming infected themselves, and of potentially further infecting others. The NDDoH and other public health partners follow-up with close contacts of COVID-19 cases to notify them of their exposure, check for symptoms/signs of infection, and advise them of their quarantine period.

**HIGH-RISK** - Those considered high-risk include older people or those with certain underlying health conditions. These include obesity, type 2 diabetes, cancer, immune deficiency after an organ transplant, serious heart conditions, chronic kidney disease, COPD, and sickle cell disease. Check with your health care provider to see if you are considered high-risk.

**ISOLATION** - When a person who is showing symptoms of a disease separates themselves from other people to prevent spreading the disease to others. People who test positive for COVID-19 must be isolated for at least 10 days after symptom onset and be fever free for 24 hours (without the use of medications) and have improvement in symptoms. People who are immunocompromised, hospitalized or health care workers may need to be isolated longer.

**SELF-MONITORING** - An individual self-checks or a care giver monitors twice daily for a fever of 100.4 F or above and for symptoms of COVID-19 for 14 days.

**QUARANTINE** - When a person who was exposed to a disease but does not have symptoms separates themselves from others for a period of time to prevent potentially spreading the disease to others. The current definition for quarantine period for COVID-19 is 14 days from the last time an individual was exposed to a case while the case was contagious.

**SOCIAL DISTANCING OR PHYSICAL DISTANCING** - When individuals voluntarily choose to stay home versus going out in public. This means keeping at least six feet between you and other people. Do not gather in small, crowded areas. If it is not an essential gathering, consider postponing or gathering virtually. Check local guidelines for recommendations or refer to the [North Dakota Smart Restart Guidelines](#).

## **Abbreviations**

**FERPA** - Family Educational Rights and Privacy

**HIPAA** - Health Insurance Portability and Accountability Act

**LEA** – Local Education Agency

**LPH** - Local Public Health

**NDDPI** – North Dakota Department of Public Instruction

**NDDoH** – North Dakota Department of Health

**NDHSAA** - North Dakota High School Activities Association

**OCR** - Office of Civil Rights

**PHI** - Personal Health Information

**POC** – Point of Contact

**SCC** – NDDoH School COVID Coordinators

## Introduction to the North Dakota Healthy Return to Learning Team

The ND Healthy Return to Learning team is a diverse team of subject matter experts collaborating with state agencies and communities to provide resources, processes, and strategies that schools, local public health and the state need to keep schools operating in their dual mission of high quality education for all students while ensuring public health.

Subject matter experts include a local physician experienced in infectious disease, a local public health administrator, and an experienced K-12 school administrator being supported by the NDDPI and NDDoH.

The objective of this team is to ensure communication, preparation, and response activities are timely and effective. The goal is to protect students and staff from the virus so that educators can provide high quality service to all students.

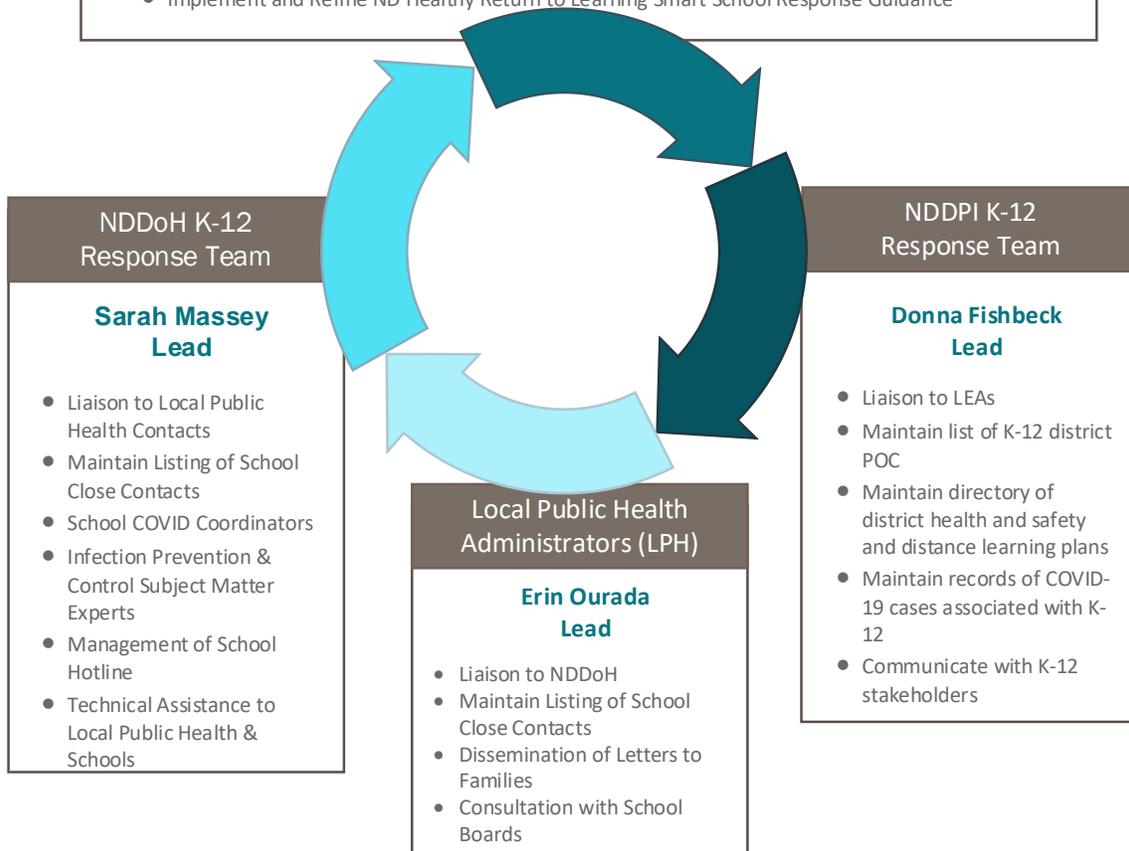
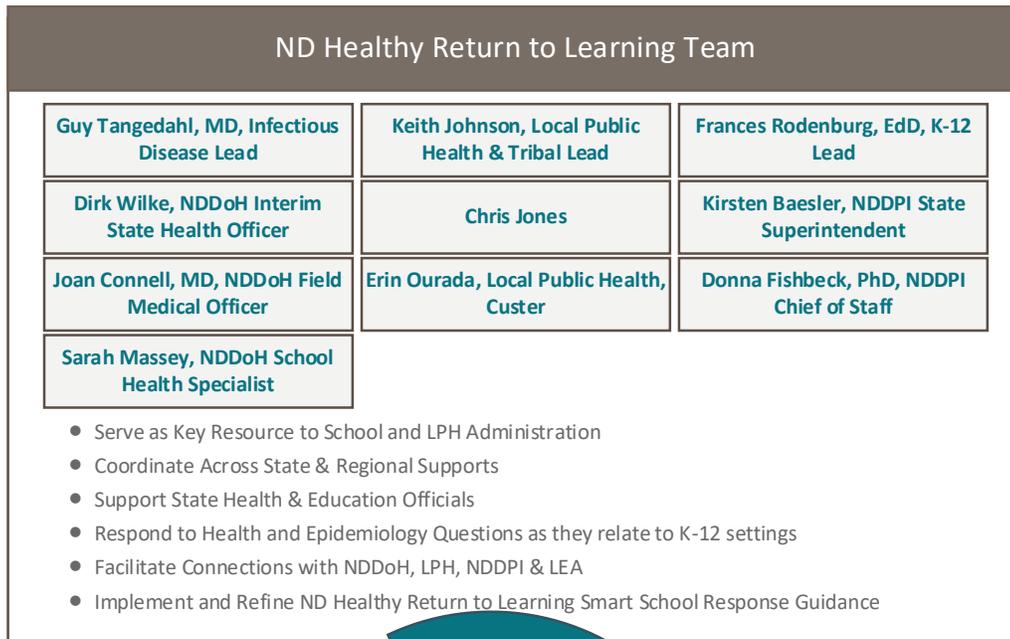
We are fortunate to have skilled school administrators and health providers across the state who work in their capacity to optimize students return to school in a safe way. As the situation with COVID-19 evolves, we know there will be situations our education system has never experienced before. The ND Healthy Return to Learning team was created to help schools and local public health through these experiences.

