

# COVID-19

## PREPAREDNESS AND RESPONSE PLAN FOR SCHOOLS

AUGUST 2020





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## Introduction and Overview

This document is designed by the Southern Nevada Health District to assist in planning for the reopening of schools in Clark County for the 2020-2021 school year. The Health District recognizes the importance of returning students to school campuses for in-person instruction, as well as the overarching need to protect the health and safety of the students, school staff, and broader community. The goal of this document is to help schools plan for and implement measures to reduce COVID-19 transmission in the school setting while meeting the educational needs of all students. This document is intended to apply to all K-12 schools and community-based educational organizations, which may include public, charter, private, or homeschool co-ops throughout Clark County.

Education, just like health care and food provision, is an essential service in our community. School closures magnify socioeconomic, racial, and other inequities among students. The students most impacted by school closures are those without access to technologies that facilitate distance learning, those whose parents comprise a disproportionate share of our community's essential workforce and may be less available to provide at-home instruction, and those with special needs.

The decision to reopen educational campuses for in-person instruction and to keep them open will depend on several factors. These include, but are not limited to, continually evolving scientific understanding of COVID-19; the number of current COVID-19 cases in our community; the degree to which schools are contributing to community spread of COVID-19; the capacity of our health system to identify and care for cases and prevent transmission in health care settings; the availability and use of widespread testing to identify new cases; Southern Nevada residents' ability to quickly and effectively isolate or quarantine themselves when sick; and our community's continued cooperation in practicing physical distancing, using face coverings, and taking other preventive measures as recommended.

As schools and educational settings prepare to resume in-person instruction, they should also ensure plans are in place for remote education for students who may need to isolate or quarantine, as well as students who are medically fragile or who have a medically fragile household member. Schools should also be prepared for the possibility of partial or full school closure, either short-term or for a more extended period. Because the data regarding the impact of school reopening on COVID-19 transmission dynamics remains incomplete, we will continue to learn and revise our guidance accordingly.

The key to controlling infectious disease outbreaks in a school setting is to have a robust system of reporting and outbreak response that involves school administration, parents or guardians, students, student health services staff, school facilities staff, and local health officials. The spread of illness is controlled by early detection, isolation, treatment, diagnosis, and disinfectant. Detection of outbreaks is best accomplished by careful monitoring of reports of illness to determine if reported symptoms are above baseline or normal expectations. Parents or Guardians, Students, and Staff must be forthcoming with enough information initially to allow student health services and local health officials to determine whether there is a potential outbreak. Follow-up with remedial measures is crucial once an outbreak is identified.

This document contains a series of public health requirements, recommendations, and considerations for schools reopening their campuses for in-person instruction. These should be considered in conjunction with all relevant local, state, and federal laws, as well as school reopening guidance from the state and the federal government.

The Southern Nevada Health District will coordinate the review, revision, and dissemination of this COVID-19 Response Plan quarterly during the active phase of this pandemic if needed or when significant changes in knowledge occur, such as scientific advances, and lessons learned from exercises or events. To submit suggestions, you may email [schoolcovid@snhd.org](mailto:schoolcovid@snhd.org).

## Guiding Principles

Several principles informed the creation of this document:

1. **Evidence- and Practice-Based:** This document is based on a review of the scientific research and available epidemiologic data on COVID-19. Although there continues to be limited information available on COVID-19 transmission dynamics, the effectiveness of various public health interventions, and the clinical impact of COVID-19 on children and youth, we have utilized the best evidence available to create our recommendations.
2. **Collaborative:** In developing this document, we are grateful for the collaboration of the Clark County School District, State Public Charter School Authority, and Private Schools; the questions and concerns we have heard from school superintendents, parents, and others; and our partnership with other health officers and school officials throughout the State of Nevada. The input that we received has been invaluable in helping us to consider the educational needs of students and the practical constraints facing schools and families while also protecting the health and safety of students, staff, and our entire community.
3. **Open-ended:** Given the evolving nature of the COVID-19 epidemic and the scientific information that we anticipate will develop in the coming months, we expect that this document will be updated in the future.
4. **Practical and Adaptable:** During this unprecedented pandemic, we realize that schools face significant operational constraints, parents and teachers have a range of perspectives on the reopening of school campuses, and students themselves have a variety of educational and developmental needs. These varied perspectives are particularly evident considering the spectrum of differences across the elementary, middle, junior high, and high school settings and the possibility of intermittent partial or full school closures (short-term or long-term) in the upcoming academic year. This document, therefore, was designed to provide clear direction while allowing schools appropriate flexibility based on their constraints and resources.

