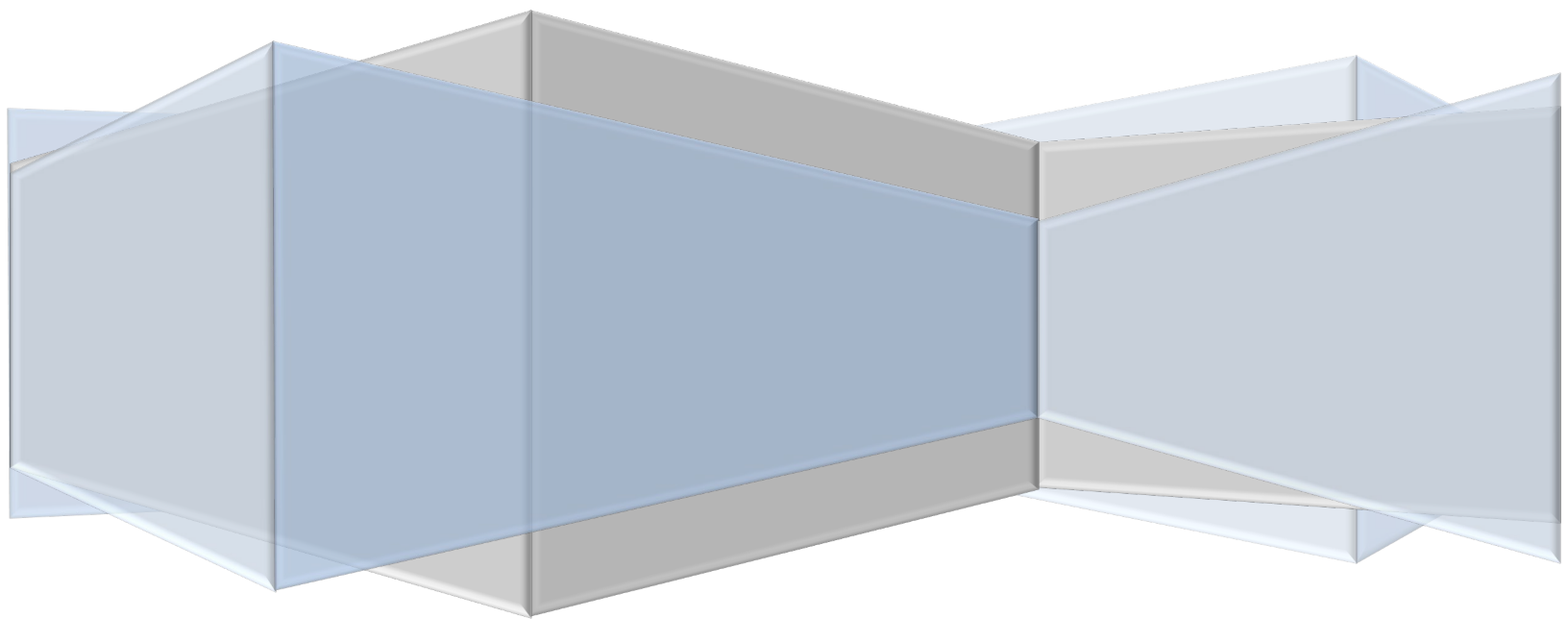


Washoe County School District

Washoe County Health District

Outbreak Response Plan for Schools
COVID-19 and Other Outbreaks



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. It follows that success to effectively managing outbreaks of COVID-19 and other illnesses in Washoe County Schools requires the development and implementation of a comprehensive Outbreak Response Plan.

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

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:

Contents

- I. Reports of Illness**
 - A. Training School Staff on Incoming Illness Reports**
 - B. Triage of Illness Reports**
 - C. Isolating and Sending Home Ill Students and Staff**
 - D. Reporting Illnesses to the Washoe County Health District**
- II. Controls for Spread of Illness**
 - A. Exclusion of Ill Students and Staff**
 - B. Closure of Rooms, Buildings and Schools**
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 - D. Site Sanitation during an Outbreak**
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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 (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 **School-wide Management from Self-screening to Exclusion, Management of Students with COVID-19 Symptoms at School, and Management of Employees with COVID-19 Symptoms at School (Appendix C)**.

