Dallas County Health and Human Services
Child Care and K-12 School
Reopening Guidance
SY 21-22

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INTRODUCTION

With parental, student, and governmental desires to return children to classes in our area, Dallas County Health and Human Services (DCHHS) feels compelled to re-iterate the continuing high rate of COVID-19 transmission within the county. To prevent the spread of COVID-19 in child care centers and schools resulting in repeated cycles of opening and closing, DCHHS supports the opening of the child care centers and schools for learning but warns that in-person teaching will subject students, teachers, and staff to an increased risk of acquiring COVID-19.

PREVENTION AND MITIGATION STRATEGIES

CDC and DCHHS recommends that all teachers, staff and eligible students be vaccinated as soon as possible. However, child care centers and schools have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated. Child care settings and elementary schools primarily serve children under 12 years of age who are not eligible for the COVID-19 vaccine at this time. Other schools (e.g., middle schools, K-8 schools) may also have students who are not yet eligible for COVID-19 vaccination. Some schools (e.g., high schools) may have a low percentage of students and staff fully vaccinated despite vaccine eligibility. These variations require child care and K-12 administrators to make decisions about the use of COVID-19 prevention strategies in their settings and schools and are reasons why CDC recommends universal indoor masking regardless of vaccination status at all levels of community transmission.

It is recommended that the following general policies be adopted by all child care settings and school districts:

Screening of staff, students and visitors

❖ Child care centers and schools should have a policy in place for screening of temperature and COVID-19 symptoms for all persons (staff, students and visitors) before entering the building for COVID-19 symptoms.

❖ Parents should be instructed to keep their child at home if they are ill or has COVID-19 symptoms.

❖ The entry of parents and other community members should be limited.

❖ Visitors must follow the virus prevention and mitigation requirements of the child care center and school. It's recommended that visitors be screened for symptoms, have their temperature taken, and wear a cloth face covering while on campus. (See screening template).

❖ Every child care center and school should have an identified location (isolation room) where a student or staff member who is exhibiting symptoms of COVID-19 may be taken to isolate them from others until the individual can be picked up from school.

❖ Any student, staff or visitor who has symptoms consistent with COVID-19 or who has been diagnosed with COVID-19 must isolate at home until they have met the criteria to end isolation per CDC's guidance.

❖ Any student, staff or visitor who is unvaccinated and has been a close contact (within 6 feet for $\geq$15 minutes) of a person with suspected or confirmed COVID-19 should quarantine at home for a period of 10-14 days from their last exposure to that individual.

Face Coverings

❖ CDC and AAP recommend all people 2 years of age and older wear a cloth face covering when around people who don't live in the same household, especially when social distancing (staying at least 6 feet from others who are not from your household) is difficult

to maintain. Current local Dallas County Orders require universal indoor masking for all teachers, staff, students, and visitors to child care centers and pre-K-12 schools, regardless of vaccination status, except for children under 2 years of age.

❖ Include cloth face coverings on school supply lists and provide them as needed to students, teachers, staff, or visitors who do not have them available.

❖ Ensure masks meet effectiveness criteria in materials, and fit snugly over the nose bridge, mouth, and chin. Cloth face coverings should have two or more layers of washable, breathable fabric, completely cover the nose and mouth, and fit snugly against the sides of the face and don't have gaps.
  o Masks or respirators with exhalation valves are not recommended since they are not effective as source control.
  o From direct communication between DCHHS and the CDC, the CDC does not recommend the use of neck gaiters over cloth face coverings meeting the aforementioned criteria.
  o Do not choose masks that are made of fabric that makes it hard to breathe.

❖ Establish/reinforce a culture of health, safety and shared responsibility. Prior to child care and school opening, train all students and staff on how to choose, correctly wear, care for, clean or discard, and store their masks.
  o Ask parents, caregivers, and guardians to practice wearing cloth face coverings with students at home before the first day of school.
  o Please see Appendix A for a summary of CDC's strategies to support students' wearing cloth face coverings in schools by respective age groups.

❖ Ensure that students, teachers, and staff are aware that they should:
  o Wash or sanitize their hands before putting on or removing their mask.
  o Only touch the mask by its straps, and avoid touching the mask while it is worn. If touching the mask is necessary for adjustment, they should wash their hands before and after with soap and water or sanitize hands.
  o Remove masks correctly, being careful not to touch eyes, nose or mouth when removing,
  o Never share or swap cloth face coverings with other persons. Students' masks should be clearly identified to indicate names or initials, top/bottom, and front/back.
  o Change their mask if it becomes wet.
  o Wash cloth face coverings after every day of use and/or before being used again, or if visibly soiled.

❖ Build in time throughout the day where students and staff can safely take a break from their masks to avoid 'mask fatigue' and to encourage compliance. For example, during the time spent outside when distancing can be maintained.

❖ Masks should be stored in a space designated for each student that is separate from others when not being worn. Have additional back-up masks in case needed during the day.

❖ CDC does not recommend the use of face shields for normal everyday activities or as a substitute for cloth face coverings.

❖ Teachers can consider wearing transparent face shields when teaching at the front of the room (greater than 6 feet from students) and face masks when working more closely with students.

❖ Clear face coverings (not face shields) may be used in select circumstances. Include clear face coverings (not face shields) on school supply lists for teachers and staff who regularly interact

with students who are deaf or hard of hearing, students learning to read, students with disabilities, and those who rely on lip-reading as a part of learning, such as students who are English Language Learners.

❖ Disposable medical masks (such as surgical masks) are preferable instead of cloth masks for persons 60 years of age or older, or anyone with pre-existing medical conditions (such as diabetes, high blood pressure, heart disease, lung disease, or cancer).

❖ School nurses and other assisting healthcare providers should wear disposable medical masks and appropriate PPE while in the school clinic. Nurses should remove their facemask, perform hand hygiene, and put on their cloth face covering when leaving the clinic at the end of the shift. Clinic nurses should also wear eye protection (goggles or face shield) in addition to their facemask during all patient care encounters. Fit-tested N-95 respirators are recommended to be worn for aerosol-generating procedures (e.g. nebulizer treatments) and physical assessments of any persons suspected of having COVID-19.

❖ Any students who become ill at child care or school with possible symptoms of COVID-19 should be given a disposable medical (surgical) mask as soon as possible to wear as tolerated, until they are picked up from the child care or school or leave to a healthcare facility.

❖ Instructors should consider using portable amplifiers to keep their voices at a low conversational volume. Instructors should wear surgical style masks.

❖ Post printed guidance, such as infographics from organizations like the WHO and the CDC around the child care center and school.

Toolkit for Child Care Programs:

https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/childcare.html

Toolkit for K-12 Schools:

https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/schools.html

Hand Hygiene and Respiratory Etiquette

❖ Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among teachers, students, and staff.

❖ Build time into daily routines for students and staff to wash hands, especially at key times like after bathroom breaks, before lunch, or after playing outside. Take into consideration any additional time students or staff may need to wash their hands while maintaining appropriate social distancing.