The ND Healthy Return to Learning team collaborates with NDDPI and NDDoH to create resources and accompanying tools for schools to utilize as they work through the diverse scenarios they will encounter this school year.

### Responsibilities

- Serve as Key Resource to School and LPH Administration
- Coordinate Across State & Regional Supports
- Support State Health & Education Officials
- Respond to Health and Epidemiology Questions as they relate to K-12 settings
- Facilitate Connections with NDDoH, LPH, NDDPI & LEA
- Implement and Refine ND Healthy Return to Learning Smart School Response Guidance

# Coordinated Effort Across Agencies and Teams



## ND Healthy Return To Learning Team

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# Recommendations on School Opening

## Foundation

1. Risks to children exist beyond the pandemic and should be factored in the decision-making process to include learning, socialization, nutrition, physical safety, school supports, etc.
2. Children and their parents are best served when schools are open full time.
  - a. Full-time school is the optimal learning environment for most students.
  - b. A full-time school schedule is consistent with many parents' work schedules.
  - c. Food service programs tailored to meet the nutritional needs of students are well established.
  - d. Children and families are struggling due to lack of access to school support services provided within the school (i.e., behavioral health issues benefit or special developmental needs).
3. Every student will have the opportunity to engage in a full year of learning, irrespective of the spread of COVID-19 in a community.
4. Children receiving optimal educational opportunities at school is equivalent to, or perhaps more important than, the function of other businesses that have been deemed "essential."
5. Children infected with COVID-19 have a low risk of severe illness. Based on our current understanding, those younger than age 10 may not become infected with COVID-19 as easily as adults. However, the risk for children transmitting the virus to other populations of the community is still a concern.
6. Education staff are considered [Essential Workers](#). School boards and superintendents should seek legal counsel to work through essential worker policies for their employees.
7. Mask wearing is similar to vaccinating populations. The more people who are masked or vaccinated, the higher benefit to the whole population.
8. The current hybrid system implemented by many local school boards as a mitigation strategy has been compromised by children participating in off-day school/childcare programs. At times, hybrid models have created more transmissible moments as children move from care point to care point. This may have increased their exposure risk as well as compromised many parents' ability to work outside of the home due to unsatisfied childcare needs.
9. Hybrid models are not the best long-term instructional model for K-12's primary mission of academic growth for all students and are no longer considered useful in the mitigation of community spread of the virus under current circumstances.
  - a. Schools should be cautious not to prolong the use of a model that, by its very design, predisposes students to fall further behind.
  - b. Many students have likely already fallen behind in their learning due to school closures in spring 2020, with **disproportionately negative effects** on students who

are economically disadvantaged, living in transition, who have a disability, or are English Learners, etc.

10. Each district will work in collaboration with local health professionals, including [LPH](#) (see also [local public health units overlaid with school districts](#)), faculty, students, staff, and families while planning for and addressing school needs.
11. School boards will play a vital role as this unprecedented event unfolds. With the situation changing daily, good policies and best practices are as important as ever and the public is looking to school district leadership teams to provide a unified message to employees, parents, students, and the public.

## Challenges to Returning to Face-to-Face Learning

1. The transition from the hybrid model to full-time in-person learning may increase the density of potential COVID-19 exposure in every given classroom.
2. The level of COVID-19 transmission in the community can have a direct impact on families and students. When a household family member tests positive for COVID-19, household contacts are unable to participate in face-to-face learning due to quarantine requirements.
3. Although children may not be at increased risk for severe outcomes due to COVID-19, parents and grandparents, teachers, and other school staff may be at an increased risk.
4. [High-risk](#) students and staff members are at risk for severe outcomes from COVID-19 and may need accommodations or to participate via distance learning.

## Assumptions

Health and safety plans are in place and reflect the following modifications:

- Local decisions will be rooted in what is best for students, and school administrators will make reasoned judgments to limit the spread of COVID-19.
- School districts should prioritize state guidance and utilize national recommendations as a guide.
- School administrators will work with their school boards, faculty, staff, students, families, and community to communicate decisions and data guiding those decisions.
- Masks are worn when social distance cannot be maintained.
- Classrooms and other congregate settings have been modified to place as much space as possible, ideally 6 feet, between students for maximum social distancing.
- Increased handwashing requirements are in place.
- Schools have a supply of hand sanitizers, soap, paper towels, tissues, and other supplies that support healthy hygiene behaviors.
- Classroom surfaces are cleaned with appropriate disinfectants after every school day and between classes if student cohorts move to different classrooms.
- Ventilation systems are set to maximize air exchange, windows are opened when possible for increased air flow, and portable air cleaners with High Efficiency Particulate Air (HEPA) filters are considered during the winter months.