D. Reporting Illnesses to the Washoe County Health District

When an Outbreak is suspected, it is imperative that a report is made to the WCSD 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 “recovered and released for in-home isolation” by WCHD, a COVID-19 case and everyone in the household must satisfy the symptom and time-based recovery conditions. 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**,
- Improvement of respiratory symptoms (e.g., cough, shortness of breath).

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 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**,
- Improvement of respiratory symptoms (e.g., cough, shortness of breath).

3. COVID-19 Household Contacts

Household Contacts are those who live with a symptomatic or confirmed COVID-19 case. Household Contacts are to remain in the household, safely separated from the case during the case’s in-home isolation. Household Contacts are excluded and must isolate at home for 14 days following the recovery and release of the positive COVID-19 case. Household 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.

4. COVID-19 Close Contacts

Close Contacts are those who spent fifteen (15) minutes or more within six (6) feet of a confirmed case when the case was considered infectious. Close Contacts are excluded for fourteen (14) days and must self-isolate for fourteen (14) days after their last exposure to the COVID-19 case. Close Contacts who are subsequently confirmed as a COVID-19 case must follow the exclusion and isolation of a COVID-19 case from first day of onset.

5. Influenza Like Illness (ILI)

If case has a negative COVID-19 test, a positive test for ILI or other infection, and no known contact with a COVID-19 case, case will be excluded until case is symptom free for twenty-four (24) hours without the use of fever-reducing medication. Otherwise, during the COVID-19 outbreak, ILI exclusion is the same as the COVID-19 exclusion if COVID-19 is not ruled out and case tests positive for influenza.

6. Gastrointestinal (GI) Illness

If case has a negative COVID-19 test and no known contact with a COVID-19 case, case will be excluded until case is symptom free for forty-eight (48) hours without the use of fever-reducing medication. Otherwise, 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 COVID-19 is not ruled out.

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, WCSD 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 outbreaks, closure of rooms and schools are sometimes necessary to reduce the risk of spread of illness. 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 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 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)**.

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

ILI or other highly infectious diseases that 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 J)**.

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 an outbreak is closed the WCHD Epidemiology staff will notify the 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 follow-up large or significant outbreaks to ensure that things were handled as effectively and efficiently as possible and to plan for future response to outbreaks. After outbreaks are closed, reports from WCHD and/or WCSD may be necessary in some circumstances to provide information for evaluate and prepare for future events.

In summary, the Outbreak Response Plan has essential components for reporting of illness, control for spread of illness and communication in Washoe County 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 Note Pads and Cheat Sheet**
- C. Expanded Illness Report Log and Codes**
- D. Flowchart: COVID-19 Management from Self-screening to Exclusion**
- E. Flowchart: Management of Students with COVID-19 Symptoms at School**
- F. Flowchart: Management of Employees with COVID-19 Symptoms at School**
- G. Teacher Notification of Student Exclusion**
- H. Student Clearance for Return to Class**
- I. Transportation Cleaning Protocols**
- J. Transportation Cleaning Protocols**

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: _____

Date/Time Symptoms Started: _____ Date/Time Last Symptom: _____ ☐ Ongoing

Do symptoms include the following?

Feeling Feverish or has Fever (<100.4°/38°C)	FF	Yes	No	Unk	Nausea and/or Vomiting	N,V	Yes	No	Unk
Any Difficulty Breathing , like shortness of breath or wheezing	DB	Yes	No	Unk	Diarrhea (≥3 loose stools within 24 hr)	D	Yes	No	Unk
Cough (New onset or worsening of chronic cough)	C	Yes	No	Unk	Headache	H	Yes	No	Unk
Chills and/or muscle aches	CH	Yes	No	Unk	New olfactory (Smell) and Taste Disorder(s)	SMT	Yes	No	Unk
Chest Pain	CP	Yes	No	Unk	Abdominal Pain	AP	Yes	No	Unk
Sore Throat	ST	Yes	No	Unk	Other Symptoms:				

Please end the call with:

Due to symptoms reported, your child will be placed in a distance learning program and excluded from attending school in-person until your child has been:

1. Symptom-free for 24 hours without medication; AND
2. No one in the household is isolating for or sick with COVID-19 or COVID-19-like symptoms; AND
3. Either 10 days has passed since symptoms first started OR your child has had a negative COVID-19 test.
 - a. If your child tests negative for COVID-19, we will need a copy of the test results, not just a doctor's note, to readmit your child.

We will change your student over to distance learning today and the distance learning teacher will reach out to you or your child to explain how to access learning. The teacher will also have a method for your child to check in daily. During this time, if your child checks in daily, your child will not be marked absent.

