

Washoe County School District

Washoe County Health District

Outbreak Surveillance and Response Plan for Schools
COVID-19 and Other Outbreaks

Updated 8/6/2021



**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

Outbreak Response Plan – Preamble

The key to controlling infectious disease outbreaks in a school setting is to have a robust system of reporting and outbreak response that involves School Administration, Parents or Guardians, Students, Student Health Services Staff, School Facilities Staff and Local Health Officials. Spread of illness is controlled by early detection, isolation, treatment, diagnosis and sanitation. Detection of outbreaks is best accomplished by careful monitoring of reports of illness to determine if reported symptoms are above baseline or normal expectations. It is important that Parents or Guardians, Students and Staff are forthcoming with enough information initially to allow Student Health Services and Local Health Officials to determine whether there is a potential outbreak. Follow-up with remedial measures is crucial once an outbreak is determined.

In Washoe County, aberrations of illness data are noted through a collaborative effort with the Washoe County School District (WCSD) and Washoe County Health District (WCHD). When WCHD declares an outbreak, guidelines are provided by the Epidemiologists through the Outbreak Response Team to include WCSD Student Health Services, Administration and Facilities Staff. Outbreak protocols are then implemented by WCSD. Isolation of symptomatic individuals who are potentially contagious is the primary measure for removing the illness from the school and is initially accomplished by on site staff. Exclusions are a necessary extension of this measure to provide assurance that recovery and shedding of active causative agent are complete prior to student or staff returning to school. The WCSD and WCHD work together to ensure that the exclusions are followed.

During an outbreak that is relatively large or has an unknown etiology, the WCHD Epidemiology and Environmental Health Services (EHS) Programs work with the Nevada State Public Health Lab (NSPHL) to determine the potential cause of the outbreak to include isolation of infectious agents through sample and analyses. For gastrointestinal outbreaks, samples from ill individuals may be gathered by WCHD EHS staff from the lists provided by WCSD. The samples are submitted to the NSPHL and results are then provided to WCHD and the individual patient. Positive tests, minus the individual names, are reported to WCSD and subsequent actions are taken specific to the known cause to include follow-up with WCSD on exclusions and WCSD Facilities Staff on augmentation to site sanitization if necessary.

Epidemics have occurred in communities and spread in schools in the United States in recent years to include Influenza, Norovirus, Pertussis and Varicella. On March 11th, 2020, the World Health Organization (WHO) declared a Global Pandemic due to spread of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) which causes Coronavirus 2019 (COVID-19) and a rare condition of Multisystem Inflammatory Syndrome (MIS-C) in children. The community spread of the SARS-CoV-2 has resulted in closure of schools nationwide including Washoe County. Effectively managing outbreaks of COVID-19 and other illnesses in Washoe County schools requires the development and implementation of a comprehensive Outbreak Surveillance and Response Plan that addresses periods of elevated community-wide transmission and school-specific outbreaks.

Plan Administration

The Washoe County School District and Washoe County Health District will coordinate review, revision, and re-promulgation of this Outbreak Plan annually or when changes occur, such as lessons learned from exercises or events.

Record of Plan Reviews and Changes

Track and record all updates and revisions to the Outbreak Plan in the following table. This process will ensure the most recent version of the Outbreak Plan is disseminated and implemented by emergency response staff.

Date	Change No.	Summary of Review or Change
8/14/2020	1	II.A.3 Remove “or symptomatic”. Update Appendices A, B, C, D, F, G, H. Add Appendix K.
8/14/2020	2	II.A.4-5 Remove need for a positive test ILI and GI tests. Update Appendices D and K to remove need for positive test for non-COVID ILI or GI cases.
8/17/2020	3	Appendix I: Removed carpet cleaning for individual classrooms in outbreak, added carpet cleaning to PVI at Outbreak Locations, added Tentative Cleaning Schedule and Outbreak Feeder School.
8/18/2020	4	Appendix I: Initial Outbreak Cleaning at each site: Spray all outbreak carpets with a soft surface sanitizer.
8/24/2020	5	II.B For Level 2 closure, define time period of 14 days for 2 cases from the same class/work area.
8/28/2020	6	Divide Appendix I into I and J to differentiate between cleaning during community-outbreaks (ex COVID-19 pandemic) and school-specific outbreaks resulting from elevated case counts.
8/28/2020	7	Update Appendices A, B, D, E, F, L to reflect updated symptom list and define isolate and quarantine.
8/31/2020	8	Update II.A.5-6 to define incubation period and quarantine.
9/2/2020	9	Update Appendices A and B to clarify 14-days after last exposure.
9/17/2020	10	Additional of language defining elevated community-wide transmission in the Preamble and Appendix I.
9/17/2020	11	Add names of plan contributors.
9/22/2020	12	Update II.B Indicate why Outbreak closures may be announced.
9/22/2020	13	Update Appendices A, B, D, E, F, L: Clarify 48-hour exclusion for vomiting or diarrhea is sole symptom; remove “Told by WCHS to isolate”; change isolate to quarantine and clarify that 14-days have passed verbiage for household contacts.
9/25/2020	14	Appendices A and B: Add symptom codes.

Date	Change No.	Summary of Review or Change
12/27/2020	15	<p>Appendix A, B, D, L to reflect 72-hour wait between symptom onset and test collection and reduction of quarantine after exposure to 10 days of the 14-day incubation period.</p> <p>II.A.3-4 Reduce exclusions and quarantine period after exposure to 10 days of the 14-day incubation period.</p> <p>II.A.4 Close contact updated to cumulative 15-minute exposure over a 24-hour period.</p>
2/16/2021	16	II.A.5-6
8/6/2021	9	<p>Changed title from Outbreak Response Plan to Outbreak Surveillance and Response Plan.</p> <p>Clarified wording on page 2, last paragraph.</p> <p>List of contributors updated.</p> <p>II.A Add statement regarding symptoms in vaccinated individuals.</p> <p>II.A.1 Remove reference to new and unusual symptoms.</p> <p>II.A.2-3 Reference Close Contact in Household Contact to reduced redundancy. Add change for fully vaccinated and prior infection.</p> <p>Appendix A-B: Add vaccination information and reference to exposure test out option. Change to temporary distance learning options.</p> <p>Appendix C: Add vaccination date.</p> <p>Appendix D: Add vaccination and prior infection information to screening questions. Add exposure test out option to flow chart.</p> <p>Appendix E: Remove new/unusual symptoms reference. Change health office staff to walk student to health office to staff.</p> <p>Appendix F: Remove new/unusual symptoms reference.</p> <p>Appendix K: Clarify difference between routine cleaning, cleaning for elevated community-wide transmission, and outbreak.</p> <p>Appendix L: Remove new/unusual symptoms reference. Updated to included direction for fully vaccinated and prior infection. Add Test Out of quarantine due to exposure.</p>

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Plan Overview and Contents

The purpose of this plan is to provide a framework for outbreak response at Washoe County School District schools for WCSD and WCHD staff. The execution of the plan requires the collaborative efforts of both agencies. By design, the plan must be adaptable and subject to review as information is updated on various types of illnesses and outbreaks and how to best handle them. The essential components of the plan are as follows:

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 - B. COVID-19 Triage Cheat Sheet**
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 - G. Teacher Notification of Student Exclusion**
 - H. Student Clearance to Return to Class**
 - I. Elevated Community-wide Transmission Cleaning Protocols**
 - J. School-specific Outbreak Cleaning Protocols**
 - K. Transportation Cleaning Protocols**
 - L. COVID-19 Daily Self-Screening Tool**

I. Reports of Illness

A. Training School Staff on Incoming Illness Reports

Training of staff is an essential process with the understanding that district-wide outbreak response protocols may be in place during pandemics like COVID-19 or during other nationwide, statewide or local outbreaks that may or may not be linked to an individual school. For the individual school site, absences are typically reported by a Parent, Guardian, Staff Member or Student either by phone or electronically. Student or Staff Member may be absent for a variety of reasons. In order to control spread of illness it is important that a report of absence include whether the absence is due to illness and the specific symptoms. While the individual taking the report is not expected to diagnose any specific condition, it is expected that the symptoms are logged and it is most efficient if basic exclusion criteria can be conveyed to the person reporting at the initial point of contact. Additionally, there is no general expectation the person receiving the initial report of illness is a clinician and therefore training is a vital component for detecting a potential outbreak. Training essentially requires a plan for communication, scripts and triage of illness reports. It is within the guidelines of the Health Information Portability and Accountability Act (HIPAA) for symptom information to be requested by school staff and the only way that early detection of an outbreak can happen. For guidance, reference **School Script during an Outbreak (Appendix A)** and **COVID-19 Triage Note Pads and Cheat Sheets (Appendix B)**.