❖ Consider making hand sanitizers with at least 60% alcohol available for teachers, staff, and students. Hand sanitizers can be placed near frequently touched surfaces (e.g., water fountains, doors, shared equipment) and areas where soap and water are not readily available (e.g., cafeterias, classrooms, gyms). Supervise young children under the age of 6 when they use hand sanitizer to prevent swallowing alcohol or contact with eyes.

❖ Promote hand hygiene throughout the child care and school by placing visual cues such as handwashing posters, stickers, and other materials in highly visible areas.

❖ Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash, and hands washed appropriately or sanitized immediately.

Cleaning and Disinfecting

❖ Use products that meet EPA disinfection criteria for use against COVID-19.

❖ Routine cleaning practices should be used for indoor areas that have not been used for seven or more days, for outdoor equipment (except for high touch surfaces), for indoor surfaces that

are not high touch (e.g. bookcases, window coverings, wall decorations) and for floors and carpeted areas.

❖ Develop a schedule for increased cleaning and disinfecting.
❖ Eliminate high-touch surfaces, where possible. e.g., leave doors open, remove toys and materials that cannot be easily cleaned and disinfected.
❖ Focus cleaning on and disinfection on frequently touched objects (e.g., doorknobs, light switches, countertops) and shared items between uses.
❖ Clean and disinfect water bottle filling stations regularly and consider closing water fountains.

Environmental Controls

❖ **Signs and Messages**
   o Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a cloth face covering.
   o Broadcast regular announcements on reducing the spread of COVID-19 on PA systems.
   o Include messages (for example, videos) about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on child care and school websites, in emails, and on social media accounts).

❖ **Drop off and Pick-up**
   o Develop student pick-up and drop-off plans that limit crowds or congregating around entrances of the building.
   o Parents should drop off children external to the building.
   o Consider staggered arrival and dismissal times to limit crowding.

❖ **Modified Layout and Physical Barriers**
   o In addition to universal indoor masking, CDC recommends schools maintain at least three (3) feet of physical distance between students within classrooms to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as screening testing. Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times.
   o Designate one-way foot traffic patterns for hallways.
   o Students and staff should maintain six feet between themselves and others whenever possible, and classrooms should be structured in such a way as to facilitate this distancing, to the extent possible.
      • Consider assigned seating and cohort classes to minimize crossover among children and adults and aid in the identification of close contacts of an infected individual.
      • Rearrange student desks to maximize the space between students.
      • Desks should face in the same direction.
      • Install physical barriers, such as partitions, particularly in areas where it is difficult to achieve at least 6 feet distancing.
      • A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated. Mask use by all students, teachers, staff, and visitors is particularly important when physical distance cannot be maintained.
   o Consider utilizing unused or underused spaces such as libraries, auditoriums, gymnasiums, etc., to allow for smaller class size and more effective social distancing.
   o Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).

❖ **Shared Objects**
  o Discourage sharing of supplies and equipment
  o Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
  o Ensure adequate supplies to minimize the sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit the use of supplies and equipment by one group of children at a time and clean and disinfect between use.

❖ **Activities and Communal Spaces**
  o Delay contact sports and other activities which enhance spread of COVID-19 (including activities such as singing, playing wind and brass instruments, etc.) until community transmission in Dallas County has fallen to acceptably safe levels.
    ▪ Discourage congregating of staff in lounge/dining areas or other shared spaces should be discouraged.
    ▪ Schools should not hold mass gatherings such as assemblies and pep rallies unless appropriate social distancing can be maintained.
    ▪ Child care settings and schools should not plan in-person field trips but are encouraged to plan virtual field trips, where feasible.
    ▪ Consider cohorting students during recess and limiting the size of groups participating in playground time and clean equipment between cohorts.

❖ **Ventilation**
  o Consider ventilation system upgrades or improvements and other steps to increase the delivery of clean air and dilute potential contaminants in the school.
  o Improvement steps may include some or all of the following activities:
    Increase outdoor air ventilation, using caution in highly polluted areas.
    1. When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.

    2. Use fans to increase the effectiveness of open windows. Position fans securely and carefully in or near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic window fan placement in exhaust mode can help draw fresh air into room via other open windows and doors without generating strong room air currents).

    3. Decrease occupancy in areas where outdoor ventilation cannot be increased.

  o Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
  o Increase total airflow supply to occupied spaces, when possible.
  o Disable demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.

- o Further open minimum outdoor air dampers to reduce or eliminate HVAC air recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold, hot, or humid weather.
- o Improve central air filtration:
    1. Increase air filtration to as high as possible without significantly diminishing design airflow.
    2. Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass
    3. Check filters to ensure they are within service life and appropriately installed.
- o Consider running the HVAC system at maximum outside airflow for 2 hours before and after the school or child care center is occupied.
- o Ensure restroom exhaust fans are functional and operating at full capacity when the child care or school is occupied.
- o Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- o Inspect and maintain local exhaust ventilation in areas such as bathrooms, kitchens, cooking areas, etc.
- o Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas such as nurse's office and special education classrooms).
- o Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher risk areas such as the nurse's office).
- o Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate SARS-CoV-2, especially if options for increasing room ventilation are limited.
- o Ventilation considerations are also important on school buses.

Food Preparation

- ❖ Implement foodservice modifications.
    - o As feasible, have children eat outdoors or in classrooms, while maintaining social distance (at least 6 feet apart) as much as possible, instead of in a communal dining hall or cafeteria.
    - o If communal dining halls or cafeterias will be used, ensure that children remain at least 6 feet apart in food service lines and at tables while eating. Clean and disinfect tables and chairs between each use.
    - o Have children bring their meals if feasible.
    - o Serve individually plated or prepackaged meals in the classrooms or outdoor spaces.
    - o Avoid offering any self-serve food or drink options, such as hot and cold food bars, salad or condiment bars, and drink stations.
    - o Individuals should not wear masks while eating or drinking.
    - o Students and staff should be reminded to wash their hands or use hand sanitizer before and after eating.
    - o Avoid sharing food and utensils and ensure the safety of children with food allergies.

- o If possible, install touchless payment methods (pay without touching money, a card, or a keypad). Provide hand sanitizer right after handling money, cards, or keypads.

Transportation

- ❖ Keep windows open to increase air exchange, weather permitting.
- ❖ School systems should consider requiring students and staff to use hand sanitizer upon boarding the bus.
- ❖ Consider assigned seats to assist with contact tracing and ensure physical distancing
- ❖ Children who ride school buses should be seated one child per seat with an empty seat between them and the next child, if possible. Students from the same household may sit together.
- ❖ Bus drivers and students should wear a cloth face-covering unless contraindicated.
- ❖ Consider having spare cloth face coverings or masks available to ensure all students wear cloth face coverings or masks on the school bus.
- ❖ Buses should be thoroughly cleaned after each bus trip, focusing on high-touch surfaces such as bus seats, steering wheels, knobs, and door handles. Open windows during cleaning to allow for additional ventilation and airflow. Provide approved cleaning materials and develop cleaning schedules and protocols.
- ❖ Consider making foot-traffic unidirectional in narrow or confined areas in the bus to encourage social distancing. For example, by loading the bus from back to front and unloading from front to back.