- Schools recommend daily home temperature and symptom screenings for students and staff.
- Schools have a dedicated room with staff available to ensure safety and reassurance while the student waits to be picked up should he/she become symptomatic.

## Goals

- Support in-person learning in a way that is as safe and healthy as possible.
- Ensure a reasonable level of safety for students and staff for in-person learning.
- Minimize disruptions to education by facilitating timely responses to COVID-19 by creating cohorts of students and staff when possible, screening for symptomatic individuals, and coordinating closely with local and state public health agencies.
- Ensure equity in educational opportunity by considering learning and health needs of all students, including those with varying health conditions, economic backgrounds, language skills, or educational needs.
- Encourage flexibility, adaptation, and innovation as schools develop novel approaches to disease control appropriate to local contexts and as scientific knowledge about COVID-19 transmission and control evolves.

## North Dakota School Expectations

1. Per the [Governor's Executive Order 2020-38](#) each public school will have a school board approved plan published on their district website that includes the following:
  - a. A Health and Safety Plan (see **Error! Reference source not found.**, page **Error! Bookmark not defined.**) that meets the needs of each school and is created in consultation with local health professionals, faculty, staff, parents, and students.
    - i. Each district should review, monitor, and update Health and Safety Plans periodically.
  - b. A [Distance Learning Plan](#) that meets the needs of each school and is created in consultation with faculty, staff, parents, and students.
    - i. Each district should review, monitor, and update Distance Learning Plans periodically.
2. Schools must [report positive cases](#) to the NDDPI.
3. As districts review, monitor, and update local plans, the updated plans must be filed with NDDPI (per Executive Order 2020-38). If the district maintains the original URL originally reported in STARS, no additional action is needed. If the district posts the update plan at a new URL, this information needs to be updated in STARS.
4. Non-public, private, or parochial schools are strongly encouraged to create both a Health and Safety Plan and a Distance Learning Plan tailored to each school and created in consultation with local health professionals, faculty, staff, parents, and students. It should be published on their publicly available website.
5. Each district required to conduct tribal consultations under the Every Student Succeeds Act will work in collaboration with the tribal leadership.

6. Residential education facilities should adhere to the NDDoH's [recommendations for group home/residential care settings](#).
7. Member schools will utilize the [NDHSAA](#)'s guidance for all decisions regarding school athletics, activities, and competitions. Decisions about operation of and participation in athletics, activities, and competitions will be made by the NDHSAA board and staff in consultation with their physicians' advisory committee.

## Recommendations

1. Policies that define [vulnerable](#) children, teachers, and staff should be developed to identify those at risk for severe outcomes from COVID-19 and provide accommodations for distance learning (students), distance teaching (teachers), and other service provision in a lower risk environment.
2. Education staff exposed to a masked or unmasked positive case may choose to continue to work in person or remotely after exposure as long as they wear a mask, practice social distancing, and self-monitor twice daily for fever and other COVID symptoms for 14 days and have no symptom development (see **Education staff are considered Essential Workers**, page 8, and Error! Reference source not found. Provide an option for classroom, face-to-face teaching, or distance teaching (i.e., teacher outside the classroom while students remain in the classroom with a para).
3. Schools should make **risk-informed decisions** as they consider transitioning from one learning model to another, weighing the relative health risks of COVID-19 transmission from in-person instruction against these factors impacting students:
  - a. Risks:
    - i. Educational
    - ii. Social-behavioral
    - iii. Emotional
    - iv. Physical safety
  - b. Access to:
    - i. School meal programs
    - ii. Social services
    - iii. Extended day childcare services
    - iv. Extra-curricular activities
    - v. Social-emotional support from peers and educators
    - vi. School transportation
    - vii. Quality instruction meeting student needs
  - c. The community's level of participation in mask use, good hygiene practices, and social distancing with limiting of large gatherings.
  - d. Current county and school transmission levels on the [COVID-19 School Information dashboard](#).
    - i. District or school case rate
    - ii. District or school absenteeism related to positives and close contacts
    - iii. Number of positive cases per 10,000 (14-day rolling average) in the

community (aligns with [COVID-19 Smart Restart County Analysis](#))

- iv. Percent positivity for diagnostic testing in the community
- e. A school self-assessment of compliance with mitigation strategies (See [CDC Indicators for Dynamic School Decision-Making](#)):

Mitigation Strategy	Low Risk				Highest Risk
	Implemented all 5 correctly and consistently	Implemented all 5 correctly but inconsistently	Implemented 3-4 correctly and consistently	Implemented 1-2 correctly and consistently	Implemented no strategies
<b>Masks – consistent and correct use</b>					
<b>Social distancing to the largest extend possible</b>					
<b>Hand hygiene and respiratory etiquette</b>					
<b>Cleaning and disinfection</b>					
<b>Contact tracing in collaboration with LPH/NDDoH</b>					

### School Exposure and Face-to-Face Learning

In recognizing the value of in-person learning, the following aim at mitigating risks associated with alternative learning models.

