

2020-2021

Emergency Prep Meeting

COVID-19

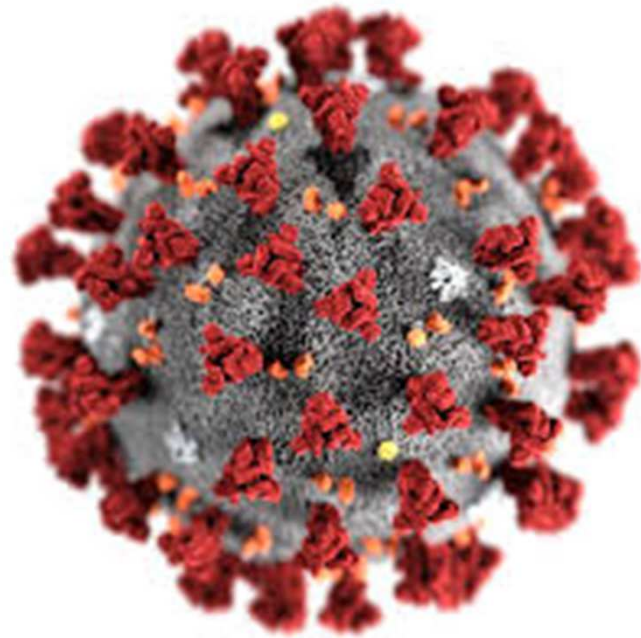
Prepared by
TUSD District Nurses
Human Resources Health and Safety Committee
M&O

Objectives

- Describe COVID-19 and identify symptoms
- Identify proper use, maintenance and disposal of PPE
- Know the difference between cleaning & disinfecting and when each is appropriate
- Review components of the containment, response and control plan
- Review exposure, isolation and quarantine and how to implement a plan for the school site
- Review parent, school transportation and school responsibilities for screening students prior to entering campus
- Review of LADPH and LACOE Decision Pathways
- COVID-19 testing information
- Overview of contact tracing and exposure management plan

COVID-19 Review

COVID-19 is a respiratory illness that typically causes mild to moderate illness, like the common cold, but can lead to dangerous complications. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China and is now infecting people around the world.(LADPH)



Symptoms Consistent with Possible COVID-19



Children any one of the following:

- Fever > 100.4 F
- Sore throat
- New uncontrolled cough causing difficulty breathing (for children with chronic allergic/asthmatic cough, a change in baseline cough)
- Diarrhea, vomiting, abdominal pain
- New onset of severe headache, especially with fever

(CDC 8/2020)

Adults any two of the following:

- Fever > 100.4 F
- Chills
- Rigors
- Myalgia
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose

OR any one of the following:

- Cough
- Shortness of breath or difficulty breathing
- New loss of taste or smell

Suspected COVID-19 Symptoms

- Symptoms consistent with COVID-19 in children may include any one of the following symptoms: fever (measured or reported as) > 100.4° F, sore throat, new uncontrolled cough causing difficulty breathing, diarrhea/vomiting/abdominal pain, new onset of severe headache especially with fever
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>
- Symptoms consistent with COVID-19 in adults may include at least two of the following symptoms: fever (measured or reported as) > 100.4° F, chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose OR any one of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, or new taste disorder.
https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/positionstatement2020/Interim-20-ID-02_COVID-19.pdf
- *A person with suspected COVID-19 has symptoms consistent with COVID-19 illness but does not yet have laboratory confirmation of infection.

Choosing the Correct PPE (NASN)