Music, Choir, and the Performing Arts
- ❖ Reinforce use of cloth face coverings or masks by all students and staff when not singing or playing an instrument that requires the use of their mouth (unless class is outdoors and distance can be maintained).
- ❖ Consider conducting the class in an outdoor/open environment or under an open tent.
  - o Ensure outdoor classes are safe from other hazards, such as heat, cold, and air pollution.
  - o If the class is held indoors, ensure the ventilation system is optimized with regard to flow rate and filtration. Refer to the Ventilation section above for more information.
- ❖ Consider having teachers use a portable amplifier to keep voices at a low, conversational volume.
- ❖ Limit the number of student's at one time in storage and backstage areas.
- ❖ Install transparent shields or other physical barriers, where possible, to separate the students and staff.
- ❖ Maintain social distancing to protect students and staff.
- ❖ Music Instruction:
  - o Develop plans to communicate with students regarding safety expectations during music classes.
  - o Practice cohorting; rehearsals should be conducted in "pods" of students with the same 5-10 students always rehearsing together.
  - o Limit exchange (or sharing) of any instruments, parts, music sheets, or any other items.

- o Modify or adjust seating arrangements during music classes to allow for a minimum of 6 feet between students and music teachers. This may reduce the number of students that can fit in a performing arts classroom.
- o Establish, where possible, physical barriers between staff and between staff and students.
    1. Install cleanable, transparent shields or other barriers to physically separate music staff and students.
    2. Use strip curtains, plastic barriers, or similar materials to create impermeable dividers or partitions.
- o Use disposable absorbent pads or other receptacles, where possible, to catch the contents of spit valves; discard and clean properly after use.
- o Consider using "bell covers" for the openings of brass instruments and specially designed bags with hand openings for woodwind instruments to minimize the generation of droplets and aerosols.
- ❖ Theater and Dance:
    - o Limit, where possible, sharing of props, costumes, and wigs.
    - o Clean and disinfect dressing rooms, green rooms, and production areas using an EPA-registered household disinfectant.
    - o Consider holding virtual or outdoor performances instead of indoor performances.
    - o Reinforce social distancing and cloth face covering or [mask use](#) for staff and students when students are not singing or playing an instrument that requires the use of their mouth (unless class is outdoors and distance can be maintained).

DEVELOPING AND COMMUNICATING A PLAN OF ACTION

- ❖ Staff and families should be aware of the child care center or school's plan of action when an individual in the child care center or school is showing signs or symptoms of COVID-19 or has a lab-confirmed diagnosis of been diagnosed with COVID-19.
- ❖ Draft call messages and letter templates to use to communicate with parents and staff after a case has been confirmed in the child care center or school. Ensure communications conform to HIPAA and FERPA regulations.
- ❖ Schools should establish a multidisciplinary COVID-19 Response Team. The response team should be comprised of individuals with specified roles, whose functions include: communications, contact tracing, environmental mitigation, and administrative actions. Details of team structure and roles can be found in Appendix A.

RESPONSE TO COVID-19 IN YOUR SCHOOL

When someone becomes ill on campus

Staff must be aware of the signs and symptoms of COVID-19 and of the child care center or school's planned response when someone in the building is exhibiting signs or symptoms of COVID--19. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

- ▪ Fever or chills
- ▪ Cough

- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

❖ If not already in place, immediately place a cloth face covering or a surgical mask on the ill individual (unless contraindicated) and move them to the place your school has identified as a safe area to isolate that individual.

❖ Anyone assisting the individual should put on a cloth face covering or a surgical mask, eye protection, a gown, and gloves, if possible. Limit the number of people who are in direct contact with the ill individual.

❖ Ensure the individual is safe and does not need emergent medical attention. If the individual appears to be seriously ill, call 911 and inform them that you are calling about a possible/confirmed case of COVID-19.

❖ If the individual is deemed stable, ask that they are picked up from school. If the individual requires emergency medical attention, call 911 and inform them of the situation.

❖ Notify the emergency contact of the ill individual.

Identify and Notify Close Contacts

❖ Have process/procedures in place that will allow the child care centers and school staff to quickly identify close contacts. Consider assigned seating in classrooms, on the bus, and at lunch. Also, consider implementing cohorts.

❖ Identify those who are not fully vaccinated, and have been within six feet of the individual for a total of 15 minutes or more at any time within 48 hours before the individual's onset of symptoms until the individual has left school property.

❖ **Exception: In the K–12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting. https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact**

❖ *If the ill individual is determined to be a confirmed case,* those individuals will be required to self-quarantine for 10-14 days from their last exposure to that individual. Per the CDC, here are additional situations that count as close contact. If a person:
  - Provided care at home to someone who is sick with COVID-19
  - Had direct physical contact with a COVID-19 positive case (hugged or kissed them)
  - Shared the same eating or drinking utensils as a COVID-19 positive case
  - Was sneezed on, coughed on or somehow got respiratory droplets on them from a COVID-19 positive case

❖ Fully vaccinated close contacts should be referred for COVID-19 testing 3-5 days after their exposure, even if they don't have symptoms. **Asymptomatic, fully vaccinated close contacts** do not need to quarantine at home following an exposure (they can continue to attend school in-person and participate in other activities). In addition to correctly wearing masks in the child care

center or school, they should wear a mask in other indoor public settings for 14 days or until they receive a negative test result.

❖ Close contacts who are not fully vaccinated should be referred for COVID-19 testing. Regardless of test result, they should quarantine at home for 10 to 14 days after exposure. Options to shorten quarantine provide acceptable alternatives of a 10-day quarantine or a 7-day quarantine combined with testing and a negative test result.

❖ Per the NCAA Resocialization of Collegiate Sport Action Plan Considerations, sports and activities vary with regard to potential contact with the SARS-CoV-2 virus. Accordingly, sports and activities may be divided into the following risk categories:

   o Lowest Contact Risk: bowling, cross country, diving, golf, gymnastics, rifle, skiing, swimming and diving, tennis, track and field
   o Medium Contact Risk: baseball, softball
   o Highest Contact Risk: basketball, field hockey, football, ice hockey, lacrosse, rowing, soccer, volleyball, water polo, wrestling.

❖ Inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms for 10 to 14 days, and follow CDC guidance if symptoms develop.

Clean and Disinfect

❖ Close the area(s) where the ill individual was present.

❖ Wait 24 hours before cleaning and disinfecting the affected areas according to CDC Cleaning, Disinfecting and Ventilation guidelines. If 24 hours is not feasible, wait as long as possible.

❖ If it has been more than seven days since the infected individual was present, no additional cleaning or disinfecting is necessary.

Notification of Community and Health Department

❖ In accordance with state and local laws and regulations, child care centers and schools must notify Dallas County Health and Human Services as soon as they become aware of a confirmed COVID-19 positive staff or student.

❖ **Per TEA guidance "**Consistent with school notification requirements for other communicable diseases, and consistent with legal confidentiality requirements, **schools must notify all teachers, staff, and families of all students** in a school if a lab-confirmed COVID-19 case is identified among students, teachers or staff who participate on any on-campus activities".

Coordination with Dallas County Health Department and Recommended Training

❖ Identify a specific representative or team responsible for establishing and enforcing all COVID-19 health and safety protocols.

❖ Identify a representative who will serve as the liaison with Dallas County Public Health.