However, if your child is too sick to participate, please call the school to let us know. When your child feels better, please arrange with the teacher for make-up work.

You will receive messages regarding your child's symptoms. Please follow-up with us regarding your child's health. When your child meets the requirements to return to in-person learning, please let us know and we will move your child back to your child's former program.

We hope your child feels well soon and look forward to your child's return to school.

B. COVID-19 Triage Note Pads and Cheat Sheets

COVID-19 Symptom Triage

Name: _____ Grade: _____ Date: _____

Date/Time Symptoms Started: _____ Date/Time Last Symptom: _____ ☐ Ongoing

Feeling Feverish or has Fever (<100.4°/38°C)	FF	Yes	No	Unk	Nausea or Vomiting	NV	Yes	No	Unk
Any Difficulty Breathing , like shortness of breath or wheezing	DB	Yes	No	Unk	Diarrhea (≥3 loose stools/24hr period)	D	Yes	No	Unk
Cough (New onset or worsening of chronic cough)	C	Yes	No	Unk	Headache	H	Yes	No	Unk
Chills or muscle aches	CH	Yes	No	Unk	New olfactory (Smell) and Taste Disorder(s)	SMT	Yes	No	Unk
Chest Pain	CP	Yes	No	Unk	Abdominal Pain	AP	Yes	No	Unk
Sore Throat	ST	Yes	No	Unk	Other Symptoms:				

COVID-19 Symptom Triage

Name: _____ Grade: _____ Date: _____

Date/Time Symptoms Started: _____ Date/Time Last Symptom: _____ ☐ Ongoing

Feeling Feverish or has Fever (<100.4°/38°C)	FF	Yes	No	Unk	Nausea or Vomiting	NV	Yes	No	Unk
Any Difficulty Breathing , like shortness of breath or wheezing	DB	Yes	No	Unk	Diarrhea (≥3 loose stools/24hr period)	D	Yes	No	Unk
Cough (New onset or worsening of chronic cough)	C	Yes	No	Unk	Headache	H	Yes	No	Unk
Chills or muscle aches	CH	Yes	No	Unk	New olfactory (Smell) and Taste Disorder(s)	SMT	Yes	No	Unk
Chest Pain	CP	Yes	No	Unk	Abdominal Pain	AP	Yes	No	Unk
Sore Throat	ST	Yes	No	Unk	Other Symptoms:				

2020-2021 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?

FF	FEELING FEVERISH or 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)
CH	CHILLS and/or MUSCLE ACHES
CP	CHEST PAIN
ST	SORE THROAT
N, V	NAUSEA and/or VOMITING
D	DIARRHEA (≥3 loose stools within 24 hr)
H	HEADACHE
SMT	New SMELL or TASTE Disorder
AP	ABDOMINAL PAIN

- ▶ **End all calls with:** Due to symptoms, your child will be placed in the distance learning program and excluded from attending school in-person until your child has been symptom-free for 24 hours without medication, AND no one in the household is isolating for or sick with COVID-19 or COVID-19-like symptoms, AND either 10 days has passed since symptoms first started OR your child has had a negative COVID-19 test. If your child tests negative for COVID-19, we will need a copy of test results, not just a doctor's note, to readmit your child.

We will change your student over to distance learning today and the distance learning teacher will reach out to you or your child to explain how to access learning. The teacher will also have a method for your child to check in daily. During this time, if your child checks in daily, your child will not be marked absent. If your child is too sick to participate, please call the school to let us know. When your child feels better, please arrange with the teacher for make-up work.

You will receive messages regarding your child's symptoms; please help by following up accordingly. When your child meets the requirements to return to in-person learning, please let us know and we will move your child back to your child's former program.

2020-2021 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?

FF	FEELING FEVERISH or 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)
CH	CHILLS and/or MUSCLE ACHES
CP	CHEST PAIN
ST	SORE THROAT
N, V	NAUSEA and/or VOMITING
D	DIARRHEA (≥3 loose stools within 24 hr)
H	HEADACHE
SMT	New SMELL or TASTE Disorder
AP	ABDOMINAL PAIN

- ▶ **End all calls with:** Due to symptoms, your child will be placed in the distance learning program and excluded from attending school in-person until your child has been symptom-free for 24 hours without medication, AND no one in the household is isolating for or sick with COVID-19 or COVID-19-like symptoms, AND either 10 days has passed since symptoms first started OR your child has had a negative COVID-19 test. If your child tests negative for COVID-19, we will need a copy of test results, not just a doctor's note, to readmit your child.