B. Triage of Illness Reports

One of the most important aspects of training that is worth highlighting is the triage of illness reports. The objective is to be able to categorize reports into types of illness consistent with reported symptoms. The first step to triage an illness report is a basic understanding of the predominate symptoms. It is usually the first clue that there may be an outbreak. Symptoms of many illnesses tend to overlap, and some illnesses are not entirely defined only by predominant symptoms. Viruses in particular may result in various maladies as noted with illnesses, such as COVID-19. If there is some concern with overlap it is important to contact Student Health Services staff before deciding how to triage the report. For guidance, reference **Expanded Illness Report Log and Codes (Appendix C)**.

C. Isolating and Sending Home Ill Students and Staff

It is important to isolate any individual who is reported to have symptoms of illness if that individual is to remain on site for any period of time. This can be accomplished by moving the sick individual to a location that will be unoccupied during isolation, preferably in an office or room near where the individual will be exiting the school grounds. Ensure that the symptoms are logged on the illness reports for the day and that all pertinent information is filled in. Follow appropriate precautions to reduce the

spread of illness to staff and students who may be in the proximity and interacting with the sick individual. Sanitize the high touch areas and any table or chair within the space occupied by the sick individual following their departure and prior to entry of the space of other students or staff. It is recommended to stagger occupancy of isolation areas by sick individuals when possible. For guidance, reference flowcharts **COVID-19 Self-Screening Flowchart (Appendix D)**, **Management of Students with COVID-19 Symptoms at School (Appendix E)**, and **Management of Employees with COVID-19 Symptoms at School (Appendix F)**.

D. Reporting Illnesses to the Washoe County Health District

When an Outbreak is suspected, it is imperative that a report is made to the WCHD Epidemiology Program. Absentee reporting and illness database programs supplement, but do not substitute, reporting via phone and following up with emails. The WCHD will gather data and other information from WCSD during the initial contacts. Illness tracking will commence with WCHD using information from WCSD and Contact Tracing to determine the progression of the outbreak and necessary sampling procedures. To expedite investigations and mitigation measures, WCHD needs the case reports daily during an outbreak. The information will be used by WCHD Epidemiology and EHS Staff to conduct interviews and arrange for sample collections and deliveries to the NSPHL.

II. Controls for Spread of Illness

A. Exclusion of Ill Students and Staff

Exclusion of ill individuals from school premises is necessary to ensure the safety and protect the wellness of the Students, Staff and Community during an outbreak. Period of exclusion depends on the specific illness and time it takes for recovery, followed by the time it takes shedding of causative agent to cease. Additionally, the extent of exclusion depends on the illness and the number of individuals exposed. Close contacts identified through Contact Tracing may require further exclusions which will be determined by the WCHD. To be considered released from isolation and quarantine, a COVID-19 case must satisfy the symptom and time-based recovery conditions and members of the household must satisfy the quarantine conditions.

Individuals who have been fully vaccinated with an FDA-approved COVID-19 vaccine or other COVID-19 vaccine FDA-approved for Emergency Authorization Use (two weeks after second dose of Pfizer or Moderna vaccines, or two weeks after single dose of Johnson and Johnson) may still contract coronavirus. If vaccinated students or staff show signs or symptoms of COVID-19, they will be excluded as if they were non-vaccinated.

As of this writing, exclusions for COVID-19 and other commonly confirmed or suspected illnesses that have affected schools include the following during outbreaks:

1. Symptomatic or Positive COVID-19

An individual with symptoms of COVID-19 or an individual who tests positive for SARS-CoV-2 is to **isolate** in the home, safely separated from others in the household, until the following criteria are met:

- At least ten (10) days have passed since symptoms first appeared; **and**,
- Twenty-four (24) hours have passed since recovery, defined as resolution of:
 - fever without the use of fever reducing medications, **and**
 - gastrointestinal symptoms (e.g., diarrhea, vomiting); **and**,
- Other symptoms have improved.

If an individual with symptoms of COVID-19 tests negative for COVID-19, see **Influenza Like Illness (ILI)** and **Gastrointestinal (GI) Illness** sections below.

Symptoms of COVID-19:

- One (1) or more of the following symptoms:
 - Fever (temperature $\geq 100.4^{\circ}\text{F}$ at rest)
 - Respiratory symptoms (cough, shortness of breath, and/or difficulty breathing)
 - New loss of smell or taste
- Two (2) or more of the following symptoms:
 - Chills
 - Feeling cold and shivering
 - Muscle pain or aches
 - Headache
 - Sore throat
 - Fatigue
 - Nasal congestion
 - Nausea or Vomiting (If this is the only symptom, see **Gastrointestinal (GI) Illness** below.)
 - Diarrhea (If this is the only symptom, see **Gastrointestinal (GI) Illness** below.)

2. Severely Immunocompromised or Critically Ill Positive COVID-19

COVID-19 cases who are severely immunocompromised or critically ill are to **isolate** in the home, safely separated from others in the household until the following criteria are met:

- At least twenty (20) days have passed since symptoms first appeared; **and**,

- Twenty-four (24) hours have passed since recovery, defined as resolution of:
 - fever without the use of fever reducing medications, **and**
 - gastrointestinal symptoms (e.g., diarrhea, vomiting); **and**,
- Other symptoms have improved.

3. **COVID-19 Household Contacts**

Household Contacts are those who live with a confirmed COVID-19 case. Household Contacts are to remain in the household, safely separated from the case to the greatest extent possible during the case's in-home isolation. If unable to quarantine from the confirmed COVID-19 case, exposure is ongoing until the individual with symptoms of COVID-19 has recovered, see recovered defined for **Symptomatic and Positive COVID-19** cases above.

Household Contacts who are not fully vaccinated, must quarantine while anyone in the household is a confirmed case. Once all COVID-19 positive cases in the household have recovered, the Household Contact is treated as a Close Contact and will follow exclusion and quarantine instructions outlined in **COVID-19 Close Contacts** below.

Those who have been in close contact with someone who has COVID-19, who do not show signs and symptoms of COVID-19, but who themselves have tested positive for COVID-19 in the previous ninety (90) days or have been fully vaccinated at the time of exposure, will not be excluded and are not required to quarantine. Despite past illness or vaccination, Contacts should watch for symptoms as a precaution. Official laboratory test results will be required for Close Contacts who have tested positive for COVID-19 in the prior ninety (90) days.

Contacts who develop symptoms or test positive for COVID-19 must follow the exclusion and isolation of a **Symptomatic and Positive COVID-19** case from symptom onset, regardless of vaccination or prior infection.

4. **COVID-19 Close Contacts**

Close Contacts are those who:

- have spent fifteen (15) or more minutes (cumulative over 24-hour period) within six (6) feet of a confirmed case when the case was considered infectious,
- provide care at home to a confirmed case (see Household Contacts above),
- have had direct physical contact (hugging, kissing, sharing food and utensils) with a confirmed case when the case was considered infectious, or

- were exposed directly to respiratory droplets (sneezed on, coughed on).

The incubation period (period of time between exposure and when a person may become ill) for COVID-19 is up to fourteen (14) days. Because the Close Contact may become ill at any point in the fourteen (14) days, it is important to limit exposure to others and closely monitor symptoms. In light of CDC Options to Reduce Quarantine guidance published in November 2020, Close Contacts are excluded for ten (10) days and must **quarantine** for ten (10) days after their last exposure to the COVID-19 case, but should continue to closely monitor symptoms for the entire 14-day incubation period.

Those who have been in close contact with someone who has COVID-19, who do not show signs and symptoms of COVID-19, but who themselves have tested positive for COVID-19 in the previous ninety (90) days or have been fully vaccinated at the time of exposure, will not be excluded and are not required to quarantine. Despite past illness or vaccination, Contacts should watch for symptoms as a precaution. Official laboratory test results will be required for Close Contacts who have tested positive for COVID-19 in the prior ninety (90) days.