❖ Develop a plan for all staff training on COVID-19 safety protocols before resuming in-person education.

❖ Faculty and Staff are encouraged to take training courses related to COVID-19, some examples include:

   o Johns Hopkins University's Bloomberg School of Public Health Course on COVID-19 Contact Tracing (free to enroll, 6 hours), https://www.coursera.org/learn/covid-19-contact-tracing

Classroom or School/Child Care Center Closure

Closure may occur on a classroom, hallway, grade, wing, or building level, depending upon the extent of an outbreak and its associated contacts.

- ❖ Please notify DCHHS COVID-19 school health response team when the absentee rate in a child care center or school starts to exceed 15% or higher. A child care center or school closure may be necessary if the child care center or school is unable to contact trace all exposed individuals.
- ❖ Short-term closures of 24h or a few days may be necessary in order for a child care center or school to have the time to adequate identify contacts of an infected individual and exclude them from the child care center or school for a 10-14 day quarantine period.
- ❖ A 10-day period of closure may be necessary when contacts cannot be identified and/or there is concern for widespread exposure of students and/or staff. In this case, the 10-day period allows for all students and staff to be out of the child care center or school for a full incubation period, thereby helping to stop the spread of infection throughout the child care center or school.

Return to Child Care or School

The following is recommended when considering when students and staff may return to the child care center or school after illness.

- ❖ In the case of an individual who was **diagnosed with COVID-19**, the individual may return to the child care center or school when all three of the following criteria are met:
  - o At least one day (24 hours) has passed since the resolution of fever without the use of fever-reducing medications; AND
  - o The individual has improvement in symptoms AND
  - o At least ten days have passed since symptoms first appeared

- ❖ In the case of an individual **who has symptoms that could be COVID-19** and who is not evaluated by a medical professional or tested for COVID-19, such individual is assumed to have COVID-19, and the individual may not return to the child care center or school campus until the individual has completed the same three-step set of criteria listed above.

- ❖ If the individual **has symptoms that could be COVID-19** and wants to return to the child care center or school campus before completing the above stay at home period, the individual must either (a) obtain a medical professional's note clearing the individual for return based on an **alternative diagnosis** or (b) obtain an FDA-approved **PCR** for COVID-19 infection that is negative.

Section 1: Symptom Screening (CDC NNDSS Clinical Criteria)		Section 2: Close Contact[1]/Potential Exposure
A. In the past 24 hours, has the student or staff had at least two (2) of the following symptoms:	**B. In the past 24 hours, has one (1) of the following symptoms:**	**In the past 14 days, has the student had any…?**
☐ Fever (measured or subjective) ☐ Chills ☐ Rigors ☐ Myalgia ☐ Headache ☐ Sore throat ☐ Fatigue ☐ Congestion or Runny Nose ☐ Nausea or Vomiting ☐ Diarrhea	☐ **New** loss of taste or smell ☐ **New** onset of cough ☐ Shortness of breath ☐ Difficulty breathing	**KNOWN EXPOSURE** ☐ **2-A. Had close contact within 6 feet for a cumulative time of 15 minutes with a person infected with COVID-19?** **POTENTIAL EXPOSURE** ☐ **2-B**. Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases? ☐ **2-C**. Lives in an area of high community transmission while the school remains open? [2]

If answers:	*Recommend:*	*When can the student return to school?*
YES – to **Section 1A** (**two symptoms**) or **Section 1B** (**one symptom**) + **NO** – to *every* question in **Section 2**	Excuse from school in accordance with the existing school illness management policy.	• Return in accordance with existing Texas Administrative Code and routine school illness management policy (e.g., after symptom-free for 24 hours without fever-reducing medications). • **Documentation required for return should be in accordance with the school's routine illness policy.**

YES – to **Section 1A** (**two symptoms**) or **Section 1B** (**one symptom**)
 +
 YES – to *questions* in **Section 2 (B or C)**
	Refer for evaluation by their healthcare provider and *possible* testing.	• If a student has a **negative COVID-19 test result**, may return to school once their symptoms have otherwise improved in accordance with existing school illness management policies.
		
		 If a student has a **positive COVID-19 test result:**
		 • **Student must isolate (stay at home) for 10 days**. Must follow the isolation guidance issued by the CDC.
		 • School nurse/official must report the case to DCHHS.[3]
		 • The student may return to school when all 3 of the following criteria are met:
		    1. At least 24 hours have passed since recovery (resolution of fever without the use of fever-reducing medications); **AND.**
		    2. The individual has improvement in symptoms (e.g. cough, shortness of breath); **AND**
		    3. At least 10 days have passed since symptoms first appeared
		 • School nurse/official must notify all campus close contacts. Advise unvaccinated close contacts to quarantine[4] and consult with their healthcare provider for evaluation and possible COVID-19 testing.
		
		 • If a student has symptoms, but they were **not evaluated** by a medical professional or were **not tested**, such a student is assumed to have COVID-19, and the student may not return to the campus until they have met the same 3 step criteria above.
		 • If the student wants to return to school *before* completing the 10 days stay at home, the student must either: (a) obtain a medical professional's note clearing the student for return based on an alternative diagnosis, or (b) obtain an acute COVID-19 infection test that is negative.

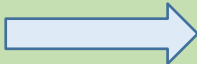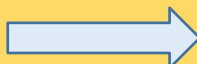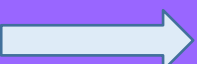| If answers:	Recommend:	When can the student return to school?
YES – to Section 1A (**two symptoms**) or Section 1B (**one symptom**) + **YES** – to **2-A** (**Close Contact**)	• Exclusion from campus • Refer for evaluation by their healthcare provider and possible testing. Testing is recommended for all close contacts of confirmed or probable COVID-19 patients.	• **Symptomatic close contacts** who test **positive for COVID-19** must follow the isolation guidance issued by the CDC, and may not return until the 3-step criteria to discontinue isolation is met. Additionally, close contacts to the case must be notified and instructed to quarantine[4]. • **Symptomatic** close contacts who have a negative test for COVID-19 **OR** if testing was not done, should complete the self-quarantine **for 10 days from their last exposure** to the COVID-19 positive individual. Additionally, they must be fever free for 24 hours (without fever-reducing medications) and symptoms have improvement of symptoms.
NO – to *every* symptom in **Section 1A or 1B** + **YES** – to **2-A** (**Close Contact**)	• Exclusion from campus if unvaccinated. • Refer for evaluation by their healthcare provider and possible testing. Testing is recommended for all close contacts of confirmed or probable COVID-19 patients.	• Quarantine if you have been in close contact (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19, unless you have been fully vaccinated. People who are **fully vaccinated do NOT need to quarantine after contact with someone who had COVID-19 unless they have symptoms.** However, **fully vaccinated people should get tested 3-5 days after their exposure, even though they don't have symptoms and wear a mask indoors in public for 14 days following exposure or until their test result is negative.** • Individuals who develop symptoms of possible COVID-19 infection during their quarantine period should be referred for evaluation by their healthcare provider and follow the isolation guidance issued by the CDC. • Asymptomatic unvaccinated individuals need to quarantine if they have been in close contact to a positive COVID-19 case for 10 to 14 days, and if symptomatic, self-isolate and get tested for COVID-19.

