

COVID-19 Health Office Return to School Plan

The purpose of this policy is to outline the Litchfield CUSD #12 Health Office return to school guidelines and re-opening of campus after the COVID-19 pandemic. These guidelines have been carefully considered to address and promote the safety, health, and welfare of our community.

1. Sick Day Guidelines

Symptoms Requiring Absence. Fever/chills/generalized body aches 1. Fever constitutes 100.4 degrees or higher.

2. If presenting with COVID-19 symptoms (fever, cough, shortness of breath, chills, fatigue, body ache, sore throat, loss of taste or smell, diarrhea), follow up with a medical provider prior to returning to school is highly encouraged. a. Have parent/guardian call their medical provider, Illinois COVID hotline 1-800-889-3931, or the Montgomery County Health Department at 217-532-2001 for guidance regarding presenting symptoms and if testing for COVID-19 is warranted.

Per IDPH and CDC guidance for those who have symptoms but are NOT tested or have similar symptoms: "Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, 2. At least 10 days have passed since symptoms first appeared."

Encourage video visits and telephone calls first to prevent potential community transmission of infectious disease if stable and clinically appropriate referral at time of assessment.

The first 24 hours of various antibiotic treatments (i.e. strep throat, pink eye, etc.)

Active vomiting and diarrhea

Undiagnosed, new, and/or untreated rash or skin condition (i.e. generalized hives, wound with purulent drainage, etc.)

Doctor's note requiring an individualized plan of care to stay home for medically fragile or immunocompromised students.

When to Return

If diagnosed with COVID19, with or without a positive test and/or symptoms, please refer to CDC protocol for return to school or work or "When to Discontinue Home Isolation" guidelines.

1. Untested with COVID19 symptoms a. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms; and b. At least 10 days have passed since symptoms first appeared
2. Tested positive with symptoms a. At least 3 days (72 hours) have passed since recovery of fever without use of fever reducing medications and improvement in respiratory symptoms; and b. At least 10 days have passed since symptoms first appeared
3. Tested positive without symptoms a. At least 10 days have passed since the date of first positive test and no symptoms have developed
4. Tested negative with symptoms after 72 hours have passed since recovery of fever without fever reducing medications and improvement in respiratory symptoms

After school re-opens. Fever- 72 hours fever-free without the use of fever-reducing medication and improvement of respiratory symptoms

1. After 24 hours on antibiotics for variety of bacterial causes
2. Active vomiting or diarrhea- 24 hours since last episode
3. Doctor's note of clearance for various student-specific medical conditions (i.e. medically fragile and immunocompromised students)

Check in Procedure: Student will be checked in by school nurse if absent with respiratory illness or status post febrile condition the previous day(s).

1. Teacher or office staff will notify the school nurse as soon as student is present.
2. Student's temperature will be checked and symptoms evaluated to determine if criteria for discontinuation of quarantine have been met prior to returning to class.

School Support.

Students, faculty, and staff will be required to stay home if they are sick. If an individual comes to school with the above-mentioned "Sick Day Guidelines" symptoms, they will need to go home until clearance criteria for school return is met. ii. Temperature and symptom screenings OR self-certification and verification of symptoms and fever and respiratory symptoms will be conducted to all staff, students, and visitors entering the building daily. iii. Individuals who experienced COVID exposure should report to the school nurse for quarantine guidelines and initiation of contact tracing.

Academic

1. Continue to support students with acute or chronic health conditions. Short-term absences will be handled on a case-by-case basis. 2. Long-term absences will be evaluated if criteria is appropriate for medical leave or other potential medical accommodations.

2. When to Visit Health Office 1. Student may independently ambulate to the health office for variety of individualized needs, so long as none of the following symptoms are present: a. Confusion/ "doesn't seem to be their self/disorientation b. Decreased level of consciousness c. Shortness of Breath/Respiratory Distress d. Dizziness/Lightheadedness e. Spinal Cord Injury/Head Injury complaining of neck pain - DO NOT MOVE POSITION f. Vision impairment g. Diabetic "Lows" h. Hemodynamic compromise. Individualized triage judgement call of faculty/staff or based off reported condition as directed by school nurse

3. Students need to stay in place for in-person evaluation if any of abovementioned criteria are met, or per faculty/staff best judgement. a. If it is an emergency, 911 should NEVER be delayed. Activate EMS and delegate as appropriate.