Contacts who develop symptoms or test positive for COVID-19 must follow the exclusion and isolation of a **Symptomatic and Positive COVID-19** case from symptom onset, regardless of vaccination or prior infection.

Those who have been in close contact with someone who has COVID-19, who do not show signs and symptoms of COVID-19, have the option to test out of quarantine due to exposure. The contact may opt to have a laboratory COVID-19 test performed on or after day 5 from last date of exposure. If the COVID-19 test result is negative and official laboratory results can be provided to the school, and the Contact is still not showing any signs of illness, the Contact is permitted to return as early as day 8 after last date of exposure.

5. Influenza Like Illness (ILI)

During the COVID-19 outbreak, ILI exclusion is the same as the COVID-19 exclusion unless the patient meets the following criteria:

- has ILI symptoms,
- has a negative COVID-19 test, and
- has had no known contact with a COVID-19 case.

If all of the above criteria are met, the patient's exclusion will be changed to:

- symptom free for twenty-four (24) hours without the use of fever-reducing medication.

6. Gastrointestinal (GI) Illness

Due to overlap of GI symptoms with COVID-19 and MIS-C in children during the COVID-19 outbreak, GI exclusion is the same as the COVID-19 exclusion.

If the person:

- has GI symptoms,
- has a negative COVID-19 test, and
- has had no known contact with a COVID-19 case,

then the person may return once they have been symptom free for forty-eight (48) hours without the use of antidiarrheal medication.

If the person only experiences vomiting OR diarrhea (no other symptoms), the person may return once they have been symptom free for forty-eight (48) hours without the use of antidiarrheal medication.

7. Pertussis

Exclusion will last a minimum of five (5) days after the first dose of prescribed antibiotic treatment and case is symptom free following treatment.

Unvaccinated persons are excluded for twenty-one (21) days after an exposure.

If the unvaccinated person chooses to be vaccinated, the exclusion will be shortened to fourteen (14) days following vaccination.

8. Other Illness Exclusions

Following most recent protocols published by the CDC and the Communicable Disease Manual of the WCHD.

Exclusions must be followed for the health of the individual, students, staff and community. If exclusion requires medical evaluation and clearance or Health District oversight, WCHD will send a letter to the school and the patient or patient's family outlining the details of the exclusion requirements. Additionally, in order to control spread of illness sporting events, practices, school assemblies and other after school events may be canceled. Parents or guardians with questions about exclusions may call the WCHD. To avoid having potentially infectious students entering a classroom, WCHD Student Health Services will notify school administrators and teachers. For guidance, reference **Teacher Notification of Student Exclusion (Appendix G)**.

B. Closure of Rooms and Schools

During periods of elevated community-wide transmissions of such diseases as COVID-19, cases will be monitored and closely managed by WCHD and WCHD. During such periods, it may be necessary to declare a site-specific outbreak and closures of rooms and schools are sometimes necessary to reduce the risk of spread of illness.

In keeping with criteria outlined by the Council of State and Territorial Epidemiologists (CSTE 7/12/2020), a number of factors are considered when determining if outbreak investigations are warranted, including but not limited to the following:

- Size and characteristics of student and staff population,
- Environmental factors that affect transmission,
- Possibility to spread to others,
- High suspected number of cases or greater case rate within educational setting compared to the case rate in the community, and
- Indicators that suggest undiagnosed or unreported COVID-19-like activity among students or staff.

The need to publicly report a COVID-19 outbreak in an educational setting should be determined by WCHD and must balance the need for public disclosure and maintaining patient privacy.

The need for room or building closures resulting from an outbreak investigation is dependent on the results of the investigation. If, at the time the investigation is complete, all necessary steps have been taken to mitigate further spread, an official announcement of outbreak status and further actions may not be warranted.

Rooms are closed on the basis of the need to sanitize and eliminate close contact exposures. If several rooms are affected in a building, the entire building may be closed. If there is substantial risk of spread of contagion or severe illness, the school may be closed. The requirement to close and extent and length of closure of a room or school depends on the specific illness and measures that must be taken to control the spread of illness and ensure the safety of students, staff, their families and the community. The following applies:

1. Closure of Rooms

For any vomiting or fecal incidents in a classroom or other areas, the classroom or area shall also be closed and sanitized prior to being reoccupied. During outbreaks, rooms may be closed by WCSD, or by WCSD pursuant to the direction of WCHD, if cases are linked to room occupancy or if the layout of the room does not allow for adherence to CDC guidelines to control spread. In all cases, rooms must be sanitized following protocol for the specific illness.

2. Closure of Schools

For any infectious disease a school may be closed as a necessary means to control the spread of illness throughout the school site. Schools shall be closed under the following criteria:

- a) Directives from the Governor of the State of Nevada, WCSD or by WCSD pursuant to the direction of WCHD; **and/or**,
- b) Indeterminate or high risk of exposures to highly infectious diseases or diseases with high risk of serious illness, such COVID-19, Pertussis or Norovirus, school-wide; **and/or**,
- c) Uncontrolled outbreaks exceeding thirty (30) days.

For outbreaks such as COVID-19, levels of school closure may depend on the ability to occupy the school site at a limited occupancy to provide for control measures, such as six foot (6') social distancing. Sanitizing protocols will be implemented in sections of the school that are open during an outbreak. As a supplemental measure to sanitizing affected rooms and areas, increase of airflow is recommended as can be accomplished by air handling systems and opening doors and windows.

The length of closure will be determined by potential exposures as indicated by case reports and contact tracing as well as updated information from the CDC on guidelines to reduce spread. There are currently four (4) levels of closure that apply:

- Closure for twenty-four (24) hours to allow for sanitizing and air exchange (Level 1).
- Closure for seventy-two (72) hours to allow for further investigation by WCHD and WCSD (Level 2).
- Closure for ninety-six (96) hours to fourteen (14) days to allow for determination of asymptomatic spread (Level 3).
- Closure for a period of time beyond fourteen (14) days to be determined by WCHD and WCSD or through State Directives (Level 4).

During the COVID-19 Pandemic and local outbreaks of COVID-19, Level 1 Closure for twenty-four (24) hours is for individual cases in isolated areas, not to exceed the expected number of illnesses with COVID-19 symptoms and up to one (1) positive case per classroom or work area. Level 1 Closure will likely be extended if close contacts cannot be identified and interviewed. Level 2 Closure for seventy-two (72) hours is for two (2) or more positive cases in the same room or work area within fourteen (14) days (incubation period) and individual cases in isolated areas exceeding the number of expected illnesses with COVID-19 symptoms. Level 3 Closure is the longest intermittent range for closure and is implemented if contact tracing and case reports do not indicate that potential spread has been controlled within seventy-two (72) hours, a very likely extension of Level 2 in the midst of the COVID-19 Pandemic. Level 4 Closure for an extended period will occur if an outbreak remains out of control in the school or general population. Level 4 Closure will end once an outbreak is declared over and restrictions

are lifted by the State and WCHD. Outbreaks are generally declared over by WCHD when reports of illness are below baseline and potential for close contact spread has been resolved. Levels of closure for outbreaks other than COVID-19 may vary.

During school closure, it may be necessary for some facilities and administrative staff to occupy buildings. Such occupancy is allowable following guidelines to reduce exposure and spread of illness. Guidelines have been established by WCSD for staff returning to the school site during COVID-19. For other types of illness, guidelines would follow the risk of environmental spread. The risk of environmental exposures, to include airborne and surfaces varies among types of bacteria, viruses and other causative agents. The closure of schools will likely be followed by the suspension of athletic events and school gatherings both on and off campus to control for person-to-person spread. Communication with families and the community is crucial to ensure that they understand the reason for the closure and what is being done to address the outbreak.

C. Determination of Cause of Illness

Determination of cause of illness is made through matching symptoms to case definition criteria, sample results and identifying known or suspected etiology. During outbreaks, the WCHD works as quickly as possible to identify the causative agent. Sometimes there are comorbidities during an outbreak and there may be more than one type of illness to address. Case Investigators will interview cases. Samples are collected and analyzed, if possible, to identify cause of illness. It is important that contact information is provided from WCSD to WCHD so that interviews can be conducted, and samples collected as necessary. It is also important to understand that isolation of the causative agent, or its markers, is the most definitive form of diagnosis and identifying cause. Therefore, individuals who seek medical attention are encouraged to have specimens collected by a clinician during the visit to confirm diagnosis.