PPE Types	Situation -- Lowest Risk	Situation – Moderate Risk	Situation -- Highest Risk	Notes:
	School personnel and students must interact, and physical distancing cannot always be maintained. **	Tasks include those that require close/direct contact with (i.e., within 6 feet of) people who are not known or suspected to have COVID-19.	Tasks include the physical assessment of any individual suspected of having COVID-19. Aerosol-generating procedures.	PPE should be used as a “last resort” when administrative or engineering controls are not able to eliminate the hazard. PPE is only effective if worn properly. Training on the types of PPE, how to properly put on/take off, the limitations and care instructions must be provided to employees who wear PPE.
Cloth Face Covering (Not PPE)	X			Provides source control, i.e. control that prevents transmission of potentially infectious respiratory droplets. These are not PPE.
Gloves		X – situation dependent	X	Wearing gloves is not a substitute for hand washing with soap and running water. Washing hands between patients/students will prevent cross contamination.
Eye Protection		X – situation dependent	X	Provides protection from fluid entry into eyes along with mouth and nose if worn with fluid resistant surgical mask.
Surgical Facemask		X	X	Provides source control and protection from fluid entry into the nose and mouth. As soon as possible and as tolerated, sick individuals should wear a surgical mask until they are picked up from school or leave to a health care facility.
Gown / Coveralls			X	Depending on product, may be resistant or impermeable to fluids. Needs to be changed

Choosing the Correct PPE (continued)

				between care for presumptive cases to prevent cross contamination.
Respirator (N95) *			X	Best practices prior to the COVID-19 pandemic was for healthcare workers to use N95 or greater protection respirators when in contact with patients who may spread infectious diseases via airborne secretions. If respirator is determined not essential, or is unavailable due to shortage, wear facemask and face shield.
<p>Moderate Risk: Tasks include those that require close contact with (i.e., within 6 feet of) people who are not known or suspected to have COVID-19. These precautions are recommended since some people with the disease may be asymptomatic or in the pre-symptomatic phase of illness at the time of contact. Although there is risk with these tasks, not all PPE listed may be needed for all situations. These tasks include, but are not limited to first aid, oral medication administration, vision screening, hearing screening, consultation, blood glucose checks (diabetes care), metered-dose inhalers (MDIs) for students/staff with asthma.⁷</p> <p>High Risk: Tasks that require close contact with (i.e. within 6 feet of) people who are not known or suspected COVID-19 patients but are undergoing procedures with potential for aerosol generation or body fluid contact, such as, but not limited to: open suctioning of airways, sputum induction, non-invasive ventilation (e.g., BiPAP, CPAP), manual ventilation. It would be advisable to do this assessment and any other airway procedures in a well-ventilated room isolated from others. Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious. MDIs can be used as young as 6 months of age; families should contact primary care provider for education on use of MDI prior to school. During this COVID-19 pandemic, nebulizer treatments at school should be reserved for students who cannot use or do not have access to an inhaler (with or without spacer or face mask).⁸ Since some people can be asymptomatic with COVID-19 reasonable attempts should be made to reduce possible aerosol and respiratory droplet induction during care or treatment. Proper ventilation and cleaning of the room must be completed before using again.</p>				
<p>School Setting Notes:</p> <p>* To use N-95s schools must have a fit test program in place. If this is not in place or there is a shortage, a surgical face mask should be used.⁹ Some schools may have access to KN95 respirators that have been declassified and <i>not</i> suitable for highest risk tasks without a full-face shield.¹⁰ They may also be allowed as non-PPE per individual states.</p> <p>** The use of cloth face coverings for students will be determined by multiple state and local stakeholders, public health data, and health accommodations.</p>				

Cleaning & Disinfecting

What is the difference between cleaning & disinfecting?

- Cleaning and disinfecting are 2 separate steps in the clean-up process.
- Cleaning is aimed at removing germs (including viruses), dirt and impurities from surfaces. Cleaning doesn't kill germs, but it reduces risk of infection by reducing the number of germs on the surface.
- Disinfecting, on the other hand, doesn't necessarily make the surface look clean, but it does reduce risk of infection by killing surface. The stronger the disinfectant and the longer it stays on the surface the more germs it will kill.



Cleaning & Disinfecting

For cleaning:

- Warm water and soap are effective for cleaning. They remove germs, dirt, and impurities from surfaces.
- If you don't have soap, use another detergent with water.

For disinfecting:

- Use a commercial EPA-registered disinfectant available from warehouse or custodial staff (Clorox wipes and Lysol are approved as well if available)
- To reduce risk of asthma among children and staff, try to use disinfectant products on the EPA's N list with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) and as opposed to products that include peroxyacetic acid, sodium hypochlorite (bleach) or quaternary ammonium compounds.