1. *Close Contact through Proximity and Duration of Exposure: Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.*
    - ***Exception:*** *In the K–12 indoor classroom setting, the close contact definition **excludes students** who were within **3 to 6 feet of an infected student** (laboratory-confirmed or a clinically compatible illness) where*
        - *both students were engaged in **consistent and correct** use of **well-fitting** face masks; and*
        - *Other **K–12 school prevention strategies** (such as universal and correct mask use, physical distancing, and increased ventilation) were in place in the **K–12 school setting.***
    This exception does not apply to teachers, staff, or other adults in the indoor classroom setting. https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact
2. *Dallas County Health and Human Services COVID-19 Risk Level*
3. *Report positive cases to DCHHS by email to SchoolHealth@dallascounty.org.*
4. Dallas County recommends a 14 day quarantine of close contacts from the last date of contact with a COVID-19 positive case. The following individuals may not need to quarantine:
    a. Fully vaccinated individuals do not need to quarantine, unless they are symptomatic. If a fully vaccinated close contact develops symptoms, they should get tested, stay home and away from others. If positive, they must follow CDC's guidelines to end isolation.
    Close contacts **who were diagnosed with COVID-19** by either a positive RT-PCR or Antigen test for SARS-CoV-2 RNA within the last 90 days will not need to quarantine, unless they become symptomatic.
5. *CDC currently recommends a quarantine period of 14 days. However, based on local circumstances and resources, the following options to shorten quarantine are acceptable alternatives.*
    - *Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.*
        - *With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.*

- *When diagnostic testing resources are sufficient and available (see bullet 3, below), then quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7.*

    o *With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.*

In both cases, additional criteria (e.g., continued symptom monitoring and masking through Day 14) must be met and are outlined in the full text.
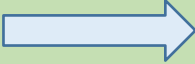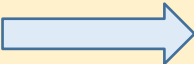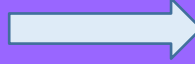
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Level of Spread	Situation	Decision Tree			Recommendations:
Community Spread is **LOW**	**NO CASES IN THE BUILDING**	→			Cloth face covering, distancing, hand hygiene expected in all situations. Cohort students and staff where possible
	For EVERY identified case	Has individual been in the **BUILDING** or in school activities since 48H prior to onset of symptoms?	YES — Can all contacts be easily traced?	YES	Close **classroom(s)** 24H† for cleaning and until the school has identified close contacts. Exclude contacts from the building for 10 days. Reinforce prevention measures. Restrict events and gatherings. Reopen **classroom(s)**. District rep contacts local health dept. for guidance, as needed.
				NO	Close **Building** 24H† for cleaning and until the school has identified close contacts. Exclude contacts from the building for 10 days. Reinforce prevention measures. Restrict events and gatherings. Reopen **Building**. District rep contacts local health dept. for guidance, as needed.
			NO →		District rep contacts local health department to assist with tracing of contacts outside of the building. Ensure contacts do not return to the building for 10 days from the last exposure.
	Two or more unlinked* cases?	→			Treat as any other identified case as above. See **PURPLE** section for management of increasing number of cases within 14 days.
	Two or more linked** cases within 14 days?	Are cases within a physical CLASSROOM space or relatively confined area?	YES — Confident that contacts have been identified?	YES	Refer to "For Every Identified Case" situation. Continue with current plan.
				NO	May need to consider 10 day closure of a section of hallway, grade, or the entire building depending upon the degree of involvement. District rep contacts local health department for guidance.
			NO — Confident that contacts have been identified?	YES	Refer to "For Every Identified Case" situation. If exposure is widespread, consider partial or complete building closure for 10 days. District rep contacts local health department for guidance.
				NO	*Seriously* consider 10-day **BUILDING** closure if extensive exposure. District rep contacts local health dept. for guidance.
	Increasing number of cases identified within 14 days?	→			*Seriously* consider 10-day closure of the BUILDING unless circumstances dictate otherwise. District rep contacts local health department for guidance.

*Unlinked = no common classes, close friends, teammates, etc.
**Linked = common classmates, friend group, teammates, etc. (excludes siblings)
†There may be consequences of closing a physical space used by multiple groups of students throughout the day. There may need to be backup spaces available in the case of classroom closures. Otherwise all other students meant to utilize that space will need to transition to distance learning. Wait at least 24H before cleaning and disinfecting. If 24H is not feasible, wait the time needed to remove airborne contaminants based on efficiency as referenced in Table 2 on page 4.
Adapted from TN DOH and TN DOE (8/2020)

Level of Spread	Situation	Decision Tree			Recommendations:
Community Spread is **MODERATE**	**NO CASES IN THE BUILDING**	→			Cloth face covering, distancing, hand hygiene expected in all situations. Cohort students and staff where possible
	For EVERY identified case	Has individual been in the **BUILDING** or in school activities since 48H prior to onset of symptoms?	YES — Can all contacts be easily traced?	YES	Close **classroom(s)** 24H† for cleaning and until the school has identified close contacts. Exclude contacts from the building for 10 days. Reinforce prevention measures. Restrict events and gatherings. Reopen **classroom(s)**. District rep contacts local health dept. for guidance, as needed.
				NO	Close **Building** 24H† for cleaning and until the school has identified close contacts. Exclude contacts from the building for 10 days. Reinforce prevention measures. Restrict events and gatherings. Reopen **Building.** District rep contacts local health dept. for guidance, as needed.
			NO →		District rep contacts local health department to assist with tracing of contacts outside of the building. Ensure contacts do not return to the building for 10 days from the last exposure.
	Two or more unlinked* cases?	→			Treat as any other identified case as above. See **PURPLE** section for management of increasing number of cases within 14 days.
	Two or more linked** cases within 14 days?	Are cases within a physical CLASSROOM space or relatively confined area?	YES — Confident that contacts have been identified?	YES	Refer to "For Every Identified Case" situation. Continue with current plan.
				NO	May need to consider 10 day closure of a section of hallway, grade, or the entire building depending upon the degree of involvement. District rep contacts local health department for guidance.
			NO — Confident that contacts have been identified?	YES	Refer to "For Every Identified Case" situation. If exposure is widespread, consider partial or complete building closure for 10 days. District rep contacts local health department for guidance.
				NO	*Seriously* consider 10-day **BUILDING** closure if extensive exposure. District rep contacts local health dept. for guidance.
	Increasing number of cases identified within 14 days?	→			*Seriously* consider 10-day closure of the BUILDING unless circumstances dictate otherwise. District rep contacts local health department for guidance.

*Unlinked = no common classes, close friends, teammates, etc.