The WCHD uses laboratory reports from local medical offices, hospitals and laboratories to assist with data collection during an outbreak in addition to results they get from samples they collect. Any determination of cause of illness from laboratory reports received or samples analyzed is reported immediately by WCHD to WCSD and the patient as necessary so that response can specifically address the cause. The NSPHL handles, receives, and analyzes most specimens submitted by WCHD during outbreaks in Northern Nevada. With newer technology, the turnaround time for results has decreased dramatically. There is also increased capacity to test for various types of bacteria, viruses, parasites and other causative agents. Additionally, the lab has access to whole genome sequencing and utilizes it for tracking nationwide outbreaks that might affect Northern Nevada.

D. Site Sanitation during an Outbreak

The WCSD Facilities staff has developed a sanitizing procedure to address an increase in frequency and applications during outbreaks. Procedures specifically address known or suspected cause of illness for a matter of efficacy and efficiency, both of which are important for control of spread during an outbreak. As is the case with various types of bacteria, viruses, parasites and other causative agents having different active residence times in the environmental, there are also differences in susceptibility to sanitizers and thus inactivation. Reference **Outbreak Cleaning Protocols (Appendix I, J)**.

Sanitation and control of spread of illness on buses and other transport vehicles is an essential part of comprehensive control. Sanitation of buses occurs regularly between routes and has been augmented to address the COVID-19 pandemic. Additionally, procedures are implemented on buses for public vomiting incidents (PVIs) and cases of Ill or other highly infectious diseases that can be controlled in part with increased sanitation. Occupancy and seating on buses may also be modified to enhance social distancing. Reference **Transportation Cleaning Protocols (Appendix K)**.

E. Lifting Exclusions and Re-opening Facilities

Students are cleared to return to class after specific criteria for clearance have been met. In some cases, exclusions may be lifted or shortened by WCHD based on medical exam and negative laboratory results. The WCSD will be notified by WCHD that the student is clear to return to school.

For exclusions administered by WCHD, lifting of exclusion is generally followed up by a message and/or letter allowing students or staff to return to school. In all cases, it is imperative that the exclusion criteria have been followed and there is no longer risk of spread of illness from the case. When facilities reopen, consideration needs to be made for the level of reopening to occur and how to prevent future outbreaks. In some cases, cancellations of events or sports may extend beyond school or classroom closures. For students returning to school, reference **Student Clearance for Return to Class (Appendix H)**.

III. Closure of Outbreaks and Summary

When a school is closed due to outbreak, WCHD Epidemiology staff will notify WCSD. The WCHD will keep data of the outbreak, which includes an Epidemiology Curve (or Epi Curve). For larger outbreaks, an outbreak summary may be provided. It is important to review response to large or significant outbreaks to ensure the outbreak was handled as effectively and efficiently as possible and to plan for future responses to outbreaks. After an outbreak has concluded, reports from WCHD and/or WCSD may be necessary, in some circumstances, to provide information to evaluate and prepare for future events.

In summary, the Outbreak Response Plan has essential components for reporting illnesses, controlling the spread of illness, and communication in Washoe County School District schools during outbreaks. It is inclusive of tools used by WCHD and WCSD and has been written through a collaborative effort with both entities and local clinicians. It is imperative to keep information herein updated as guidelines change. Therefore, various sections will be revised, and practices augmented to reflect the best information available at any point in time as illnesses may occur.

IV. Appendices

- A. School Script during an Outbreak**
- B. COVID-19 Triage Cheat Sheet**
- C. Expanded Illness Report Log and Codes**
- D. Flowchart: COVID-19 Self-Screening Flowchart**
- E. Flowchart: Management of Symptomatic Students at School**
- F. Flowchart: Management of Symptomatic Employees at School**
- G. Teacher Notification of Student Exclusion**
- H. Student Clearance for Return to Class**
- I. Elevated Community-wide Transmission Cleaning Protocols**
- J. School-specific Outbreak Cleaning Protocols**
- K. Transportation Cleaning Protocols**
- L. COVID-19 Daily Self Screening Tool**

A. School Script during an Outbreak

SCHOOL SCRIPT DURING AN OUTBREAK

Questions to ask when a parent calls to report medical absence

Student Name: _____ Grade/Teacher: _____

Date Reported: _____ Date/Time Symptoms Started: _____

Report Taken By: _____ Given To: _____ Date/Time: _____

LIST A: One (1) or more of the following symptoms					LIST B: Two (2) or more of the following symptoms:					
Fever ($\geq 100.4^{\circ}/38^{\circ}\text{C}$ at rest)	F	Yes	No	Unk	Chills and/or muscle aches	CH	Yes	No	Unk	
Any Difficulty Breathing , like shortness of breath or wheezing	DB	Yes	No	Unk	Headache	H	Yes	No	Unk	
Cough (New onset or worsening of chronic cough)	C	Yes	No	Unk	Diarrhea (≥ 3 loose stools within 24 hr)	D	Yes	No	Unk	
New loss of Smell or Taste	SMT	Yes	No	Unk	Vomiting and/or Nausea	V	Yes	No	Unk	
					Sore Throat	ST	Yes	No	Unk	
					Cold/Shivering	CS	Yes	No	Unk	
					Fatigue	FG	Yes	No	Unk	
					Nasal Congestion	NC	Yes	No	Unk	
Other Symptoms:										
Student has been in close contact with a person who has been diagnosed with COVID-19. (Someone will be contact you to discuss.)							COV	Yes	No	
Student COVID-19 vaccination status (Only applies for symptom-free, contact exclusion)								Yes	Partial	No

If student has 1 or more symptoms in List A OR 2 or more symptoms in List B, read:

Due to the symptoms reported, your child will be accessing instruction through temporary distance learning for the period of the exclusion only and excluded from attending school in-person until:

- At least 10 calendar days have passed since symptoms first appeared; **and**,
- 24 hours have passed since fever, diarrhea, or vomiting stopped with no medicine; **and**,
- Other symptoms have improved.

If your child will be tested for COVID-19, wait at least 72 hours after the first symptom appeared before getting a test. If your child tests negative for COVID-19, call the school nurse to discuss your child's return to school.

If student is out for only vomiting or only diarrhea, read:

Due to the symptom reported, your child is excluded from attending school in-person until 48 hours have passed since diarrhea or vomiting stopped with no medicine. Call the school nurse if you have questions.

If student is out due to Close Contact and not/partially vaccinated, read:

Since your student has been in close contact with a person who has been diagnosed with COVID-19, your student is to remain home accessing instruction through temporary distance learning for the period of the exclusion only for 10 calendar days following the last date of exposure. Someone will contact you soon to gather more information and explain the option to test out of quarantine. If at any time your student becomes ill, please call the school office.

If student is out due to Close Contact and fully vaccinated, read:

If your student has been fully vaccinated and in close contact with a person who has been diagnosed with COVID-19, your student can return to school as long as your student does not have symptoms. Continue to monitor symptoms for 14 calendar days following the last date of exposure. If at any time your student becomes ill, please call the school office.

End all calls with:

Your student's teacher will reach out to you or your child to explain how to access learning and make-up work.

B. COVID-19 Triage Cheat Sheet

COVID-19 Symptom Triage Cheat Sheet

ALL CODES THAT APPLY TO THE ABSENT ARE TO BE DENOTED IN THE COMMENT SECTION ON THE DAILY ATTENDANCE PAGE IN IC.

When taking a call from the parent, please ask:

- ▶ Student Name
- ▶ Grade or Teacher
- ▶ Date and Time Symptoms Started
- ▶ Specific Symptoms
- ▶ Do symptoms include the following?

LIST A: One (1) or more

F	Has a FEVER (>100.4°F/38°C)
DB	ANY DIFFICULTY BREATHING , like SHORTNESS OF BREATH OR WHEEZING
C	COUGH (New onset or worsening of chronic cough)
SMT	New loss of SMELL or TASTE

LIST B: Two (2) or more

CH	CHILLS and/or MUSCLE ACHES
H	HEADACHE
D	DIARRHEA (≥3 loose stools within 24 hr)
V	VOMITING and/or Nausea
ST	SORE THROAT
CS	COLD/SHIVERING
FG	FATIGUE
NC	NASAL CONGESTION

- ▶ If not reporting symptoms, but reporting contact or diagnosis, GO to “If student is out due to Close Contact” (on reverse).