We will change your student over to distance learning today and the distance learning teacher will reach out to you or your child to explain how to access learning. The teacher will also have a method for your child to check in daily. During this time, if your child checks in daily, your child will not be marked absent. If your child is too sick to participate, please call the school to let us know. When your child feels better, please arrange with the teacher for make-up work.

You will receive messages regarding your child's symptoms; please help by following up accordingly. When your child meets the requirements to return to in-person learning, please let us know and we will move your child back to your child's former program.

C. Expanded Illness Report Log and Codes

Expanded Illness Report Log

[illegible]

COVID-19 Symptom Screen from CDC with codes added

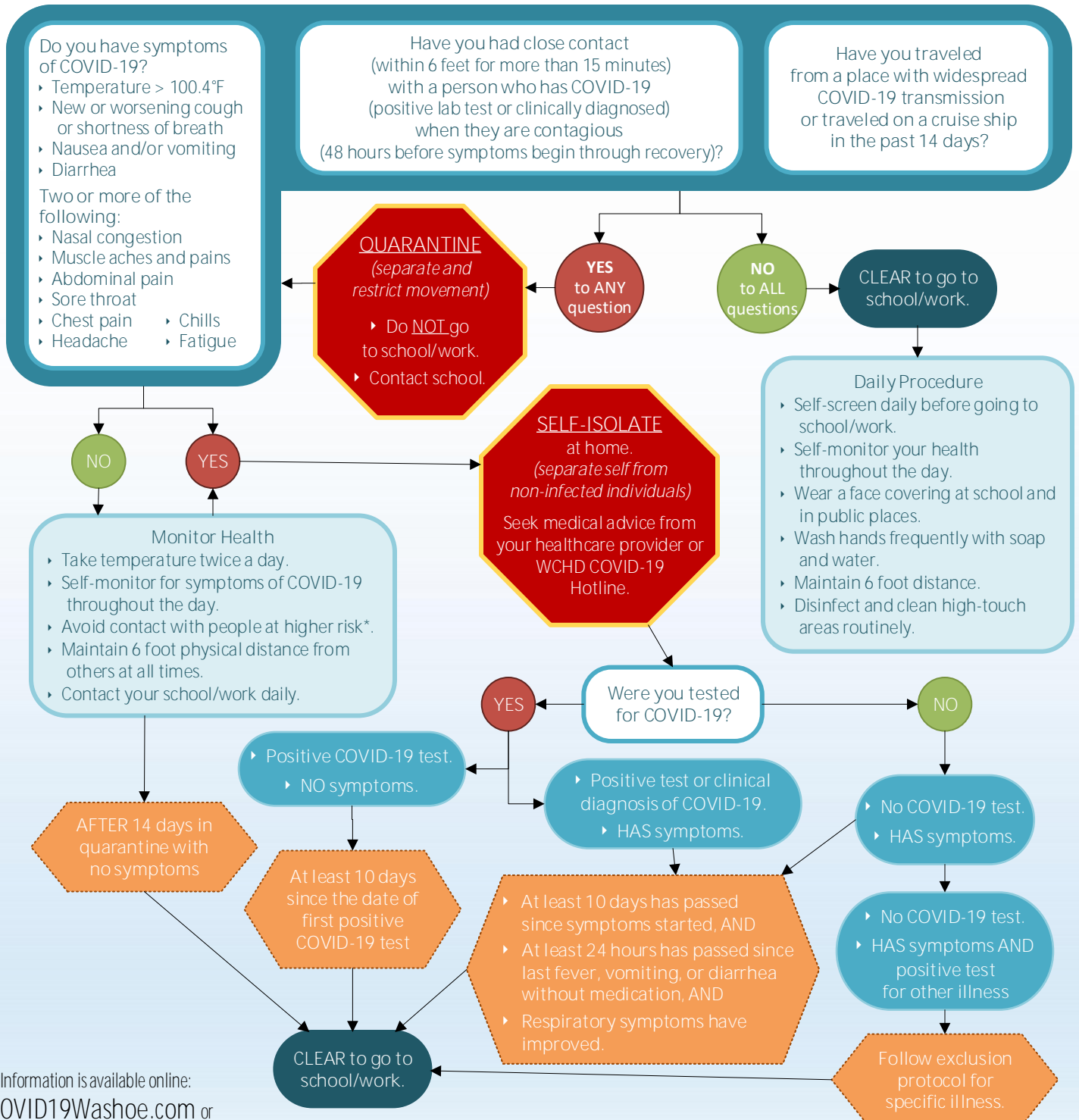
AP - Abdominal Pain	Yes	No	Unk	FF - Feeling feverish or has a Fever (>100.4°F/38° C)	Yes	No	Unk
C - Cough (New onset or worsening of chronic cough)	Yes	No	Unk	H - Headache	Yes	No	Unk
CH - Chills or Muscle Aches	Yes	No	Unk	N, V - Nausea or Vomiting	Yes	No	Unk
CP - Chest Pain	Yes	No	Unk	SMT - New Olfactory (smell) and Taste Disorder(s)	Yes	No	Unk
D - Diarrhea (≥ 3 loose stools/24hr. period)	Yes	No	Unk	ST - Sore Throat	Yes	No	Unk
DB - Any difficulty breathing like Shortness of Breath or Wheezing.	Yes	No	Unk	NAME:	GRADE:		