Cleaning & Disinfecting

- Disinfecting sprays and solutions should be left to sit and coat surfaces to be disinfected according to label instructions.
- Ideally, full-scale cleaning and disinfecting are done after hours, when children are not present, giving the site adequate time to air out before children are back.
- Spot cleaning of frequently touched or soiled areas should be carried out regularly throughout the day, even when children are present. Surfaces of concern may include sink knobs, toilet handles, tables, and door handles as well as instruments used in assessment such as audiometer machines, earphones, eye covering tools (These assessment tools should be cleaned as per manufacture guidance).

LADPH, 2020

IPM Training

Integrated Pest Management Training

- Online annual training required for anyone using chemicals including cleaning and disinfecting products
- Completion certificate is issued



Department of Pesticide Regulation: <https://www.cdpr.ca.gov/docs/schoolipm/>

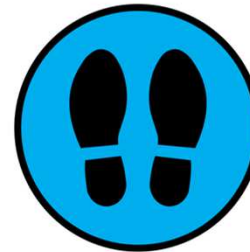
- Completion certificate is issued



M&O

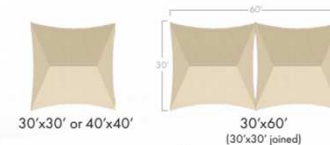
- Mapping sites
 - Hand sanitizer stations
 - Signage
 - Isolation spaces
 - Path of travel
 - Entrances and exits
- Touchless soap dispensers
- Air quality
 - Fans will be ordered
 - HVAC - thermostats and interlink
- Additional plexiglass
- Outdoor structures
- Bottle filling stations
- Playground equipment closed

PHYSICAL DISTANCING
STAND HERE



DSA Pre-Approved Shade Structures

Hip



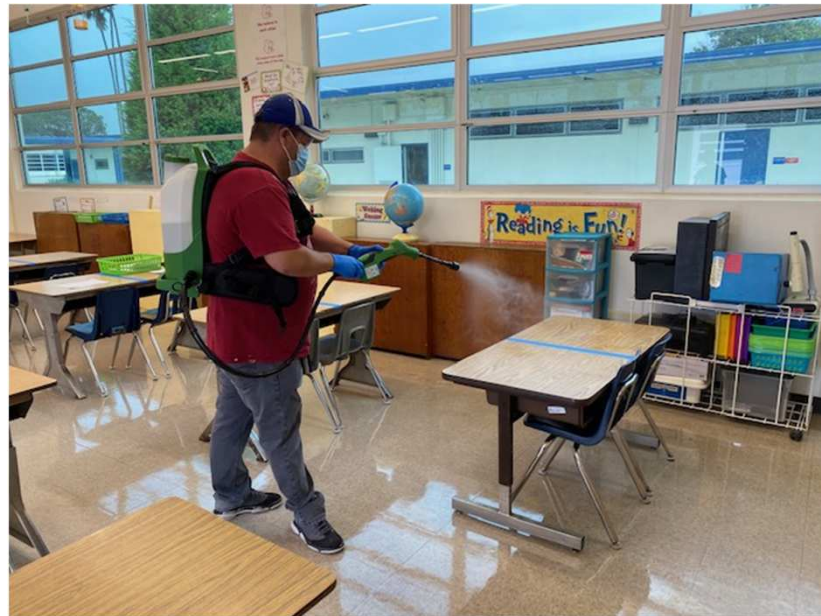


Facilities Cleaning



5 - 7 Additional Minutes to disinfect a classroom

Recommendations remain the same:
Clean & Disinfect Frequently



COVID-19 Containment, Response, and Control Plan

Schools need to have a Covid-19 Containment, Response and Control Plan including:

- A Compliance Team - to establish and enforce safety protocols and educate students and staff regarding the same. One member is designated as the liaison to our District Liaison (our District Liaison is the one that would contact the DPH).
- Steps to be taken immediately upon notification of a positive Covid-19 or symptoms consistent with Covid-19 including:
 - contact tracing (isolation, id. persons exposed and quarantine)
 - access to testing
 - reporting exposure to DPH by completing the Case Contact Line List for the Educational Sector
- Contingency plan for full or partial closure of in-person school operations.
- Surveillance testing ensuring access to periodic testing for all school personnel to be implemented when instructed by the DPH.
- TUSD template <https://drive.google.com/drive/my-drive>

Exposure, Isolation, Quarantine

Exposure

Exposure is defined as a close contact with some diagnosed with or suspected to have COVID-19. A close contact is defined as an individual who was within 6 feet of the infected person for more than 15 minutes or contact with the infected person's body fluid and/or secretions, for example, being coughed or sneezed on, sharing of a drink or food utensils.

Home isolation

Isolation is used to separate a person infected or sick with COVID-19 from people who are not infected. A person who is in isolation is to stay home until it's safe for them to be around others.

Home Quarantine

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. A person in quarantine is to stay at home, separate from others, monitor their health, and follow directions from the local health department.

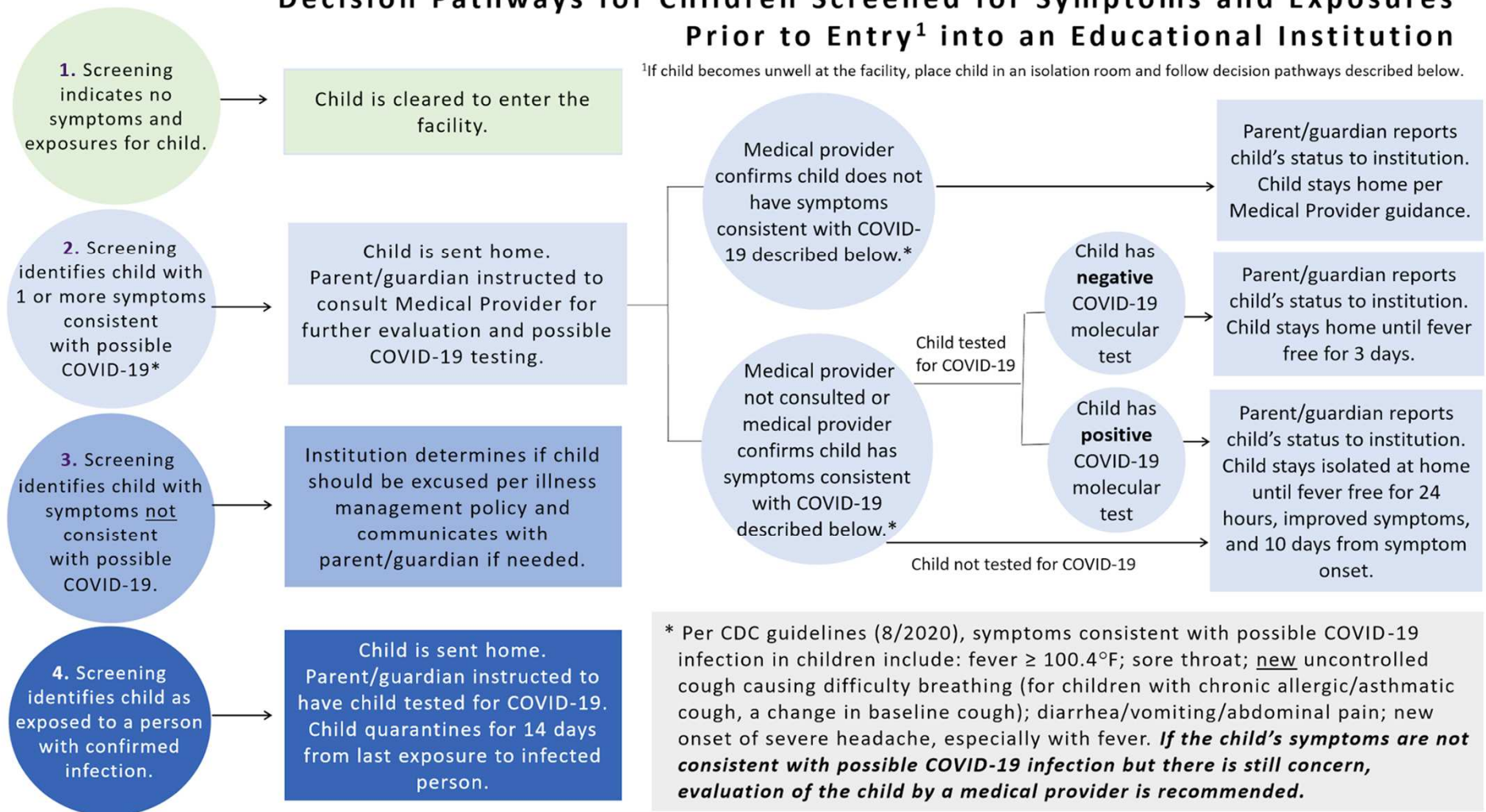
LADPH Decision Pathways for:

- 1) Symptomatic Children
- 2) Contacts of a Potentially Infected Child
- 3) Children and Employees with Laboratory Confirmed COVID-19
- 4) Contacts of Persons with Laboratory Confirmed COVID-19 at Educational Institutions

(Los Angeles County Department of Public Health Updated: 9/20/2020)

Decision Pathways for Children Screened for Symptoms and Exposures Prior to Entry¹ into an Educational Institution

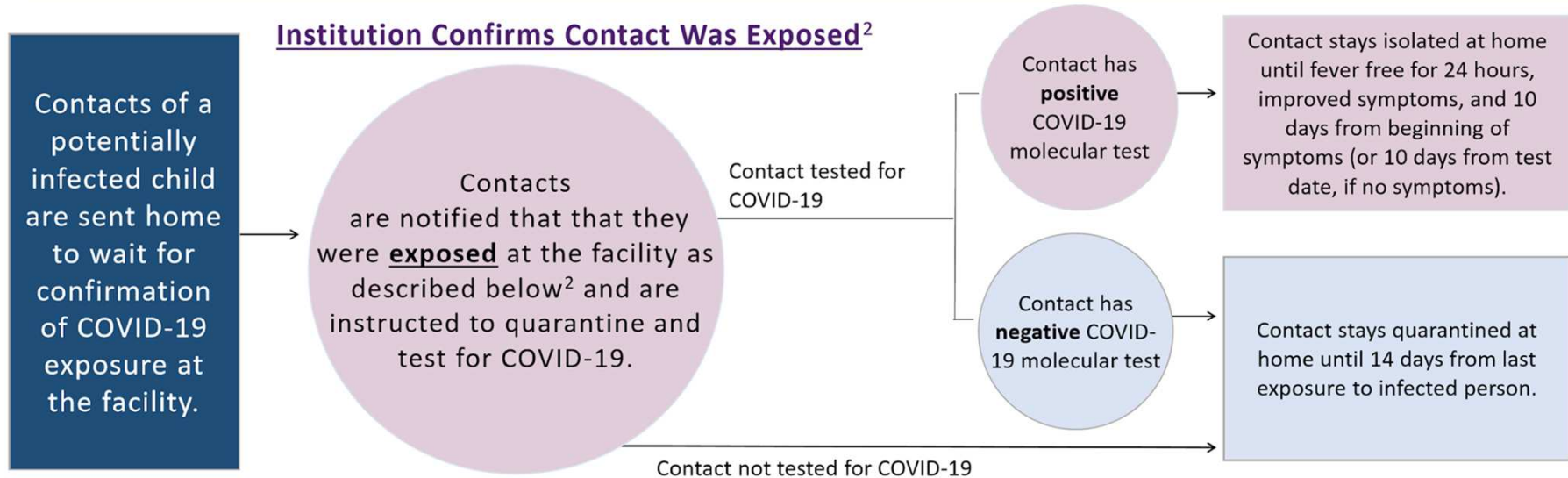
¹If child becomes unwell at the facility, place child in an isolation room and follow decision pathways described below.