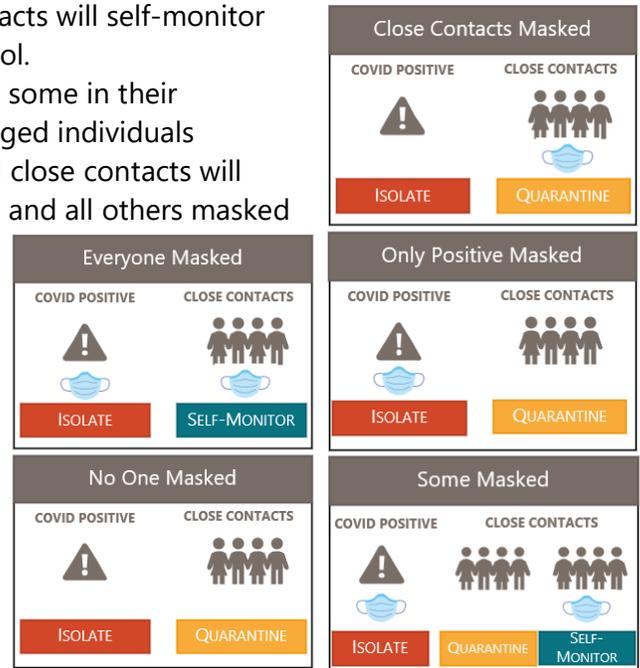
- In order to provide in-person learning, schools should require the use of masks by school-aged individuals and staff (See [How to Select a Mask](#)).
  - [Mask wearing](#) is similar to vaccinating populations. The more people who are masked or vaccinated, the higher benefit to the whole population.
  - Protection efforts applied collectively (for example social distancing AND masking AND cohorting) will provide stronger protection than any one effort in isolation as it will reduce the transmission of disease and minimize the disruption to in-person learning.
- **Positive cases**, whether symptomatic or asymptomatic, masked or unmasked, should isolate at home until 10 days have passed since symptoms began or testing occurred AND they are fever free (<100.4 F) for 24 hours without the use of fever-reducing medications AND symptoms are improving (see [You Have a COVID-19 Infection, Now What?](#)).
- School-aged individuals and staff who are **household contacts** should quarantine at home for 14 days after last exposure. Because they have ongoing exposure, the *14 days does not start until after the positive case is released from isolation* (minimum of 24 days for a household contact).
- **Close Contacts** are individuals who have been within six feet of an infected person for a total of 15 minutes during a 24-hour period. Close contacts need to quarantine for 14 days from their last exposure with the infected person. However, when both the infected person and close contact were wearing a mask at all times during the exposure, the close contact

can self-monitor in lieu of the 14-day quarantine (see [Guidance for Quarantine and Mask Use](#)).

- **School-aged individuals** who are deemed as **close contacts**, but both the parties were masked are required to wear a mask at school and should self-monitor symptoms while at home and in school in lieu of imposing quarantine for 14-days at home.

Example scenarios:

- If entire classroom is masked, including the positive case (student or staff), then all school-aged close contacts will self-monitor symptoms at home and in school.
- If a positive case is masked, but some in their classroom are not, the school-aged individuals without masks that are deemed close contacts will quarantine at home for 14 days and all others masked will self-monitor symptoms at home and in school.
- If the positive case is not masked, any school-aged close contacts will quarantine at home for 14 days.
- In classes where no masks were utilized, any school-aged individual who had close contact with the positive case will quarantine for 14 days at home.

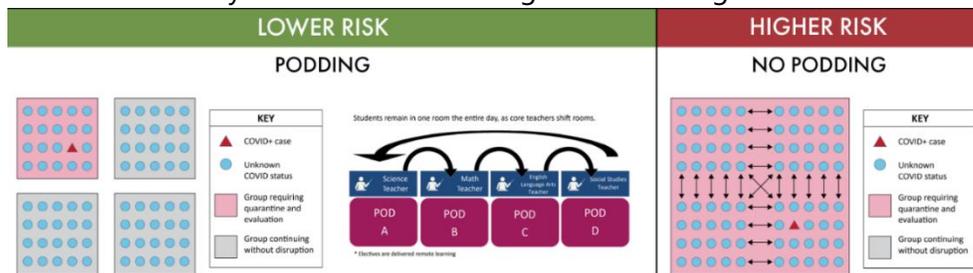


- **As essential workers, education staff** who are close contacts or possible close contacts, **regardless if the positive was wearing a mask or not**, may remain in school in lieu of quarantine if they:
  - Wear a mask AND
  - Practice social distancing AND
  - Self-monitor twice daily for fever and other COVID symptoms for 14 days and have no symptom development ([See Implementing Safety Practices for Critical Infrastructure Workers Exposed.](#))
- Testing is recommended 7-10 days following exposure.
- Vulnerable teachers should have an option to distance teach.

## Returning to Face-to-Face Learning

1. In order to provide in-person learning, schools should require the use of masks by children and staff.

2. Schools should monitor their data as students return to full-time, face-to-face learning. Two incubation periods or 28 days is a reasonable timeframe to monitor for any increase in positive cases (See **COVID-19 School Information Dashboard**, coming soon).
3. Schools can consider a phased approach on returning to full-time, face-to-face learning. A phased approach should bring grades K-5 back first followed by grades 6-8 and then grades 9-12 based on the most current data.
  - a. Early reports suggest the number of COVID-19 cases among children may vary by age and other factors (See section on [Impact of COVID-19 on Children](#)).
4. If school is in-person, the K-5 children should be in cohorts while maximizing social distancing to the extent possible. Pods should not mix or mingle together at any point during the day, including lunchtime, gym, music, etc. The incorporation of a podded structure to classrooms, keeping the same group of masked children together throughout the day is a very effective mitigation strategy.
  - a. Teachers rotating from one classroom to the next is a very effective mitigation strategy.
  - b. Schools should consider staggered start and end times, so children and staff are able to socially distance while arriving to and leaving from school.



## Learning Model Options to Consider

There are many ways to return to face-to-face learning. Consider a phased approach, providing adequate notice to parents/guardians as you adjust your learning model. It is assumed that all models below will include social distancing to the greatest extent possible within the classroom/school.

- Traditional School Day
- Elementary School In-Person, Middle and High School Remote
- Re-open grades K-5 and in-person special education services at grades preK-8 (1<sup>st</sup> priority) and Grades 6-8 and in-person special education services at grade levels 9-12 (second priority) and next students in grades 9-12
- Bubble Strategy – The same group of students stay together for all or most of the day, with the same teacher or teachers
- Utilize Instructional Learning spaces that accommodate small groups in a room at the same time to maintain social distance by accessing learning spaces that might be available in the community (i.e., office buildings, churches, etc.)
- Longer school days, flexible schedules (to allow for two smaller groups of students to attend throughout the day)
- Saturday School
- Year-round Schedule

# Testing and Notification

## Testing

Symptomatic people should be tested. The NDDoH recommends students or school faculty who are identified as a close contact wait 7-10 days after last date of exposure to get tested. It is especially important for school close contacts to be tested, as children are more likely to have asymptomatic infection and may spread COVID-19 to others. Regardless of symptoms, close contacts should be tested 7-10 days after exposure.