4. In order to prevent potential exposure to infectious diseases, promote isolation, and decrease office congestion please note that students do NOT need to present to the Health Office with the following common situations:

a. Paper cuts, small abrasions, picked scabs - have them wash hands and apply band aid if needed.

b. Minor headaches and/or fatigue - allow them to get snack/drink water first. Better after 20 minutes?

c. Mild stomachache and/or nausea - allow to use the restroom, drink water, and have snack first. Better after 20 minutes?

d. Localized bug bite - if no allergy history and not spread over large area of skin (not larger than a pencil eraser), apply cool paper towel to area to help prevent scratching

e. Anxiety/Stress/Psychosocial Issues - if not affecting breathing or medical health try snack, redirection, and refer to building counselor or other applicable services for collaboration.

5. Encourage use of school nurse hall pass, online appointment process, or calling ahead to school nurse to visit the school health office.

Non-pharmacological Intervention (NPI) Recommendations for Communicable Disease

a. Individual. Avoid close contact with people who are sick. ii. Stay home when you are sick. iii. Cover your cough or sneeze into your elbow or a tissue, then throw the tissue in the trash. Follow with hand hygiene. iv. Avoid touching your eyes, nose, and mouth. If you do, wash your hands afterwards. Wash hands often with soap and water (20 seconds). v. If soap is unavailable, use hand sanitizer (60-95% alcohol based). vi. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe daily (ex: playground equipment, door handles, sink handles, drinking fountains, toys, desks). vii. Ensure all vaccines are up to date of self and household members. viii. Promote non-contact methods of greeting ix. Work with school counselors to promote ways to decrease fear, stigma, anxiety and address social emotional needs

b. Community. Promote up-to-date vaccinations, including the flu vaccine, in accordance with Illinois state law. ii. Plan interventions proactively for communicable disease outbreaks. iii. Social distancing measures required 1. In a multidisciplinary approach, evaluate ways to decrease community congestion, i.e. classes outside when appropriate, evaluate campus events, evaluate the ability to stagger classes and individuals on campus, etc. 2. Evaluate the need for closures in conjunction with Emergency Planning Committee, IDPH, and IL state law and school code.

a. A hardship shall include but not be limited to: severe and prolonged acts of nature that render travel dangerous or impractical; ii. natural disasters that affect a community after which rescue, repair and grieving are critical to the community's recovery; iii. community or statewide health emergencies as where warnings about pandemics or epidemics have been issued by the department of health or the department"

b. Responsibility for protection of public health: The department of health may take such measures as are deemed necessary and proper for the protection of the public health.

c. Case incidence in schools or health facilities: Where any case of communicable disease occurs or is likely to occur in a public, private, or parochial school, child care facility, or in a health care facility, the department of health may require the school or facility to:

d. Exclude infected persons and non-immune persons, whether students, patients, employees or other persons; ii. close and discontinue operations if there is likelihood of an epidemic.

1. Disseminate health information regarding COVID19, handwashing, PPE, social distancing, face coverings, etc. from CDC, IDPH, and MCHD c. Environmental. High touch surface cleaning with disinfectant noted to kill COVID19. Surfaces should remain wet for 15 min. ii. Routine environmental cleaning; clean high traffic areas (bathrooms, cafeteria, gym, office) and health office daily iii. Exposed areas should wait 24 hours prior to cleaning or if not possible, wait as long as possible per CDC iv. Vacuum empty room with HEPA filter v. Postage throughout campus encouraging frequent handwashing vi. Hand sanitizer dispensing units throughout each building vii. Limit food-sharing activities viii. Increase ventilation - keep windows open when possible, use fans to circulate air

2. Isolation and Personal Protective Equipment (PPE) Standards in the Health Office (subject to change based on national PPE supply, infectious disease outbreak, clinical judgement and assessment.)

a. Uniform and Standard PPE during Pandemic i. In order to prevent cross-contamination between personal and professional environments, as well as to easily identify health office personnel, medical scrubs should be worn by Health Office staff. In addition to standard medical scrubs, closed-toe shoes should be worn on a daily basis.

b. Standard PPE should include a paper/plastic gown to protect scrubs from contamination in the office. May be used as "Standard Precaution" and should be changed if changing PPE for other purposes. 1. Should only be used in the triage and isolation room.

3. For on-site calls, triage symptoms on telephone and prepare necessary PPE for on-scene response.

Use of a standard face covering for all student and faculty/staff interactions required. iv. Eye protection; goggles or face shield, in addition to a face covering is highly recommended by the CDC for all patient encounters. v. Appropriate PPE must be utilized in conjunction with universal precautions and proper hand hygiene. Hand hygiene is required before and after each office encounter and after each intervention.