COV	Student has been in close contact with a person who has been diagnosed with COVID-19 . <i>(Someone will be contact you to discuss.)</i>
	Student COVID-19 vaccination status <i>(Only applies for symptom-free, contact exclusion)</i>

**Please see reversed side
for a script to end each call.**

**If student has 1 or more symptoms from List A
OR 2 or more symptoms from List B, read:**

Due to the symptoms reported, your child will be accessing instruction through temporary distance learning for the period of the exclusion only and excluded from attending school in-person until:

- At least 10 calendar days have passed since symptoms first appeared; **and**,
- 24 hours have passed since fever, diarrhea, or vomiting stopped with no medicine; **and**,
- Other symptoms have improved.

If your child will be tested for COVID-19, wait at least 72 hours after the first symptom appeared before getting a test. If your child tests negative for COVID-19, call the school nurse to discuss your child's return to school.

If student is out for only vomiting OR only diarrhea, read:

Due to the symptom reported, your child is excluded from attending school in-person until 48 hours have passed since diarrhea or vomiting stopped with no medicine. Call the school nurse if you have questions.

If student is out due to Close Contact and not/partially vaccinated, read:

Since your student has been in close contact with a person who has been diagnosed with COVID-19, your student is to remain home accessing instruction through temporary distance learning for the period of the exclusion only for 10 calendar days following the last date of exposure. Someone will contact you soon to gather more information and explain the option to test out of quarantine. If at any time your student becomes ill, please call the school office.

If student is out due to Close Contact and fully vaccinated, read:

If your student has been fully vaccinated and in close contact with a person who has been diagnosed with COVID-19, your student can return to school as long as your student does not have symptoms. Continue to monitor symptoms for 14 calendar days following the last date of exposure. If at any time your student becomes ill, please call the school office.

End all calls with:

Your student's teacher will reach out to you or your child to explain how to access learning and make-up work.

C. Expanded Illness Report Log

Expanded Illness Report Log

[illegible]

D. Flowchart: COVID-19 Self-Screening Flowchart



COVID-19 Self-Screening Flowchart

Do you have COVID-19 symptoms?

(regardless of vaccination or infection more than 90-days ago)

One (1) or more:

- ☐ **Fever**
(temperature $\geq 100.4^{\circ}\text{F}$ at rest)
- ☐ **New/worsening respiratory symptoms**
(cough, shortness of breath and/or difficulty breathing)
- ☐ **New loss of smell or taste**

OR

Two (2) or more:

- ☐ Chills
- ☐ Feeling cold/shivering
- ☐ Muscle pain or aches
- ☐ Headache
- ☐ Sore throat
- ☐ Fatigue
- ☐ Nasal congestion
- ☐ Nausea
- ☐ Vomiting¹
- ☐ Diarrhea¹

¹ If the only symptom is vomiting or diarrhea (no other symptoms) and no known contact with a COVID-19 case, stay home 48 hours after symptom stopped without medication.

Have you been exposed to COVID-19?

Have you been in Close Contact

(within 6 feet for ≥ 15 minutes, with or without mask or direct contact (kissing, sharing food, hugging))

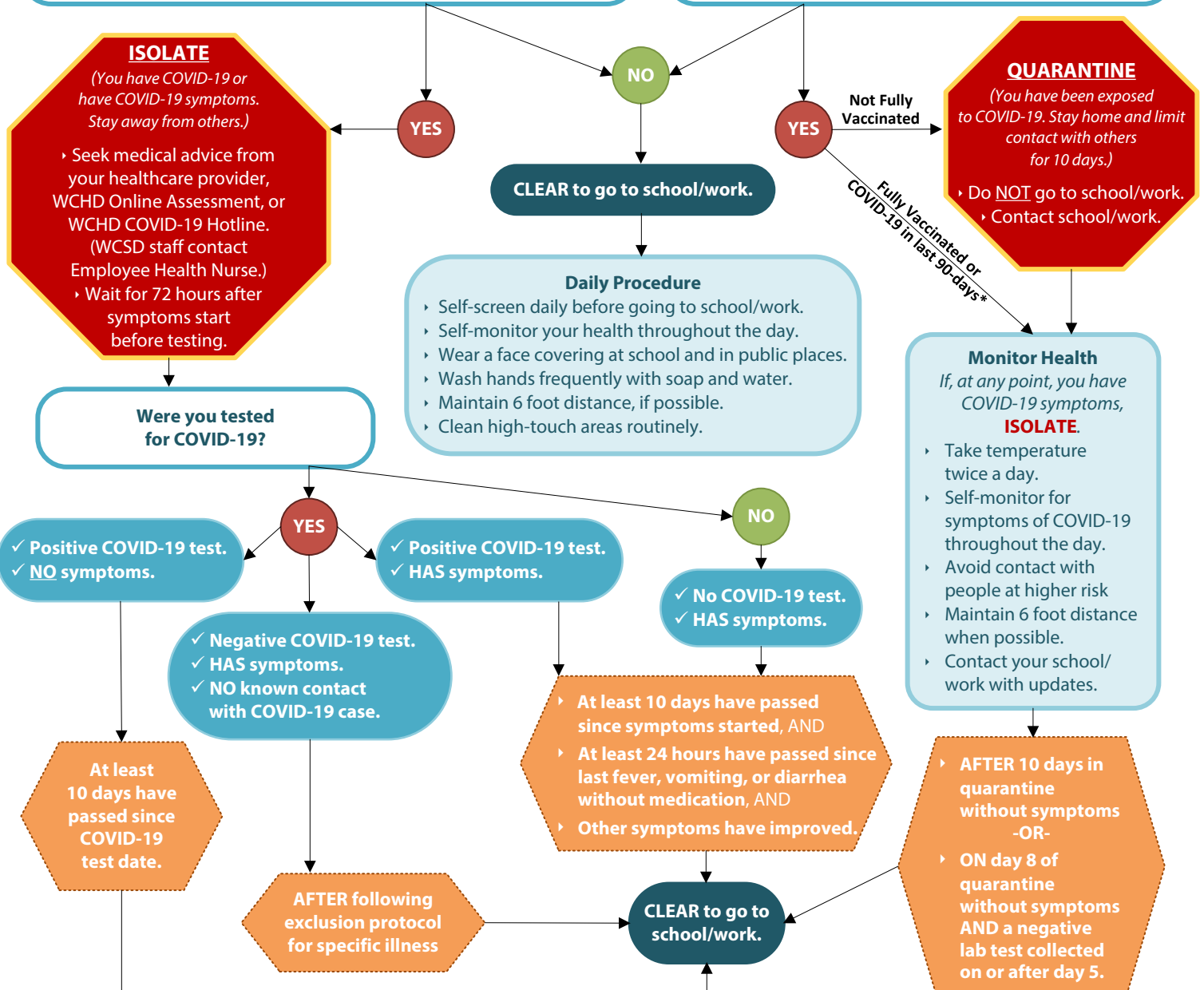
with anyone diagnosed with COVID-19

(positive lab test or clinical diagnosis)

when they were contagious (48 hours before their symptoms began through their recovery)?

Does anyone in your household have COVID-19?

If you are unable to isolate from anyone in your home who has been diagnosed with COVID-19, your exposure is ongoing. Quarantine while the person is contagious and for 10 days after their recovery.