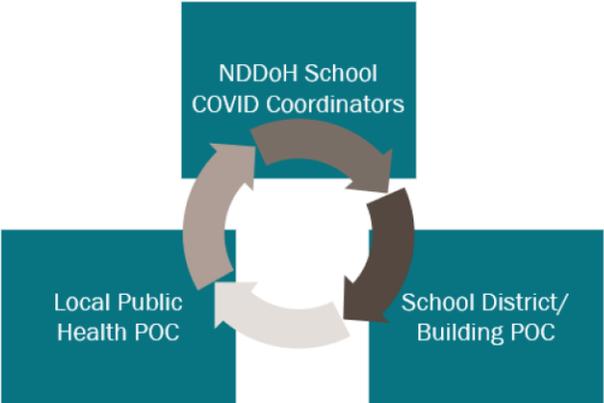
If there is an outbreak or large cluster in a school setting, local public health units may establish a testing event at the school. Parents and school employees will be notified of school-located testing events, if scheduled.

### THE NDDoH FOLLOWS THE CDC SCHOOL TESTING RECOMMENDATIONS

<p><b>Step 1</b></p>  <p><a href="#">Locate a regular static testing event in ND.</a> New locations added on a regular basis.</p>	<p><b>Step 2</b></p>  <p>Pre-register at <a href="http://testreg.nd.gov">testreg.nd.gov</a> to save time at the event or register on-site at the event.</p> <p>School related information is collected during registration</p>	<p><b>Step 3</b></p>  <p>The test takes about 15 minutes to complete (although the wait time may be longer). Proof of residency is not required.</p>	<p><b>Step 4</b></p>  <p>All individuals notified of their results, positive or negative, within 72 hours of the test. Visit the <a href="#">Test Results webpage</a> for more information on what to expect.</p>
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# School Response Coordinated Effort

To help slow the spread of COVID-19, public health and schools can work together to notify students, parents, staff members, and volunteers when an exposure to COVID-19 has occurred at school.



POC contact lists will be kept in a secure site where LPH and NDDoH will collaborate on the school response process. The school district POC is available on a 24-hour emergency basis. POC contact information is **not** to be shared with the public. It is solely for use by LPH, NDDoH, and NDDPI Instruction Leadership Team as a single point of contact for efficient communication.

## Before the 2020-2021 School Year

- Tasks Prior to School Opening:**
- District and building POC for each school identified
  - Contact information provided for each district POC to the NDDoH/LPH

- School district POCs have been designated to work with the NDDoH and/or LPHU when a student or staff member tests positive for COVID-19.
- Contact lists for NDDoH K-12 School COVID Coordinators and **Error! Reference source not found.** have been provided to schools.
- A list with contact information for each **Error! Reference source not found.** has been provided to the NDDoH/LPH, by the NDDPI.

# NDDoH K-12 School COVID Coordinators

**NDDoH POINT OF CONTACT-SARAH MASSEY, SCHOOL HEALTH SPECIALIST, [SMASSEY@ND.GOV](mailto:SMASSEY@ND.GOV)**

K-12 school affiliated positive cases are identified by Case Manager/Case Worker who will contact the NDDoH SCC team. SCC members will work on a rotating schedule with a designated lead on each shift.

## School COVID Coordinators (SCC)

- Sarah Massey
- Krissie Guerard
- Jaime Conmy
- Kimberly Hruby
- Amy Burke,
- Mandy Slag
- Heather Kapella
- Susan Mormann
- Kara Hickel
- Janna Pastir
- Valerie Fischer
- Keith Johnson
- Debra Huber
- Sonja Mahlum
- Molly Murch
- Barbara Andrist
- Jorden Laducer
- Kasi Eisenzimmer
- Tiffany Knauf

## Duties

- **SCC** will notify LPH of positive cases in their schools and LPH will assist the school with compiling school close contacts.
  - If LPH has reached capacity, the **SCC** will step in to work with district/building POCs to identify the school close contacts.
  - LPH/NDDoH will provide the appropriate quarantine or self-monitor dates based on the positive cases onset date within the appropriate notification letter templates.
  - Schools will disseminate all notification letters.
- Both the NDDoH SCCs and LPH will collaborate using an Excel workbook tracking positive case information and enter case's critical and time-sensitive elements in Dynamics 365 Contract Tracing.
- Answer the school hotline calls **(888) 788-2510**. This hotline is only for school and LPH use. This number should not be shared with the public.
- Monitor the DOH-Info Account, [Dohcovid\\_school@nd.gov](mailto:Dohcovid_school@nd.gov), for school letters.

## Identification of School Positive Cases

School positive cases may be identified in several different ways: Static testing site test registry process, DoH Disease Control case investigation, or a school is notified directly by staff or parents.

School affiliated positives include students, teachers, administrative staff, custodial, food service, paraprofessionals, bus drivers, etc.

During any static testing pre-registration, onsite registration or onsite check-in, questions are asked regarding school affiliation (student, teacher, administrator, etc.) and school. This information is utilized to quickly identify a school case when a positive test result enters the system.

Alternately, a NDDoH Disease Control Case Worker may uncover a school affiliated positive during the case investigation process. In this case, the case worker will email the basic information needed to [dohcovid\\_school@nd.gov](mailto:dohcovid_school@nd.gov).

A school may be notified of a positive case prior to a LPHU. In this case, the school should call the NDDoH school hotline (888) 788-2510.

Static testing site test registry process identifies school affiliation and school

NDDoH Disease Control case investigation uncovers school affiliation

A school is notified of a positive case.

## When a Student Tests Positive for COVID-19

Students should be notified of a positive test within 72 hours of testing. The NDDoH SCC/LPH will work directly with schools. Should a school be notified of a positive case before NDDoH SCC/LPH reach out the district/building POC, the school should contact NDDoH SCC/LPH.