D. Flowchart: COVID-19 Management from Self-screening to Exclusion



WCSD Reopening

COVID-19 Management from Self-Screening to Exclusion



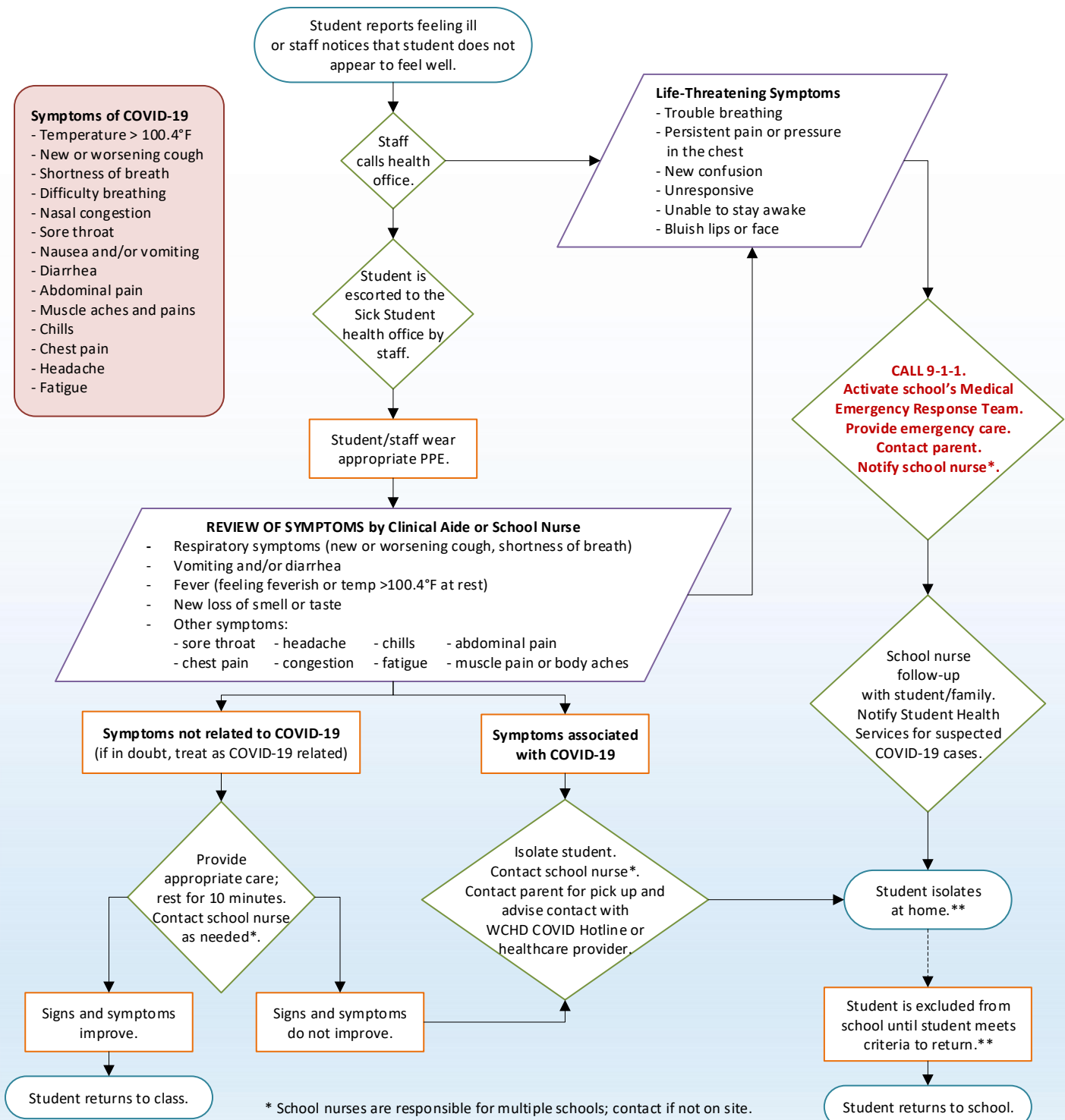
* Information is available online:
COVID19Washoe.com or
WashoeSchools.net/Reopening