Decision Pathways for Contacts of a Potentially Infected Child¹ at an Educational Institution (1)

¹A **potentially infected child** is defined as a child at the facility with 1 or more symptoms consistent with possible COVID-19. Symptoms include fever $\geq 100.4^{\circ}\text{F}$; sore throat; new uncontrolled cough that is different from baseline and causing difficulty breathing; diarrhea/vomiting/abdominal pain; new onset of severe headache, especially with fever.

A **contact of a potentially infected child** is defined as a child or employee at the facility who was within 6 feet of the potentially infected child for >15 minutes or had direct contact with bodily fluids/secretions from a potentially infected child.



²A **contact of a potentially infected child** is confirmed as **exposed** if the Institution receives confirmation that: (1) the contact was exposed to a child with 1 or more symptoms consistent with COVID-19 based on Medical provider consultation OR 2) the contact was exposed to laboratory-confirmed COVID-19 based on a positive molecular test result of a potentially infected child.

Decision Pathways for Contacts of a Potentially Infected Child¹ at an Educational Institution (2)

¹A **potentially infected child** is defined as a child at the facility with 1 or more symptoms consistent with possible COVID-19. Symptoms include fever $\geq 100.4^{\circ}\text{F}$; sore throat; new uncontrolled cough that is different from baseline and causing difficulty breathing; diarrhea/vomiting/abdominal pain; new onset of severe headache, especially with fever.

A **contact of a potentially infected child** is defined as a child or employee at the facility who was within 6 feet of a potentially infected child for >15 minutes or had direct contact with bodily fluids/secretions from a potentially infected child.

Institution Confirms Contact Was Not Exposed²

Contacts of a potentially infected child are sent home to wait for confirmation of COVID-19 exposure at the facility.

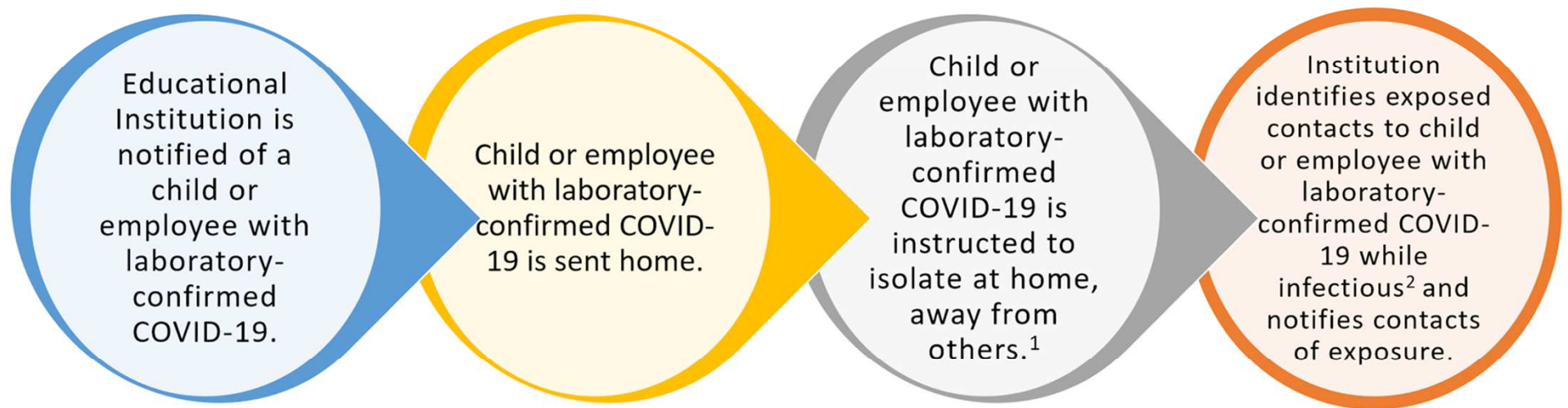


Contacts are notified that they were **not exposed** at the facility as described below² and are instructed to return to the Educational Institution.