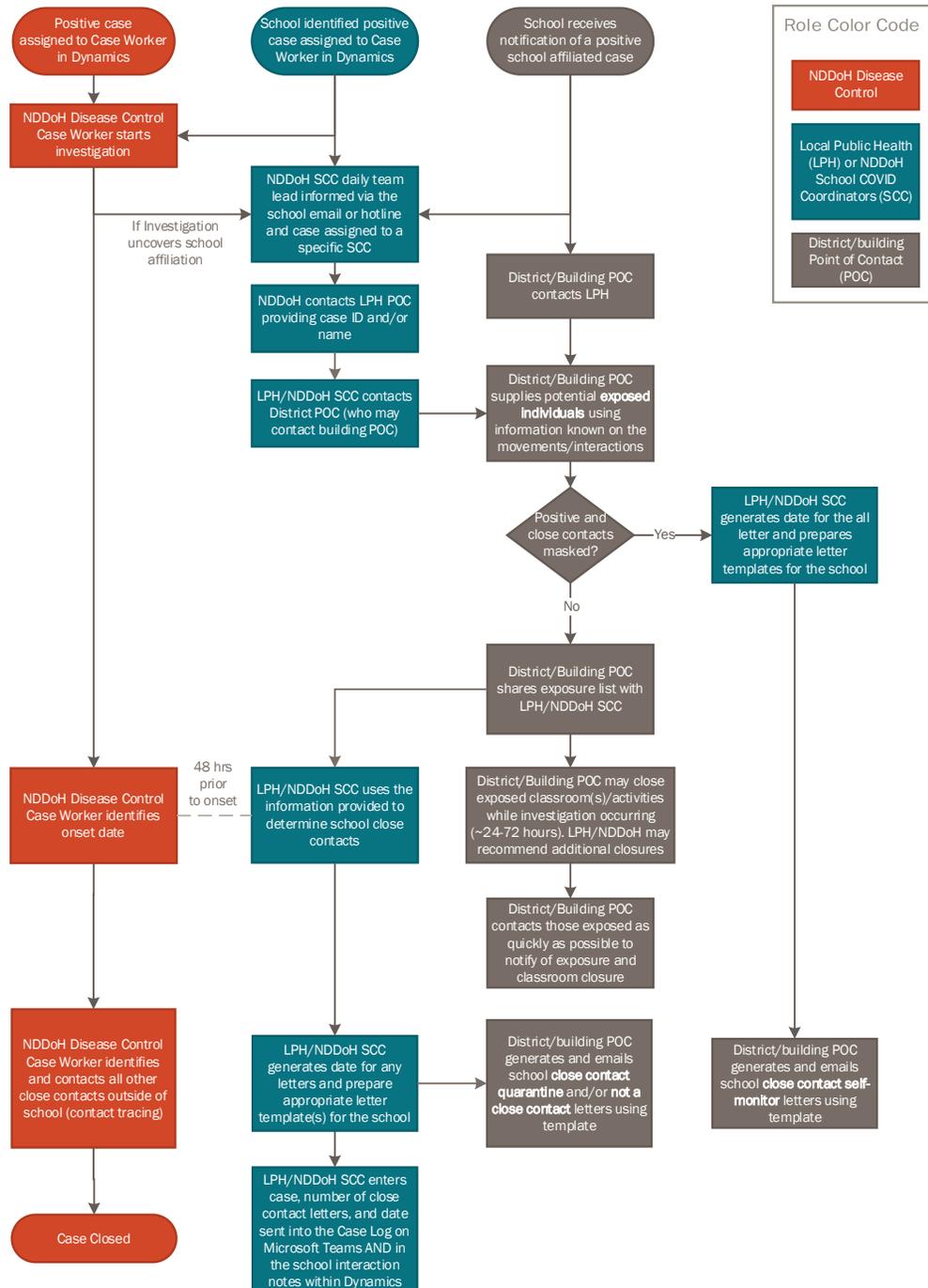
POSITIVE CASE	STUDENT CLOSE CONTACTS		HOUSEHOLD CONTACTS
Isolate	Self-Monitor	Quarantine	
	Masked	Unmasked	
<b>Isolate</b> for at least 10 days after symptom onset and be fever free for 24 hours (without the use of medications) and have improvement in symptoms.	<b>Self-Monitor</b> at home and in school for 14 days from last exposure	<b>Quarantine</b> at home for 14 days from last exposure.	<b>Quarantine</b> at home for 14 days after last exposure. Because they have ongoing exposure, the 14 days does not start <i>until after the case is released from isolation.</i>

# Case Investigation and Identification of School Close Contacts

During the NDDoH case investigation for school affiliated cases several teams work together to take a portion of the process to identify school close contacts. This collaborative effort between NDDoH, LPH and school district/building POCs ensure response activities are timely and effective while ensuring personal health information is protected and only accessible to those who require it to make informed public health decisions.

School Positive Response Process

Updated 2020-09-30



Role Color Code

- NDDoH Disease Control (Red)
- Local Public Health (LPH) or NDDoH School COVID Coordinators (SCC) (Teal)
- District/building Point of Contact (POC) (Grey)

## School Process Initiation

The school close contact identification portion of a case investigation may kick off in several ways: static testing site test registry process indicates school affiliation, DoH Disease Control case investigation uncovers a school affiliation, or a school is notified directly by staff or parents. Once a school case is identified, The NDDoH SCC are the conduits to initiate the response and several parallel processes occur conducted by the following:

- NDDoH Disease Control (orange)
- NDDoH SCC or LPH (blue)
- School district/building POC (gray)

The entire school response to a positive case process is outlined to the left using the colors indicated above to denote who performs the activity. The pages to follow provide greater detail around the portion of the process of identifying school close contacts.

## Designated District POC Notified

LPH or NDDoH SCC  
Notifies School  
District/Building POC of  
a Positive Case

- LPH/NDDoH SCC will contact the district/building POC to notify of case(s) and other school-related contacts (i.e., siblings attending the same school) who have been quarantined in the same household.
- Schools may be notified of cases prior to public health. If that occurs, schools should immediately notify the NDDoH hotline (888) 788-2510 or their LPH POC.

## District/Building POC and LPH Identifies School Close Contacts

District/Building POC  
in Conjunction with  
LPH Compile List of  
Those Potentially  
Exposed in School

- District/Building POC supplies potential **exposed individuals** using information known on the movements/interactions
  - In cases where the school can identify that the positive case and some or all close contacts were wearing masks, the close contacts can remain in class and must wear a mask.
- The NDDoH/LPH determine all school close contacts and assist the district/building POC in compiling a list of individuals who may have been exposed at the school.
  - Any unmasked close contacts should quarantine at home for 14 days following the last exposure
  - When close contacts the positive were masked, close contacts should self-monitor at home or in school for 14 days following the last exposure.
- District/building POC should maintain a list of quarantined close contacts that includes contact name, date of birth,

grade/classroom, parent/guardian name, parent cell phone number, and parent email address.