E. Flowchart: Management of Symptomatic Students at School

Response to Recovery

Management of Symptomatic Students at School

Symptoms of COVID-19

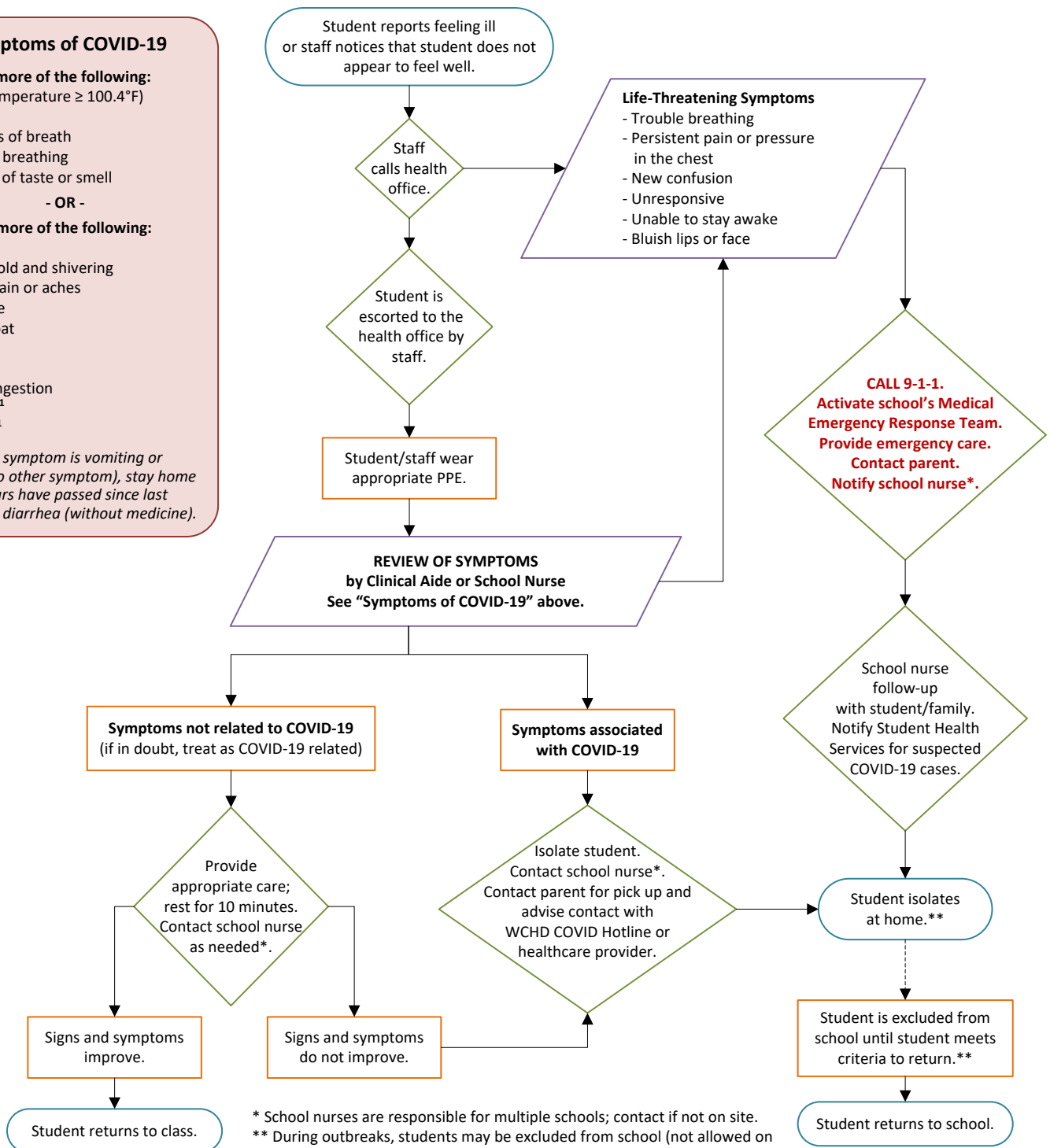
One (1) or more of the following:

- Fever (temperature $\geq 100.4^{\circ}\text{F}$)
 - Cough
 - Shortness of breath
 - Difficulty breathing
 - New loss of taste or smell
- OR -

Two (2) or more of the following:

- Chills
- Feeling cold and shivering
- Muscle pain or aches
- Headache
- Sore throat
- Nausea
- Fatigue
- Nasal congestion
- Vomiting¹
- Diarrhea¹

¹ If the only symptom is vomiting or diarrhea (no other symptom), stay home until 48 hours have passed since last vomiting or diarrhea (without medicine).



* School nurses are responsible for multiple schools; contact if not on site.

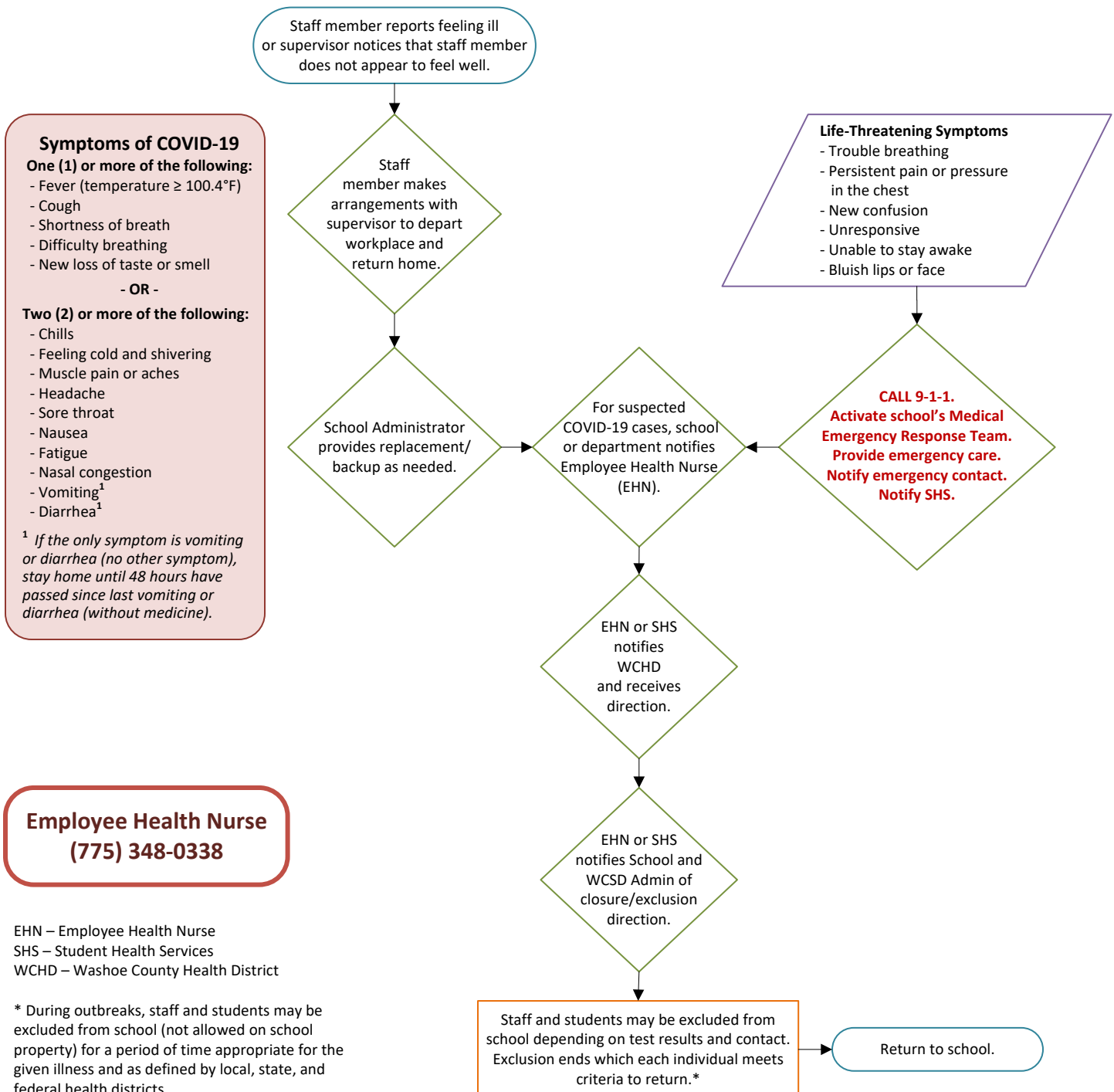
** During outbreaks, students may be excluded from school (not allowed on school property) for a period of time appropriate for the given illness and as defined by local, state, and federal health districts.

F. Flowchart: Management of Symptomatic Employees at School



Response to Recovery

Management of Symptomatic Staff at School during COVID-19 Outbreak



G. Teacher Notification of Student Exclusion



ATTENTION TEACHER! We are experiencing an elevated community-wide transmission of a disease. We need your help ensuring that students do not return to school while they can infect others.

The following students ***are forbidden from*** being admitted to your class without written clearance from the clinical aide or school nurse.

For the date of _____, the following students are not allowed at school.