**Linked = common classmates, friend group, teammates, etc. (excludes siblings)

†There may be consequences of closing a physical space used by multiple groups of students throughout the day. There may need to be backup spaces available in the case of classroom closures. Otherwise all other students meant to utilize that space will need to transition to distance learning. Wait at least 24H before cleaning and disinfecting. If 24H is not feasible, wait the time needed to remove airborne contaminants based on efficiency as referenced in Table 2 on page 4.
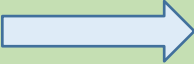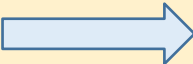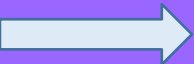
Adapted from TN DOH and TN DOE (8/2020)

Level of Spread	Situation	Decision Tree			Recommendations:
Community Spread is **HIGH**	**NO CASES IN THE BUILDING**	→			Cloth face covering, distancing, hand hygiene expected in all situations. Cohort students and staff where possible
	For EVERY identified case	Has individual been in the **BUILDING** or in school activities since 48H prior to onset of symptoms?	YES	Can all contacts be easily traced?	YES	Close **classroom(s)** 24H† for cleaning and until the school has identified close contacts. Exclude contacts from the building for 10 days. Reinforce prevention measures. Restrict events and gatherings. Reopen **classroom(s)**. District rep contacts local health dept. for guidance, as needed.
					NO	Close **Building** 24H† for cleaning and until the school has identified close contacts. Exclude contacts from the building for 10 days. Reinforce prevention measures. Restrict events and gatherings. Reopen **Building**. District rep contacts local health dept. for guidance, as needed.
			NO	→		District rep contacts local health department to assist with tracing of contacts outside of the building. Ensure contacts do not return to the building for 10 days from the last exposure.
	Two or more unlinked* cases?	→				Treat as any other identified case as above. See **PURPLE** section for management of increasing number of cases within 14 days.
	Two or more linked** cases within 14 days?	Are cases within a physical CLASSROOM space or relatively confined area?	YES	Confident that contacts have been identified?	YES	Refer to "For Every Identified Case" situation. Continue with current plan.
					NO	*Seriously* consider 10 day closure of a section of hallway, grade, or the entire building depending upon the degree of involvement. District rep contacts local health department for guidance.
			NO	Confident that contacts have been identified?	YES	Refer to "For Every Identified Case" situation. If exposure is widespread, consider partial or complete building closure for 10 days. District rep contacts local health department for guidance.
					NO	*Seriously* consider 10-day **BUILDING** closure if extensive exposure. District rep contacts local health dept. for guidance.
	Increasing number of cases identified within 14 days?	→				Minimum 10-day BUILDING closure unless circumstances dictate otherwise. District rep contacts local health dept. for guidance.

*Unlinked = no common classes, close friends, teammates, etc.

**Linked = common classmates, friend group, teammates, etc. (excludes siblings)

†There may be consequences of closing a physical space used by multiple groups of students throughout the day. There may need to be backup spaces available in the case of classroom closures. Otherwise all other students meant to utilize that space will need to transition to distance learning. Wait at least 24H before cleaning and disinfecting. If 24H is not feasible, wait the time needed to remove airborne contaminants based on efficiency as referenced in Table 2 on page 4.

Adapted from TN DOH and TN DOE (8/2020)

Table 1: Considerations for specific steps

Step	Consideration
"Can contacts be easily traced?"	No = no cohorting of students and/or no assigned seating Yes = Assigned seating in class, on bus, and at lunch and/or cohorts employed
"Classroom closure"	• There may be consequences of closing a physical space used by multiple groups of students throughout the day. There may need to be backup spaces available in the case of classroom closures. Otherwise all other students meant to utilize that space will need to transition to distance learning. • Wait at least 24H before cleaning and disinfecting. If 24H is not feasible, wait the time needed to remove airborne contaminants based on efficiency as referenced in Table 2 below.
"Level of Community Spread"	• Definitions for high, medium, and low transmission are determined by CDC and the Dallas County Public Health Committee
"Increasing number of cases in 14 days"	• Each situation will be determined on a case by case basis

Table 2: Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency

ACH	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
2	138	207
4	69	104
6	46	69
8	35	52
10	28	41
12	23	35
15	18	28
20	14	21
50	6	8

https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html

Dallas School District Decision-Making Protocol for Responses to Every Identified Case of COVID-19

PREVENTION MEASURES
EXPECTED in **ALL** SITUATIONS:

Cloth face coverings   Social distancing   Hand hygiene

Cohort students & staff into small groups that remain together over time *as much as possible*.

District representatives should contact local health department for guidance, as needed. *The School's designated response team should serve as the initial response command unit should a positive case of COVID-19 be identified within a school community. The action teams will collaborate with local health authorities to ensure coordinated response and communication efforts.*

For **EVERY** Identified case

Has individual been in the **BUILDING** or at school activities since 48 hours prior to the onset of symptoms?

YES → Can all close contacts be easily traced?

YES

NO

NO

*When case has been in multiple locations, each location will need to close for 24H for cleaning and disinfecting.
† Wait at least 24H before cleaning and disinfecting. If 24H is not feasible, wait the time needed to remove airborne contaminants based on efficiency as referenced in Table 2 on page 18

Low

Close **classroom(s)*** 24h†
for cleaning *and* until school has identified close contacts
1. Exclude contacts from the building for 10 days
2. Reinforce prevention measures above

Reopen classroom(s)
• Restrict events & gatherings

Close **building** 24h for cleaning *and* until school has identified close contacts
1. Exclude contacts from the building for 10 days
2. Reinforce prevention measures above

Reopen **building**, including classroom
• Restrict events & gatherings

Moderate

Close **classroom(s)*** 24h†
for cleaning *and* until school has identified close contacts
1. Exclude contacts from the building for 10 days
2. Reinforce prevention measures above

Reopen classroom(s)
• Restrict events & gatherings

Close **building** 24h for cleaning *and* until school has identified close contacts
1. Exclude contacts from the building for 10 days
2. Reinforce prevention measures above

Reopen **building**, including classroom
• Restrict events & gatherings

High

Close **classroom(s)*** 24h†
for cleaning *and* until school has identified close contacts
1. Exclude contacts from the building for 10 days
2. Reinforce prevention measures above

Reopen classroom(s)
• NO events or gatherings
• Reduce students/staff present at the same time

Close **building** 24h for cleaning *and* until school has identified close contacts
1. Exclude contacts from the building for 10 days
2. Reinforce prevention measures above

Reopen **building**, including classroom
• Restrict events & gatherings
• Consider reducing numbers of students/staff present at the same time

District contacts local health department to assist with tracing contacts.
Ensure contacts do not return to the building for 10 days from the last exposure.

Dallas School District Decision-Making Protocol for Responses to <u>Multiple Cases of COVID-19</u>

<u>PREVENTION MEASURES</u>
EXPECTED in <u>ALL</u> SITUATIONS:
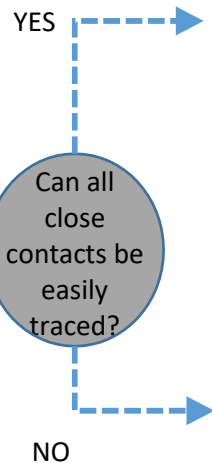
Cloth face coverings   Social distancing   Hand hygiene

Cohort students & staff into small groups that remain together over time *as much as possible*.