### District/Building POC Notifies Students/Staff Through Letter

District/Building POC Sends Appropriate Letter(s) to all School Close Contacts

- LPH/NDDoH SCC generates date for any letters and prepares appropriate letter template(s) for the school.
  - The school self-isolate template is to notify all school close contacts who were masked to self-monitor for 14 days from last exposure.
  - The school close contact quarantine template provided from the NDDoH/LPH is to inform close contacts who need to quarantine at home for 14 days from last exposure.
    - It is recommended close contacts get tested for COVID-19 about 7-10 days after being exposed.
  - A not a close contact template letter provided from the NDDoH/LPH is to notify staff and parents of children who were not identified as close contacts.

### School Ensures and/or Increases Preventative Measures

School Ensures/Increases Preventative Measures

- The NDDPI/LPH/NDDoH POC works with the school administration to ensure preventative measures are followed or increased, according to the school's plan and provide any additional recommendations to the to reduce the spread of COVID-19 in the school, if needed.

### NDDoH Disease Control Conducts Additional Investigation(s) as Needed

NDDoH Disease Control will Conduct Additional Case Investigation(s)

- The NDDoH/LPH will conduct additional investigations with anyone who later tests positive for COVID-19 and repeat the same processes.

### Return to School for Individual Testing Positive

NDDoH Disease Control Monitors Case and Determines Return to School

- The NDDoH/LPH will monitor the case and release from isolation once [CDC criteria](#) has been met.
- The case can safely return to school after being released from isolation by the NDDoH/LPH.

## LPH Decision-Making Protocol to Assist School Districts

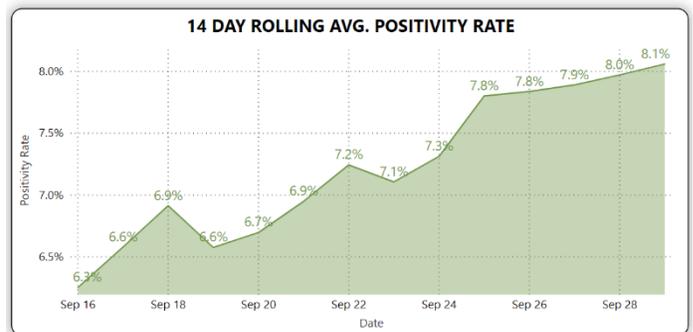
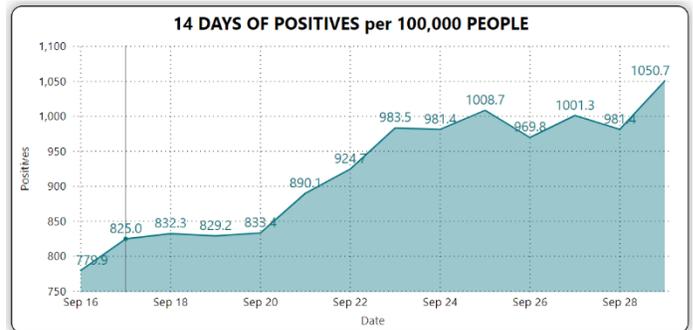
School district/Building COVID POCs should contact LPH for guidance, as needed. Both teams, along with the NDDoH SCC support a coordinated response and communication efforts. Schools should make risk informed decisions regarding return to learning, changes in learning model and school classroom/wing/building closures (see **risk-informed decisions** ).

### Parameters to Consider

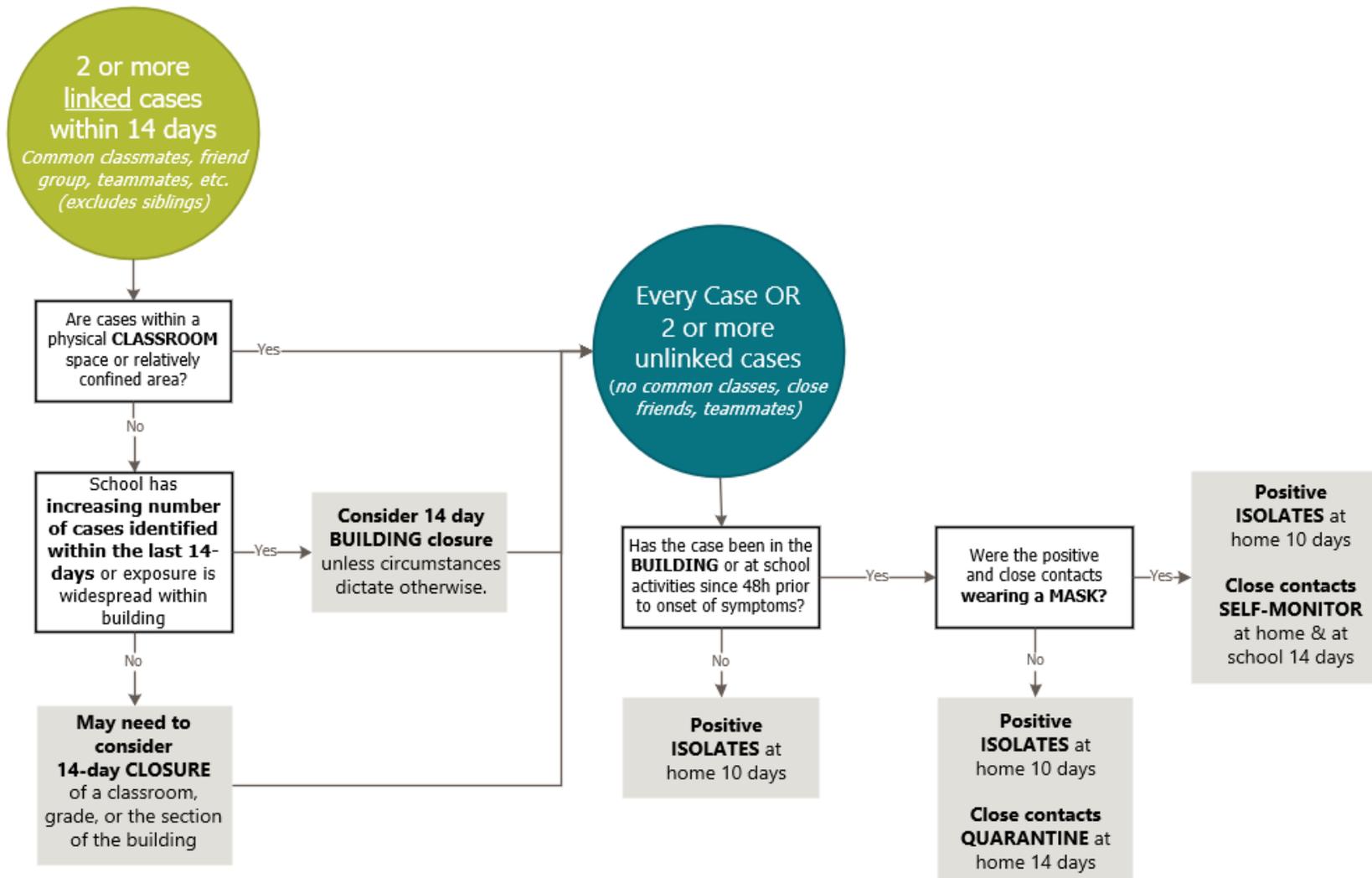
The most current county transmission level calculations can be found on [NDDoH COVID-19 dashboard](#) and soon under a [COVID-19 School Information dashboard](#).