[illegible]

H. Student Clearance for Return to Class



Student Health Services

425 East Ninth Street
P.O. Box 30425
Reno, NV 89520-3425
Phone (775) 353-5966

STUDENT CLEARANCE TO RETURN TO CLASS

Date _____

Name of Teacher (First period if Middle or High School) _____

Classroom _____

Student Name _____

The Student named above has been cleared by school Health Office personnel and
may be admitted to class.

Clinical Aide or School Nurse Name (Printed)

Clinical Aide or School Nurse Signature

I. Elevated Community-wide Transmission Cleaning Protocols

Daily Process Cleaning for Health

Daily Process Cleaning for Health will be used nightly and will be performed using a district-approved disinfectant.

Public Vomiting Incidents (PVIs) during Community-Outbreaks

The following are steps required in case of a Public Vomiting Incident (PVI) at sites during the COVID-19 pandemic and similar periods of community-wide Outbreak.

1. Custodial staff will be alerted to a PVI by the principal or school administrator.
2. Custodian must wear proper PPE'S (gloves, masks) when cleaning up a PVI.
3. For cleanup of PVI's on interior of building, apply absorbent product (provided by Housekeeping) on affected area.
4. Allow absorbent product to absorb for at least five (5) minutes.
5. Remove organic waste and solid debris and place into a plastic bag that will not leak (double bagging is recommended). Remove debris with a non-porous instrument (dustpan, shovel, hoe, porta-pan, plastic broom, etc.) Do not use porous equipment like a straw broom, etc. Equipment must be disinfected after use, including placing equipment in mop bucket with disinfectant and allowing equipment to soak.
6. Using a 2500 ppm bleach/water solution (one-half (½) cup 8.25% bleach or three-quarter (¾) cup 5%-6% bleach to one (1) gallon water), wipe the high touch areas (door handles, light switches, phones, desktops, tabletops, countertops, sink areas, soap dispensers, towel dispensers) within twenty-five (25) foot radius.
7. All walls within that twenty-five (25) foot radius will need to be wiped five (5) feet up the wall with the bleach/water solution.
8. For carpet: Spray infected area with a disinfectant and let sit for five (5) minutes. If a heated extractor is not available, fill site extractor with hot water only. Extract the entire room and spray approved disinfectant on the entire area extracted. When finished, put air mover on area to dry carpet.
9. For hard surface flooring: Fill mop bucket 2500 ppm bleach/water solution (one-half (½) cup 8.25% bleach or three-quarter (¾) cup 5%-6% bleach to one (1) gallon water) and mop the entire floor or all hard flooring in a twenty-five (25) feet radius. When finished mopping, empty and spray out mop bucket and dispose of mop head.
10. Infected water from the extractor should be disposed of in a mop sink, toilet, or clean-out. This may require first pouring the water from the extractor into a bucket and then pouring the water from the bucket into the toilet for sites or office buildings without mop sink.

Note: Infected water from the extractor is not to be poured into a storm drain.

11. All equipment must be disinfected after use, including placing equipment in mop bucket with disinfectant and allowing equipment to soak.
12. Dispose of bagged waste in outdoor waste dumpster.
13. Notify principal or school administrator when you have finished the PVI clean-up.
14. Fill out the Public Vomiting Incident Log completely for each incident. Tracking of these incidents is CRITICAL.
15. Notify night staff (and any sub custodians) of the PVI and location, make sure night staff uses only the bleach/water solution for cleaning in the affected room.
16. Fax a copy of the Public Vomiting Log to Housekeeping at 851-5624, in the event of a PVI at your site daily.
17. Please contact the Housekeeping Department at 851-5696 with any questions you might have regarding these instructions.

J. School-specific Outbreak Cleaning Protocols

When rooms and schools are closed due to school-specific Outbreak, as indicated in Section B: Closure of Rooms and Schools, surfaces are disinfected school-wide. This cleaning will not look like a deep cleaning that staff are accustomed to seeing when returning from the summer break.

Initial Outbreak-Closure Cleaning

For Coronavirus and Influenza outbreaks, a WCHD-approved bleach/water solution of three (3) tablespoons 8.25% bleach or five (5) tablespoons 5%-6% bleach to one (1) gallon water (approximately 1000 parts per million hypochlorite) will be used nightly for Process Cleaning for Health until outbreak is declared over.

Once a site is declared as an “outbreak” site, the school will be contacted by Housekeeping as to what the cleaning schedule will be.

Housekeeping will request that schools that feed into the outbreak school(s) will perform their normal cleaning but use the bleach/water solution in place of the district-approved disinfectant.

Daily Process Cleaning

Nightly for Process Cleaning for Health will be performed with a bleach/water solution of three (3) tablespoons of 8.25% bleach or five (5) tablespoons of 5%-6% bleach to one (1) gallon water (approximately 1000 parts-per-million hypochlorite) will be used nightly for Process Cleaning for Health until outbreak is declared over.

Completed at Each Site

- All rooms, including restrooms, will be cleaned using WCSD Process Cleaning for Health with the bleach/water solution.
- Cloth items that cannot be disinfected will be bagged for the duration of the outbreak or items will be sprayed with a soft surface sanitizer.
- All hard surface flooring will be mopped.
- All classroom and hallway carpets will be sprayed with a soft surface sanitizer unless there was a PVI in the room and then the carpets will be sanitized with a heating carpet extractor after being sprayed with an EPA registered soft surface sanitizer product specific to the outbreak.
- WCSD (Communications and/or Health Services) and WCHD will work jointly to inform the school community that the initial cleaning will be performed with bleach.

Specific to Elementary Schools (including Kinder and Pre-K Rooms)

- Small toys and manipulatives will be cleaned with the same bleach/water solution, using the dip and air-dry method. In large outbreaks, these items can be removed temporarily as needed.
- Items with visible dirt or grime will be washed with soapy water before being dipped in or wiped with bleach and air-dried.

Specific to Middle and High Schools

- All school and athletic lockers will be wiped down with the bleach/water solution.
- All athletic equipment will be wiped down with the bleach/water solution.

Materials that cannot be cleaned:

- Per CDC, for coronavirus, soft surface items need to be bagged for seven (7) days, consistent with safety margin for salvaged-donated goods.
- If teachers do not have time to bag soft surface items, Housekeeping will bag these items. The more items that can be bagged the better chance of eliminating things that can be further contaminated. The virus will not be active in the bag after seven (7) days.
- If items are bagged, the seven (7) day mark passes, and the outbreak is not declared over, items need to remain bagged until the outbreak is declared over. If the room was not occupied by someone who was infected, then the items do not need to remain bagged after seven (7) days.
- If a teacher absolutely needs an item should be bagged, they can remove it, but it will have not been cleaned.
- Any items that are in Lost and Found will be bagged until outbreak is declared over.
- Cloth items that cannot be sprayed with a soft surface sanitizer will be bagged.
- All excess clothing in PE and Athletic locker rooms will be bagged.

Daytime Wipe Down at Outbreak Location

- Outbreak sites will be staffed with additional custodial support for up to four (4) hours to wipe down high touch areas throughout the day and assist with any PVIs. (Housekeeping will provide staffing as often as possible.)
- For ILI and Coronavirus outbreaks, an EPA-registered product effective against ILI and Coronavirus with a shorter dwell time than our current product of five (5) minutes will be used.
- Daytime custodial staffing levels will be determined by the size of the school in outbreak. Staffing levels will be one (1) custodian per site for four (4) hours per day.

Evening Cleaning at Outbreak Location

- WCHD Process Cleaning for Health method will be used.
- Cleaning will be performed with a bleach/water solution of three (3) tablespoons 8.25% bleach or five (5) tablespoons 5%-6% bleach to one (1) gallon water (approximately 1000 parts per million hypochlorite).
- Housekeeping will ensure that outbreak sites are fully covered by providing overtime or substitute custodians in the evenings.

Public Vomiting Incidents (PVIs) at Outbreak Locations

- Any PVI must be sanitized with a bleach/water solution of three (3) tablespoons 8.25% bleach or five (5) tablespoons 5%-6% bleach to one (1) gallon water (approximately 1000 parts per million hypochlorite) on hard surfaces in a twenty-five (25) foot radius and up to five (5) feet on walls that are within the twenty-five (25) foot radius.
- In any classroom where a PVI occurs, carpets will be sanitized with a heating carpet extractor after being sprayed with an EPA-registered soft surface sanitizer product specific to the outbreak. Bleach will not be applied to carpet areas.