District representatives should contact local health department for guidance, as needed. *The School's designated response team should serve as the initial response command unit should a positive case of COVID-19 be identified within a school community. The action teams will collaborate with local health authorities to ensure coordinated response and communication efforts.*

SPECIFIC STEPS if community spread is:

Low	Moderate	High
For two or more <u>unlinked</u> cases *No common classes, close friends, teammates* — Refer to "For Every Identified Case." (prior algorithm on slide 1) See section for management of increasing number of cases in 14 days		
Two or more <u>linked</u> cases within 14 days *Common classmates, friend group, teammates, etc. (excludes siblings)* — Refer to "For Every Identified Case." Continue with current plan. (prior algorithm on slide 1)		
May need to consider 10 day CLOSURE of a section of hallway, grade or the entire building depending upon degree of involvement.	**May need to consider 10 day CLOSURE** of a section of hallway, grade or the entire building depending upon degree of involvement.	*Seriously* consider **10 day CLOSURE** of a section of hallway, grade or the entire building depending upon degree of involvement.
Refer to "For Every Identified Case." (prior algorithm on slide 1) If exposure is widespread, consider partial or complete building closure for 10 days.		
Seriously consider 10-day BUILDING closure if extensive exposure		
Seriously consider 10-day BUILDING closure unless circumstances dictate otherwise	**Seriously consider 10-day BUILDING closure** unless circumstances dictate otherwise	**Minimum 10-day BUILDING closure** unless circumstances dictate otherwise

Are cases within a physical single CLASSROOM space or relatively confined area?

Can all contacts be easily traced? — YES / NO

Confident contacts have been identified? — YES / NO

Increasing number of cases identified within 14 days?

YES / NO

Appendix

DCHHS Recommendations for Establishing COVID-19 Response Team in Schools

Rapid response teams (RRTs) are one mechanism of a larger public health emergency response strategy that can be to ensure a fast and effective response to reports of COVID-19 cases (CDC). The RRT goal is to reduce the time from disease detection to response, and thereby limit transmission and potential population mortality and morbidity. TEA recommends school systems to designate at least 1 staff person or ideally a group that is responsible for responding to COVID-19 concerns and clearly communicate to all school staff and families who these persons are, and how to contact them. The National School Board Association (NSBA) also recommends preparing emergency response team communications plans and procedures with parents in the event of school closures.

DCHHS strongly recommends school and district administrators to establish a multidisciplinary COVID-19 Response Team composed of individuals with roles as specified in Table 1. This team's functions include: communications, contact tracing, environmental mitigation, and administrative actions. The team's goal is to ensure preparedness and efficient responses in the event of a COVID-19 case or an outbreak, and to minimize risks to the learning environment.

For the response team to act quickly, cohorting where feasible and maintaining accurate seating charts is imperative. School administrators are strongly encouraged to implement CDC's mitigation strategies that best serve the students and staff. The table below provides recommendations for the responsibilities and actions expected for each designated role, and suggested resources.

Table 1. COVID-19 Response Team in Schools Personnel Recommendations

Role	Responsibilities	Suggested Resources
Team Lead	- Receive report of confirmed and probable COVID-19 cases on school grounds. - Initiate meeting with the response team to strategize the actions that need to be taken, by whom, by when, and how. - Implement class/school closure plan, when appropriate. - Implement communication plan to inform all cases to all parents and staff. - Answer questions and address concerns expressed by staff and parents. - Direct potential questions and concerns to trusted resources (e.g., CDC, DCCHS, etc.) as appropriate. - Ensure that students in isolation/quarantine have uninterrupted access to education content, food, and a safe environment to isolate/quarantine in.	- CDC Guidance for the Establishment and Management of Public Health RRT - CDC Preparing for a Safe Return to School - CDC Guidance for Schools & Child Care - TEA Public Health Guidance 9/2/2021
Communications Specialist	- Assist Team Lead to complete the above functions with special focus on clear communication to the staff, parents, and possibly, media. - Ensure all staff, parents/guardians, and students are aware of the situation and the steps that are being taken to address the situation	
Administrative Assistant(s)	- Assist Team Lead to complete the above functions. - Obtain **seating charts** from appropriate teachers/personnel. - Maintain and update **seating charts** and **attendance records**. - Outreach to absent individuals to identify the cause of absenteeism.	
School Nurse(s)	- Serve as the point of contact with DCHHS. - Identify confirmed and probable COVID-19 cases. - Report lab-confirmed COVID-19 cases in students or staff to DCHHS within 24 hours of case ascertainment. (Case report form and instructions on DCHHS website) - Send surveillance reports to DCHHS	- CDC interim case definition (4/5/2020) - National Association of School Nurses COVID-19 Resources
Nursing Assistant(s)	- Assist School Nurse(s) to complete the above functions. - Assist in contact tracing effort, when needed. Note: This role may be served by staff with temporarily reassigned duties	
Athletics Director	- Work with team lead and serve as point of contact for athletes and student trainers/managers. - Assist in contact tracing efforts, when needed.	CDC Considerations for Youth Sports
Environmental / Facility Specialist	- Identify areas that need to be cleaned and disinfected. - Implement, maintain, and update the cleaning and disinfecting plan.	CDC/EPA Cleaning & Disinfecting Guidance
Contact Tracing Lead	- Receive report of confirmed COVID-19 case(s). - Identify close contacts of the case(s) using the seating chart and case interview. - Outreach to notify individuals who were identified as close contacts. - Provide education on precautions to take as appropriate. Note: This role may be served by staff with temporarily reassigned duties	- Johns Hopkins COVID-19 Contact Tracing Course - CDC Contact Tracing Resources

Get a COVID-19 vaccine

It's SAFE!

$0.00
It's FREE!

It will help PROTECT you and your family!

You might get side effects. But you should FEEL BETTER in a few days.

Get the FIRST vaccine you can!

6 FEET

Keep taking basic prevention steps until you are fully vaccinated.

Learn more:
www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html

CS324265-A | 05/06/21

COVID-19: Quarantine vs. Isolation

QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.

If you had close contact with a person who has COVID-19

- Stay home until 14 days after your last contact.

- Check your temperature twice a day and watch for symptoms of COVID-19.

- If possible, stay away from people who are at higher-risk for getting very sick from COVID-19.

ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.

If you are sick and think or know you have COVID-19

- Stay home until after
  - At least 10 days since symptoms first appeared **and**
  - At least 24 hours with no fever without fever-reducing medication **and**
  - Symptoms have improved

If you tested positive for COVID-19 but do not have symptoms

- Stay home until after
  - 10 days have passed since your positive test

If you live with others, stay in a specific "sick room" or area and away from other people or animals, including pets. Use a separate bathroom, if available.

cdc.gov/coronavirus

CS317422-A   7/17/2020 11AM

10 things you can do to manage your COVID-19 symptoms at home

Prevent the spread of COVID-19 if you are sick

Accessible version: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care.

- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.

- **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.

- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.

- **Avoid public transportation,** ride-sharing, or taxis.

Separate yourself from other people and pets in your home.

- **As much as possible, stay in a specific room** and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.

  - ☞ See **COVID-19 and Animals if you have questions about pets:** https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals
  - ☞ Additional guidance is available for those **living in close quarters.** (https://www.cdc.gov/coronavirus/2019-hj ncov/daily-life-coping/living-in-close-quarters.html) and **shared housing** (https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html).

Monitor your symptoms.