1. Soap and water scrubbing for 20 seconds is the preferred method. Hand sanitizer with at least 60% alcohol is also acceptable. 2. Soap and water handwashing must be used in the case of gross soiling.

Non-Respiratory Condition

Gastrointestinal 1. Consider the use of gowns, face covering, facial shield, and/or protective eye wear in the case of active or impending emesis. 2. Move student to separate isolation area in the case of active emesis.

Integumentary 1. Standard precautions, evaluate the need of escalation of PPE dependent on clinical picture. I.e. draining wounds, potential exposure to blood borne pathogens.

Miscellaneous 1. Use clinical judgement to evaluate the risk of exposure and implement appropriate PPE. 2. Sore throat, muscle aches, etc. ALWAYS ask if they have been exposed to someone with positive or presumed positive COVID-19.

Respiratory Condition and Afebrile

Upper Respiratory Complaint 1. Face covering required during assessment to prevent droplet transmission during close contact.

a. If lung sounds auscultated clear, secretions are clear or absent, and cough is intermittent or absent in nature teach student proper respiratory hygiene etiquette. Evaluate clinical picture if appropriate to remain in school.

b. If lungs sounds auscultated other than clear and/or secretions are yellow or green, and cough is persistent - use mask and refer student out for further evaluation. Move the student to isolation room.

c. Evaluate if the individual has been exposed to someone with positive or presumed positive COVID-19. Per CDC, "Patients with even mild symptom that might be consistent with COVID-19 (e.g., cough, sore throat, shortness of breath, muscle aches) should be cared for by HCP wearing all recommended PPE for the patient encounter (gloves, a gown, respiratory protection that is at least as protective as a fit tested NIOSH-certified disposable N95 filtering face piece respirator or facemask (if a respirator is not available), and eye protection)".

d. Respiratory Condition and Febrile. Per the CDC, IDPH, and NASN, "The use of face coverings for persons with respiratory symptoms and fever over 100.4 is required if available and tolerated by the person and developmentally appropriate."

1. Currently, as an institution we recognize a fever as a temperature of 100.4 degrees Fahrenheit or higher.

2. Investigate if the individual has been exposed to a person with positive or presumed positive COVID-19.

3. Dependent on the clinical picture, consider use of protective eyewear, facial shield, gown, and shoe covers if assessing within close proximity and risk of droplet transmission.

a. Due to widespread community transmission of COVID-19 in Illinois, strongly consider the use of gloves, a gown, respiratory protection that is at least as protective as a fit tested NIOSH-certified disposable N95 filtering face piece respirator or face covering if a respirator is not available, and eye protection.

b. Per CDC, "If the patient is wearing a facemask or cloth face covering, no recommendation for PPE is made typically for HCP transporting patients with a respiratory infection from the patient's room to the destination." (i.e. to isolation room to home with parent). However, if transport time delayed and care rendered FULL PPE should be worn. "Use of a facemask is recommended by the transporter for anything more than brief encounters."

c. Require a face covering on staff and student

d. Isolate student in a separate area.

Must be sent home and follow up with a medical provider with a clearance note recommended prior to returning to school. 1. Have parent/guardian call COVID hotline for guidance regarding presenting symptoms if testing for COVID-19 is warranted. 2. Screen siblings and household students for fever and symptoms. Educate on self-monitoring of symptoms. Send home to monitor for symptoms if

warranted. 3. Encourage video visits and telephone calls first to prevent potential community transmission of infectious disease if stable and clinically appropriate referral at time of assessment.

Schools are not expected to screen students or staff to identify cases of COVID-19. 1. Ensure adequate education has been provided to recognize symptoms. Although symptoms are individualized and variable, sometimes even asymptomatic, the CDC has recognized that the primary symptoms are FEVER, COUGH, and SHORTNESS OF BREATH. a. Consider presenting at common times, etc. to educate symptoms, disease transmission, and separate fact from fiction.