K. Transportation Cleaning Protocols

High Touch Surface Areas are surfaces that are frequently touched and can become contaminated each day.

Primary Surface Areas include front door, door glass, vehicle door handles, stairwell panels, dash area, stability poles and bars at entrance, student seat backs (particularly tops and corners by the aisle), other handrails in bus vehicle, emergency exit door handles, bus doghouse (interior engine cover, if applicable).

Secondary Surface Areas include windows, window ledges, seatbelt buckles (if applicable), driver dash area (including punch brake, microphone, seat belt, steering wheel, etc.), bus inspection wand, driver seat back, roof hatch handles (if opened for airflow), wheelchair straps, wheelchair lift and controls, and heat and air conditioner vents.

Cleaning during Outbreak

Daily cleaning will be completed per daily protocol. During periods of elevated community-wide transmission the following process cleaning and ventilation protocols may be implemented.

Process for Cleaning and Disinfecting a bus/vehicle at the end of a delivery route both AM and PM:

- Clean bus/vehicle at the end of each route to allow for better adherence of disinfectant to surfaces.
- Disinfect bus thoroughly, covering all high touch surfaces, and allow proper dwell time per manufacturer's recommendations.

Process for Cleaning bus/vehicle at the end of the route:

- Vacuum or sweep bus/vehicle floor clean with a soft bristle broom to remove all dust and dirt.
- Clean broom after sweeping to remove contaminants.
- Using a clean damp towel with an approved cleaning product wipe both primary and secondary surface areas.
- Change towels frequently. Always change towels before cleaning a different bus/vehicle.

Disinfect Bus/vehicle at the end of the route both AM and PM:

- Wear a face covering and use gloves.
- Open at least five (5) to ten (10) windows and roof hatches on a bus, or half of the windows in a vehicle, to increase air circulation and ventilation while disinfecting.
- With proper pump sprayer, spray primary and secondary surfaces with approved disinfectant.
- Allow disinfectant to sit on the surface for the approved dwell time necessary to kill viral and bacterial contaminants, usually five (5) to ten (10) minutes depending on the product.
- If disinfectant dries before the dwell time is completed, reapply disinfectant.

Disinfecting Frequency in between runs on a Route (not intended to clean or remove residue):

- Open at least five (5) to ten (10) windows and roof hatches on the bus, or half of the windows in a vehicle, to increase air circulation and ventilation while disinfecting.
- Using a clean damp towel with an approved disinfecting product, quickly wipe the primary surface areas. This is a quick wipe to apply disinfectant and provide dwell time.

Cleaning and Disinfecting Buses/Vehicles if Occupant is Identified with a Contagious Illness:

- Establish which bus/vehicle carried an occupant identified as having a contagious illness.
- Put the bus/vehicle in Out of Service (OOS) status immediately.
- Place bus/vehicle in a secure area of the bus yard.
- Open all doors and windows to increase air circulation in the bus/vehicle. Keep some open during cleaning and disinfecting processes.
- Wait twenty-four (24) hours before cleaning and disinfecting. If twenty-four (24) hours is not feasible, wait as long as possible.
- Wear proper PPE, including face mask, gloves, eye protection, long-sleeve shirt, long pants, hat, and/or hood.
- Vacuum bus/vehicle floor. Steam clean floor, if possible.
- Clean and disinfect the vacuum after use on the bus/vehicle.
- Clean all areas of the bus/vehicle, including tops of windows, frames between windows, interior mirrors, cameras, etc.
- Spray bus/vehicle floor with disinfectant, including under seats.
- If possible, fog the entire interior of the bus/vehicle with an approved disinfectant. Otherwise, spray down entire interior, including the ceiling, with disinfectant and close the bus/vehicle to let the disinfectant work. Keep roof hatches and some windows open.
- Wait at least one (1) hour then wipe the interior with a cloth dampened with only water.
- Change towels frequently. Always change towels before cleaning a different bus/vehicle.
- If more than seven (7) days since the contagious person occupied or used the bus/vehicle, additional cleaning and disinfecting is not necessary.

L. COVID-19 Daily Self-Screening Tool



Washoe County
School District

COVID-19 Screening Tool

This tool is based on the WCHD WCSD Outbreak Surveillance and Response Plan, available online at WashoeSchools.net/Reopening.

Before leaving for school everyday, ask 3 questions.

1. Have you (staff member or student) had any new or unusual symptoms in the last 24 hours (even if you have been fully vaccinated)?

① One (1) or more of the following symptoms:

- ☐ **Fever** (temperature $\geq 100.4^{\circ}\text{F}$ at rest)
- ☐ **Respiratory symptoms** (cough, shortness of breath, and/or difficulty breathing)
- ☐ **New loss of smell or taste**

OR

② Two (2) or more of the following symptoms:

- ☐ Chills
- ☐ Feeling cold and shivering
- ☐ Muscle pain or aches
- ☐ Headache
- ☐ Vomiting (If only symptom, 48-hour exclusion¹.)
- ☐ Diarrhea (If only symptom, 48-hour exclusion¹.)
- ☐ Sore throat
- ☐ Fatigue
- ☐ Nasal congestion
- ☐ Nausea

NO

2. Has someone in your household been diagnosed with COVID-19 (by testing positive or diagnosed by a healthcare provider)?

NO

3. Have you been in close contact ² with a person diagnosed with COVID-19 while the person was contagious ³.

NO

You answered NO to all 3 questions.

You do not have symptoms and have not been exposed.

- ▶ **Go to school/work.**
- ▶ **Continue to monitor your health.**
If you begin to feel unwell or are notified of an exposure, use this tool and take action.
- ▶ **Practice healthy habits and good hygiene.**

YES

YES - You have symptoms.

If you answer YES to symptoms ① or ②, you may have COVID-19.

- ▶ **Do NOT** go to school/work.
- ▶ **Communicate with your school/supervisor.**
- ▶ **STUDENTS:** Contact healthcare provider or WCHD.
- ▶ **STAFF:** Contact your healthcare provider or WCSD Employee Health Nurse at (775) 348-0338.
- ▶ **Wait at least 72 hours (3 days) after symptoms begin before being tested** to avoid inaccurate test results.
- ▶ **ISOLATE** at home until:
 - (1) you have **RECOVERED**⁴ -OR-
 - (2) you **test negative for COVID-19** (lab result req'd) -AND- satisfy exclusion criteria for your illness¹.

YES

YES - You may have been exposed to COVID-19.

If you answer YES, you are a Close Contact².

If you develop symptoms at any time:

- ▶ **ISOLATE** at home -AND-
- ▶ **Follow** "If you answer YES to symptoms" (above).

If you do NOT have symptoms -AND- are FULLY VACCINATED -OR- you tested positive for COVID-19 in the previous 90 days (lab result required):

- ▶ **Return to school/work -AND- monitor symptoms.**

If you do NOT have symptoms -AND- you are NOT fully vaccinated -AND- have NOT tested positive for COVID-19 in last 90 days (lab result required):

- ▶ **Do NOT** go to school/work.
- ▶ **Communicate with your school/supervisor.**
- ▶ **QUARANTINE** at home for 10 days following your last close contact with any CONTAGIOUS³ person -OR- you may **TEST OUT** of QUARANTINE (below).

When someone in your household has COVID-19, you are continually exposed unless you are able to ISOLATE from the person. Anyone in the household who is not fully vaccinated and has not tested positive with COVID-19 in the last 90 days, must QUARANTINE while anyone in the house is CONTAGIOUS -AND- an additional 10 days after last person has RECOVERED. You may TEST OUT of last 10 days of QUARANTINE.

TEST OUT of QUARANTINE

If you are told to QUARANTINE due to an exposure, you may return on day 8 of a 10-day QUARANTINE if:

- (1) you have **no symptoms** -AND-
- (2) **COVID-19 test is performed on or after day 5** -AND-
- (3) **COVID-19 test result is negative** (lab result required).

¹ **48-hour Exclusion:** Stay home 48 hours after symptom stop without medicine.
² **Close Contact:** Within 6 feet for 15+ minutes over 24 hours or any direct contact.
³ **Contagious:** 48 hours before symptoms began until recovered.
⁴ **Recovered:** Meet all three criteria (1) 10 days passed since symptoms began, (2) no fever, diarrhea or vomiting in last 24 hours (without medicine), AND (3) other symptoms are improving.