- **Symptoms of COVID-19 include fever, cough, and shortness of breath but other symptoms may be present as well.**

- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities will give instructions on checking your symptoms and reporting information.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

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

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Call ahead before visiting your doctor.

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.

- **If you have a medical appointment that cannot be postponed, call your doctor's office,** and tell them you have or may have COVID-19.

If you are sick, wear a cloth covering over your nose and mouth.

- **You should wear a cloth face covering over your nose and mouth** if you must be around other people or animals, including pets (even at home).

- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.

- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.

Cover your coughs and sneezes.

- **Cover your mouth and nose** with a tissue when you cough or sneeze.

- **Throw used tissues** in a lined trash can.

- **Immediately wash your hands** with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often.

- **Wash your hands often** with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.

- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.

- **Soap and water are the best option**, especially if your hands are visibly dirty.

- **Avoid touching** your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items.

- **Do not share** dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.

- **Wash these items thoroughly after using them** with soap and water or put them in the dishwasher.

Clean all "high-touch" surfaces everyday.

- **Clean and disinfect** high-touch surfaces in your "sick room" and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.

- **If a caregiver or other person needs to clean and disinfect** a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a cloth face covering and wait as long as possible after the sick person has used the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**

- **Use household cleaners and disinfectants.** Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.

  - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.

  - Most EPA-registered household disinfectants should be effective.

When you can be around others after you had or likely had COVID-19

When you can be around others (end home isolation) depends on different factors for different situations.

- I **think or know I had COVID-19, and I had symptoms**

  - You can be with others after

    - 3 days with no fever

      AND

    - symptoms improved

      AND

    - 10 days since symptoms first appeared

  - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.

- I **tested positive for COVID-19 but had no symptoms**

  - If you continue to have no symptoms, you can be with others after:

    - 10 days have passed since test

  - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.

  - If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID, and I had symptoms."

Name: _____ Date of Contact: _____ Date of First Symptoms: _____

TEXAS MEDICAL ASSOCIATION
Practice Management Services

SYMPTOM TRACKER

Follow the guidance of your physician for the duration of your symptom tracking period. Enter the requested information and check all applicable boxes. Return your completed form at the end of your tracking period. Call your physician's office should your symptoms worsen.

DAY#	1	2	3	4	5	6	7
Date							
TEMPERATURE							
Time							
Reading							
Time							
Reading							
Time							
Reading							
Time							
Reading							
SYMPTOM(S) EXPERIENCED							
Chest Tightness							
Chills							
Cough							
Diarrhea							
Fatigue							
Headache							
Loss of Appetite							
Loss of Sense of Smell							
Loss of Sense of Taste							
Muscle Aches							
Nasal Congestion							
Nausea							
Runny nose							
Shortness of Breath/ Difficulty Breathing							
Sore throat							
Vomiting							
Other (specify)							
MEDICATION(S) TAKEN							
Acetaminophen (e.g.: Tylenol®)							
Dosage							
Aspirin (Bayer®)							
Dosage							
Ibuprofen (Advil®)							
Dosage							
Naproxen (Aleve®)							
Dosage							
Other (Specify)							
Dosage							
OTHER RELIEF PROVIDED							

Name: _____ Date of Contact: _____ Date of First Symptoms: _____

TEXAS MEDICAL ASSOCIATION

Practice Management Services.

SYMPTOM TRACKER

Follow the guidance of your physician for the duration of your symptom tracking period. Enter the requested information and check all applicable boxes. Return your completed form at the end of your tracking period. Call your physician's office should your symptoms worsen.

DAY #	8	9	10	11	12	13	14
Date							
TEMPERATURE							
Time							
Reading							
Time							
Reading							
Time							
Reading							
Time							
Reading							
SYMPTOM(S) EXPERIENCED							
Chest Tightness							
Chills							
Cough							
Diarrhea							
Fatigue							
Headache							
Loss of Appetite							
Loss of Sense of Smell							
Loss of Sense of Taste							
Muscle Aches							
Nasal Congestion							
Nausea							
Runny nose							
Shortness of Breath/ Difficulty Breathing							
Sore throat							
Vomiting							
Other (specify)							
MEDICATION(S) TAKEN							
Acetaminophen (e.g.: Tylenol®)							
Dosage							
Aspirin (Bayer®)							
Dosage							
Ibuprofen (Advil®)							
Dosage							
Naproxen (Aleve®)							
Dosage							
Other (Specify)							
Dosage							
OTHER RELIEF PROVIDED							

V.9/8/21

DALLAS COUNTY HEALTH AND HUMAN SERVICES **COVID-19 Case Report**

Reporting Date:

Positive Case Information

Last Name:	First Name:	MI:	DOB:

Street Address:	City:	Zip:	County:

Gender: ◯ F ◯ M | Race: ☐ American Indian ☐ Asian/Pacific Islander ☐ Black ☐ Hispanic ☐ White ☐ Other

Language: ☐ English ☐ Spanish ☐ Other ☐ Unknown | ◯ Student ◯ Staff | Grade or Position:

Phone:	Parents/Guardians:
Email:	1: 2:

Clinical Case History

Symptomatic? ◯ Yes ◯ No   Symptom Onset Date:

Symptoms:

☐ Abdomial pain ☐ Fever: ☐ Runny nose
☐ Congestion ☐ Headache ☐ Shortness of breath
☐ Cough ☐ Loss of taste/smell ☐ Sore throat
☐ Diarrhea ☐ Muscle aches ☐ Vomiting
☐ Fatigue ☐ Nausea ☐ Other

Underlying Conditions:

☐ COPD ☐ Hypertension
☐ Asthma ☐ Obesity
☐ Diabetes ☐ Other

Pregnant? ◯ Yes ◯ No   Due Date:

Hospitized For Covid-19? ◯ Yes ◯ NO	Vaccine Received? ◯ Yes ◯ No	◯ J&J Date Dose 1:
Name of Hospital:		◯ Moderno Date Dose 2:
		◯ Pfizer Date Dose 3:

Close contact of Lab Confirmed Case? ◯ Yes ◯ No   **Number of Exposed Contacts**

Contact Name: School: Household:

School Information

School Name:	District:
School Nurse Name:	School RN Phone:
	School RN Email:

Learning Type: ◯ Virtual/remote ◯ In-person ◯ Hybrid | Date last In Person Class:

Diagnostic Testing Information

Type of Test:	Name and Address of Testing Location	Date od Specimen Collection	Copy of Lab attached?
◯ PCR ◯ Antigen			◯ Yes ◯ No If no, please obtain a copy to include with this form or send lab copy ASAP

Report Summary/Notes/Additional Close Contacts:

- Please attach the student's schedule. If applicable, please also attach a list of known extracurricular activities
- Please include names of siblings & names of other campuses/daycare/after school programs attended
- Please attach a copy of the test results

Please fill out this form in its entirety to the best of your knowledge and send the completed form to Dallas County Health Department by secure email to schoolhealth@dallascounty.org (preferred) or via fax 214-819-6095.

Within 6 feet of an infected person for a total of 15 minutes starting from 48 hours before the person was first symptomatic or tested positive until the time the patient was isolated.
**Isolation ends 10 days after the date of first symptoms or the positive test date if asymptomatic