²A **contact of a potentially infected child** is confirmed as **not exposed** if the Institution receives confirmation that: 1) the contact did not have an exposure to a child with 1 or more symptoms consistent with COVID-19 based on Medical provider consultation; OR 2) the contact was not exposed to laboratory-confirmed COVID-19 based on a negative molecular test result of a potentially infected child.

**Decision Pathways for Children or Employee with
Laboratory-Confirmed COVID-19 and Contacts of
Persons with Laboratory-Confirmed COVID-19 at an
Educational Institution**

Guidance for Child or Employee with Laboratory-confirmed COVID-19 at an Educational Institution

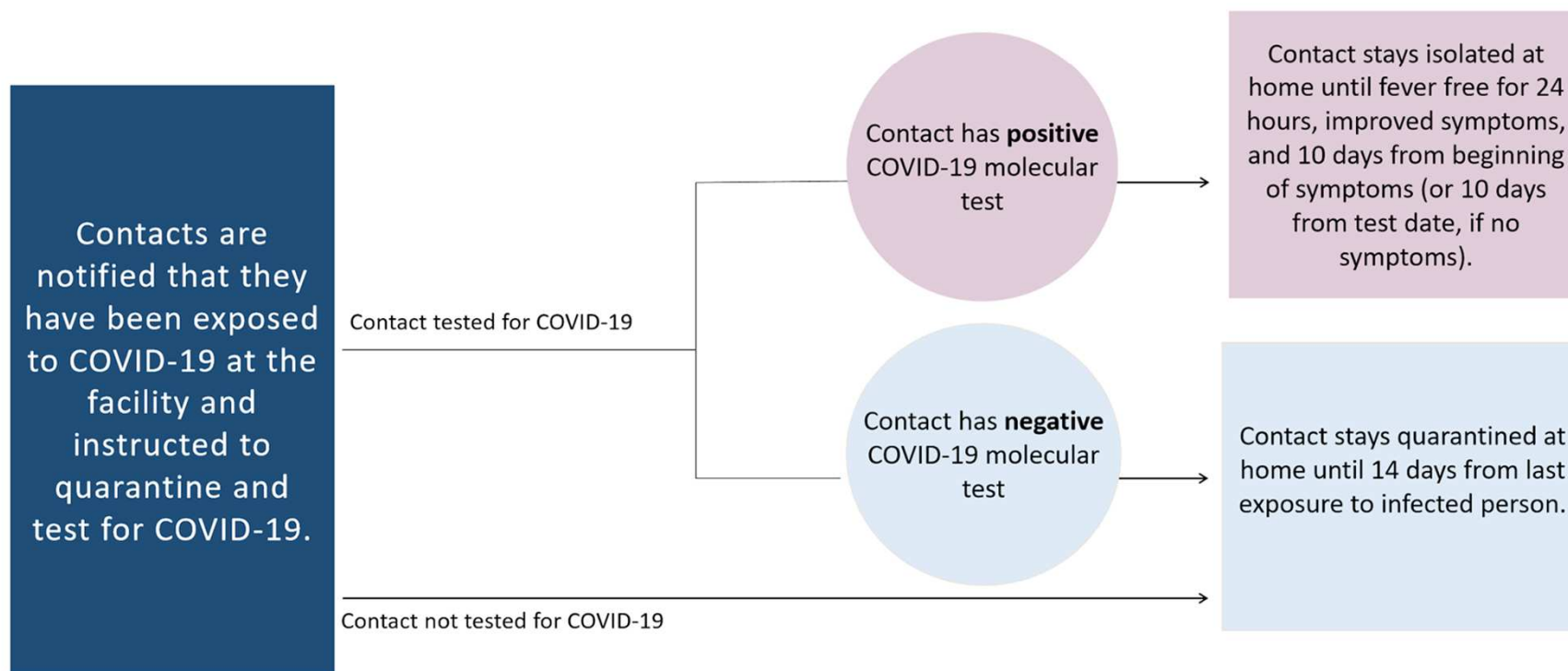


¹ Persons with laboratory-confirmed COVID-19 infection should isolate until fever free for 24 hours without fever reducing medication, improved symptoms, and 10 days from beginning of symptoms (or 10 days from test date, if no symptoms).