If school has direct cases of COVID-19, we will assist local health officials to identify those individuals and we will collaborate to follow up on next steps and initiate contact tracing. 1. Exposure is defined as within 6 foot of infected person for greater than 15 minutes. Must go back 2 days to identify students, staff, and visitors possibly exposed. Exposed person will be quarantined for 14 days to self-monitor for COVID symptoms. vi. Call healthcare providers for further guidance.

a. Febrile with/without Acute or Comorbid Condition. Send home until "Return to School" guidelines met.

b. Educate parents on recognizing warning signs about when to consult a higher level of care.

c. Maintain communication with family and monitor symptoms while the student is home for safe return to school.

d. Request reentry date or medical clearance from student's MD. (see sick day guidelines)

b. Afebrile "Walking Well" Clean area in health office for medication administration, injuries, tube feeding, insulin administration

This space must be separate from isolation area

Aerosol generating procedures (i.e. suctioning, nebulizers, inhalers without spacers) are not recommended in school at this time

4. Personal Protective Equipment for other individuals within the school a. Per IDPH, "Face coverings are required by all individuals in the school buildings unless younger than 2 years old, have trouble breathing, or are unconscious, incapacitated, or otherwise unable to remove the cover without assistance. Face coverings must be worn at all times even when social distancing is maintained." b. Face coverings do not need to be worn outside if social distance is maintained c. Medical provider notes are required for students who are unable to wear face coverings d. Face coverings are required when moving between spaces/classes e. PPE needs for staff working with special education and medically fragile students will be assessed and distributed f. Staff training on proper donning and doffing of PPE will be provided by the school nurse

5. Communicable Disease Monitoring

a. Internal. Collaborate with school Secretaries to record detailed symptoms when students are called in for sick days, including COVID- like symptoms, diagnosis, or exposure. 1. Health Office to record this in the student's electronic health record. 2. RN will monitor community illness for communicable disease trends and absentee rates ii. Document staff and visitor visits iii. Tracking process to monitor individuals out sick from school will be maintained by the school nurse 1. Tracking ensures discontinuation of home isolation or quarantine have been met 2. See Check in Procedure 3. Process will be communicated to families and staff iv. If 10% of the student population, whether it is across a division or entire student population, calls out sick for similar symptoms it must be reported to the MCHD. 1. This also applies to faculty/staff illness absences. 2. If 10% out sick, recommend partial closure to clean and disinfect entire school for 2 days.

v. See above guidelines under "Respiratory Condition and Febrile" for COVID-19 monitoring. If a case is positive in our school, this is a reportable condition as required by the IDPH Infectious Disease Reporting requirements. vi. Monitor for MIS-C (Multisystem Inflammatory Syndrome) symptoms in children. Suspected or known cases should be reported to MCHD as required by CDC, IDPH. vii. Maintain list of students who are religious and medical exempt from vaccinations. Notification and exclusion may be necessary if outbreak.

b. External. Refer to above "Community NPI Recommendations" ii. Maintain ongoing monitoring of local, national, and global health trends.

iii. Continue to follow up-to-date communications from the IDPH, CDC, WHO, Office of the Governor, and ISBE regarding community-specific communicable disease concerns, planning, and interventions.

c. Considerations for Closure of School

Correspond with IDPH and CDC guidelines regarding interventions when considering school closure and guidance. ii. Outbreaks will be determined by local health authorities; MCHD. When outbreak threshold is met, the Superintendent and MCHD will be notified by the school nurse. Superintendent, working in conjunction with MCHD, makes the final decision regarding school closure.

Ensure communication with parents of medications in school about retrieval, storage, or destruction options. Chart communications in electronic health record.

Coordinate with the communications department and transition planning group for community support and guidance. This may include updating available hotlines, websites, local food shelters, day care options, and more. 1. Various disciplines in transition planning group will ensure proper action and interventions within their departments.

d. Campus-wide Considerations for School Administration. In the event of ongoing/prolonged community transmission of COVID19, evaluate community NPIs.

Maintain 6 foot social distancing/spacing of students in classrooms (separating desks, no shared desks, all face same direction) and in common areas (staggering or limiting number of students in one area such as cafeteria, gym, or playground).

Adhere to Phase 4 mass gathering guidelines of 50 individuals in one space

Limit mixing between groups

Restrict Nonessential visitors, volunteers, and activities

Consider staggering drop off times or locations and limit direct contact with parents as much as possible

Limit sharing of food, utensils, art supplies, and electronics. Keep child's belongings separated from others. Use of prepackaged food and supplies recommended.

Support faculty, staff, and students who require or choose to have prolonged periods of absenteeism due to community transmission of virus and/or immunocompromised systems.

Support other staffing departments in the new climate upon return to school, such as custodial services and new guidelines for cleaning and PPE procedures.

There is evidence that for campuses like ours that have multiple buildings to consider class or grade closure and suspension of common building areas for illness rather than a whole school closure. Per research, this has a smaller mitigation effect, but does lead to reduction of a large-scale outbreak.

For additional guidance on school areas and concerns, please refer to ISBE & IDPH transition joint guidance document for specific recommendations.