1. District or school case rate
2. District or school absenteeism related to positives and close contacts
3. Number of positive cases per 10,000 (14-day rolling average) in the community (aligns with [COVID-19 Smart Restart County Analysis](#))
4. Percent positivity for diagnostic testing in the community

See the next page for a diagram to use in decision-making.



# LPH Decision-Making Protocol to Assist School Districts



Outside of state, county, or local executive order, district-wide closures should occur under only the most extreme circumstances. The use of "percent active cases" as a sole determinant of district-wide closure is strongly discouraged. Every effort should be made to make school-level decisions that allow schools that are not impacted by active cases to conduct in-person instruction at some level. District administrators are strongly encouraged to include local, regional, and/or state public health officials in any discussions regarding district closure.

## Reasonable Communication Between LPH and Schools

### HIPAA

The OCR issued guidance on how covered entities may disclose PHI about an individual who has been infected with or exposed to COVID-19 to public health authorities and other first responders in compliance with the HIPAA Privacy Rule. Covered entities include medical providers who are reimbursed by Medicare and Medicaid.

Circumstances under which a covered entity may disclose PHI such as the name or other identifying information about individuals, without their HIPAA authorization, includes:

- When first responders may be at risk of an infection;
- When disclosure is necessary to prevent or lessen a serious and imminent threat;
- When needed to provide treatment; and
- When required by law.

Covered entities must make reasonable efforts to limit the PHI disclosed to that which is the “minimum necessary” to accomplish the purpose of disclosure.

HIPAA, the federal privacy law, only applies to medical providers releasing identifying information. Standing guidance from the US Department of Health and Human Services says that HIPAA does not apply to elementary and secondary schools.

Non-disclosure agreements between the NDDoH and the school districts ensure HIPAA compliance.

See [US Department of Health and Human Services](#) for more information.

### FERPA - Family Educational Rights and Privacy

Schools can share information about students while protecting their privacy during a public health emergency, such as a pandemic. FERPA does not apply when schools disclose that a student may have COVID-19 as long as the school does not directly or indirectly identify that student. Schools should only disclose the minimum amount of information required to address the issue at hand.

See the [Department of Education FAQ's regarding FERPA, Student Privacy and COVID-19](#) for more information.

## Disease Control Records

Information contained in disease control records is strictly confidential. N.D.C.C. § 23-07-20.1 and N.D.A.C. 33-06-03-04. Information contained in disease control records includes:

All information, records of interviews, written reports, statements, notes, memoranda, or other data procured by the department in connection with disease control, or carried on by the department jointly with other persons, agencies, or organizations, or procured by such other persons, agencies, or organizations, for the purpose of disease control or for such purposes of reducing the morbidity or mortality from any cause or condition of health.

Records related to the 2019-nCoV/COVID-19 pandemic that an entity receives from the Department of Health, or Local Public Health, are disease control records.

The Department *may* release disease control records related to the 2019-nCoV/COVID-19 pandemic as otherwise provided by statute. See N.D.A.C. 33-06-03-04(5). Pursuant to N.D.C.C. 23-01.3-07, the Department *may* disclose confidential information or protected health information to a health care provider or the public if disclosure of the information is required to prevent the spread of disease, identify the cause or source of disease, or allay fear and aid the public in understanding the risk of its exposure to disease.

The Department has determined that disclosure of specific disease control records related to the 2019-nCoV/COVID-19 pandemic is necessary in order to prevent the spread, identify the cause or source, and allay fear and aid the public in understanding the risk of its exposure to 2019-nCoV/COVID-19.

Pursuant to N.D.C.C. § 44-04-18.10(5), confidential records that are authorized by law to be disclosed to another entity continue to be confidential in the possession of the receiving entity, except as otherwise provided by law. As a result, an entity that receives disease control records related to the 2019-nCoV/COVID-19 pandemic must maintain the confidentiality of the records and limit disclosure as is necessary to carry out its duties related to responding to the 2019-nCoV/COVID-19 pandemic. Such disclosure must be limited to those employees or agents where the disclosure is necessary to assist with case investigations and contact tracing related to 2019-nCoV/COVID-19.

**Any unauthorized disclosure of disease control records related to the 2019-nCoV/COVID-19 pandemic is a criminal violation and is a Class C Felony.**

## Supporting Resources

### North Dakota

- [NDDPI Updates and Guidance on COVID-19](#)
- [NDDPI School Resource Center](#)
- [School Positive Case Reporting Form](#)
- [North Dakota Education Map](#)
- [COVID-19 School Information Dashboard](#)
- [NDDoH COVID-19 resources](#)
- [NDDoH Guidance for Schools](#)
- [NDHSAA Guidelines and Recommendations for Sports/Activities](#)
- [Local Public Health Units in North Dakota](#)
- [North Dakota Smart Restart Guidelines](#)

### External Guidance

- [CDC Guiding Principles for Youth Sports](#)
- [Additional Youth Sports Resources](#)
- [Back-to-school Parents Lead resources for parents and caregivers](#)
- [National Federation of State High School Associations](#)
- [CDC Guidance for Cleaning, Disinfecting, and Hand Hygiene](#)
- [CDC Guidance for Cloth Face Coverings](#)
- [CDC COVID Resources in Other Languages](#)
- [Mask Guidance for School-Aged Children](#)

### LPH-NDDoH SCC

Resources for LPH and the NDDoH SCC team to utilize during the school response process are located in a secure Microsoft team site. Members of that team should obtain the templates and resources there. Contact Sarah Massey if you have any access issues.

- Templates for School Close Contacts
- LPH Decision Making Protocol
- School Positive Response Process