²The infectious period for an infected person is 48 hours before symptom onset (or test date for persons with no symptoms) until the infected person is no longer required to be isolated.

Decision Pathways for Contacts¹ of a Child or Employee with Laboratory-confirmed COVID-19 at an Educational Institution.

¹A contact of a child or employee with laboratory-confirmed COVID-19 is defined as a child or employee at the facility that was within 6 feet of an individual with laboratory-confirmed COVID-19 for > 15 minutes or had unprotected direct contact with bodily fluids/secretions from the person with laboratory-confirmed COVID-19.



Contact Tracing

Contact tracing is a key strategy to prevent the further spread of COVID-19.

Contact tracing steps include:

- **Case investigation:** Recalling everyone with whom the case had “close contact” during the time they have been infectious.
- **Contact tracing:** Notification to individuals of potential exposure without revealing identity.
- **Contact support:** Contacts are provided with education, information and support to help understand their risk.
- **Self Quarantine:** Contacts are encouraged to stay home and maintain social distancing for 14 days.

CDC, 2020

Key Term: Exposure

- A person is considered to have been exposed if they are one of the following: -
 - An individual who was within 6 feet of the infected person for more than 15 minutes, even if a non-medical face covering was worn;
 - An individual who had unprotected contact with the infected person's body fluids and/or secretions of a person with confirmed or suspected COVID-19 (e.g., being coughed or sneezed on, sharing utensils or saliva, or providing care without using appropriate protective equipment).

LACDPH, 2020

Contact Tracing & Line List

[John Hopkins Free Contact Tracing Course](#)
Control

DPH Acute Communication Disease Control
(ACDC) Education Sector Team

888-397-3993 or 213-240-7821

[Contact Tracing Line List](#)



hub.jhu.edu

Exposure Management Plan: 1 Case

1. **REQUIRED:** School instructs the case to follow COVID-19 [Home Isolation Guidelines](#).
2. **REQUIRED:** School informs the case that [DPH will contact case](#) directly to collect additional information and issue [Health Officer Order for Isolation](#).
3. **REQUIRED:** School works with the case to identify school contacts.
4. **REQUIRED:** School notifies school contacts of exposure and instructs them to [quarantine at home](#) and test for Covid-19
5. **REQUIRED:** School informs school contacts that DPH will contact them directly to collect additional information and issue Health Officer Order for Quarantine
6. **REQUIRED:** School submits contact information for case and site contacts using the [Covid-19 Case and Contact Line List](#) and sends to DPH by emailing: ACDC-Education@ph.lacounty.gov
7. **RECOMMENDED:** School sends a general notification to inform the wider school community of the school exposure and precautions to take to prevent spread.

LACDPH,2020

Exposure Management Plan: 2 Cases

1. **REQUIRED:** Follow the required steps for 1 confirmed case.
2. **RECOMMENDED:** If the 2 cases occurred within 14 days of each other, the school determines whether the case have epidemiological (epi) links. A COVID-19 Exposure Investigation Worksheet is available to help asses epi links.
 - If epi links exist, school implements additional infection control measures.

LACDPH,2020

Exposure Management Plan: 3 Cases

1. **REQUIRED:** if a cluster of 3 or more cases occurred within 14 days of each other, school notifies DPH at ACDC-Education@ph.lacounty.gov
2. **RECOMMENDED:** Prior to notifying PH of the cluster, the school determines whether at least 3 cases have epidemiological (epi) links. If epi links do not exist, the school continues with routine exposure management.
3. **REQUIRED:** DPH requests that the COVID-19 Case and Contact Line List for the Educational Sector be completed by the school to determine if outbreak criteria have been met. If outbreak criteria are met, the DPH Outbreak Management Branch (OMB) is activated and an OMB investigator will contact the School to coordinate the outbreak investigation.
4. **REQUIRED:** School provides updates to the OMB investigator until the outbreak is resolved.

LACDPH, 2020

Questions?



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