E. Flowchart: Management of Students with COVID-19 Symptoms at School



WCS D Reopening

Management of Students during COVID-19



* 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 Employees
with COVID-19 Symptoms at School**



WCSD Reopening

Management of Symptomatic Staff during COVID-19

Symptoms of COVID-19

- Temperature > 100.4°F
- New or worsening cough
- Shortness of breath
- Difficulty breathing
- Nasal congestion
- Sore throat
- Nausea and/or vomiting
- Diarrhea
- Abdominal pain
- Muscle aches and pains
- Chills
- Chest pain
- Headache
- Fatigue

Staff member reports feeling ill or supervisor notices that staff member does not appear to feel well.

Staff member makes arrangements with supervisor to depart workplace and return home.

School Administrator provides replacement/backup as needed.

For suspected COVID-19 cases, school or department notifies RM.

RM or SHS notifies WCHD and receives direction.

RM or SHS notifies School and WCSD Admin of closure/exclusion direction.

Staff and students may be excluded from school depending on test results and contact. Exclusion ends which each individual meets criteria to return.**

Return to school.

Life-Threatening Symptoms

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Unresponsive
- Unable to stay awake
- Bluish lips or face

CALL 9-1-1.
Activate school's Medical Emergency Response Team.
Provide emergency care.
Notify emergency contact.
Notify school nurse*.

RM – Risk Management
SHS – Student Health Services
WCHD – Washoe County Health District

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

** During outbreaks, staff and 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.

G. Teacher Notification of Student Exclusion



Student Health Services

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

TEACHER NOTIFICATION OF STUDENT EXCLUSION

Date _____

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

Classroom _____

ATTENTION TEACHER!
DO NOT ADMIT ANY OF THE STUDENTS ON THE LIST
WITHOUT A PASS FROM THE CLINIC

TODAY'S DATE ONLY _____

Your School is in Outbreak Status.
We need your help ensuring that students do not return
to school while they can infect others.

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 Signature

I. Outbreak Cleaning Protocols

Initial Outbreak Cleaning

- For Coronavirus and Influenza outbreaks, 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) will be used nightly for Process Cleaning for Health until outbreak is declared over.

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.

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.

Completed at Each Site

- All rooms 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.
- For individual classrooms in outbreak status, carpet will be sanitized with a heating carpet extractor after being sprayed with an EPA-registered soft surface sanitizer product specific to the outbreak. For Noro-type or other non-enveloped viruses, heat for extraction will be 170°F. Bleach will not be applied to the carpeted areas.
- 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.

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

- WCSD 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.

PVIs at Non-Outbreak Locations

- The six (6) foot radius around any PVI must be sanitized per WCSD PVI HKO-P301.

Note: After any PVI occurs and the classroom is cleaned, the carpet will be sprayed with soft surface sanitizer. Carpet extraction will take place after the students have left for the day. Extraction of the carpet after school is dismissed allows more custodial staff to assist.

School Site Preparations

- 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.

Cleaning/Disinfecting

- We will be cleaning with a bleach solution, which is most effective against Coronavirus, Influenza and Norovirus and is approved for use by Washoe County Health Department. So, there is no confusion we are disinfecting surfaces school-wide, it will not look like a deep cleaning that Staff is accustomed to after returning from the summer. The following will be cleaned:
 - All lockers handles will be wiped down.
 - All restrooms will be cleaned.
 - All hard surface flooring will be mopped.
 - 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.

J. 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.

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.