## Prevention

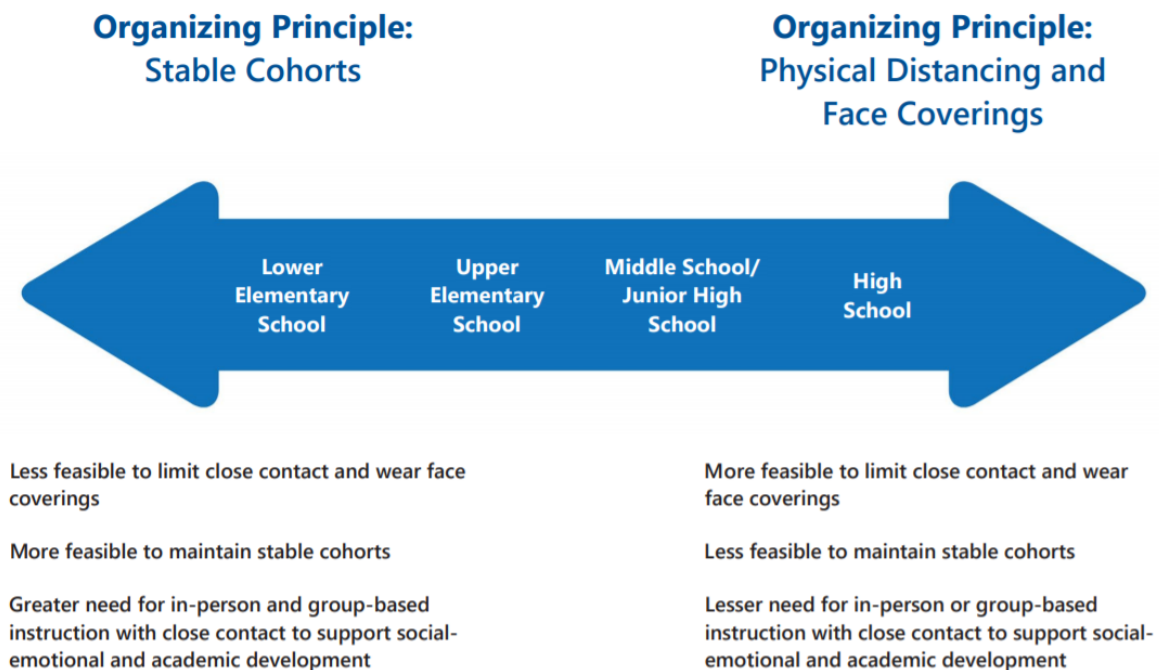
Universal public health strategies to reduce the risk of disease transmission in schools and other community settings include:

1. Minimizing the number of people who come into contact with each other,
2. Maximizing the physical distance between people,
3. Reducing the time that people spend in close proximity to others, and
4. Implementing measures to minimize dispersion of droplets and aerosols (e.g., using face coverings and covering coughs and sneezes).

Because the relative contribution of each of these measures in reducing the spread of COVID-19 is not yet clear, public health experts have generally recommended that they are used collectively where possible.

These strategies may be easier or harder to implement in different age groups or settings. For example, a school may be able to ensure that younger elementary school students have fewer contacts by having students stay in one classroom. Still, younger students may be less able to wear face coverings consistently or maintain physical distancing during age-appropriate social and educational activities. In contrast, high school students encounter more individuals in a typical school day but are likely to have a greater ability to maintain physical distancing and to use face coverings more consistently. (See Figure 1.) For these reasons, the requirements, recommendations, and considerations for minimizing disease transmission on school campuses necessarily vary by age group.

**Figure 1. Organizing Principles for Preventing COVID-19 Transmission by Age Group**



# Physical Distancing

## General Recommendations

- Communicate with all staff and families regarding physical distancing requirements and recommendations.
- Train staff and students on protocols for physical distancing for both indoor and outdoor spaces.
- Post signage reminding students and staff about physical distancing in prominent locations throughout each school campus.
- Allow only necessary visitors and volunteers on campus and limit the number of students and staff who come into contact with them.
- For outside organizations utilizing school facilities outside of school hours, ensure that they follow all required health and safety measures.
- Place markings on the ground to facilitate physical distancing of six feet or more at all school entry and exit points and crosswalks near the school.
- If crowding of students is occurring during arrival or departure, consider staggering arrival or departure times and designating multiple pick-ups and drop-off locations to maximize physical distancing while minimizing scheduling challenges for students and families.

## Arrival and Departure Recommendations

- Minimize close contact between students, staff, families, and the broader community at arrival and departure through the following methods:
  - Designate routes for entry and exit, using as many entrances and exits as can be supervised appropriately to decrease crowding at entry and exit points.
  - Instruct drivers to remain in their vehicles, to the extent possible, when dropping off or picking up students. When in-person drop-off or pick-up is needed, only a single parent or caregiver should enter the facility to pick up or drop off the child.
  - Require adults entering the campus for in-person pick-up or drop-off to wear a face covering.
  - Provide supervision to disperse student gatherings during school arrival and departure.

## Classroom Settings Recommendations

- Elementary schools
  - Ensure students and staff remain in stable classroom cohorts by keeping the same students and teachers or staff together for the entire school day. Students should not mix with other stable classroom cohorts.
  - Prioritize the stability of classroom cohorts while maintaining the expectation of physical distancing and cloth face covering use.
    - Given the social and educational needs of this age group, physical distancing and face coverings may be difficult to enforce for this age group. Therefore, strict maintenance of a stable classroom cohort, which minimizes the total number of contacts, is a primary mechanism of risk reduction.
    - Although the State of Nevada allows a variance 3-feet in elementary schools, the Health District recommends keeping a 6 feet distance among student desks, which is consistent with the CDC guidelines.
- Middle schools/junior high schools and high schools
  - Reduce disease transmission risk by maximizing the space between student desks.
  - Space students at least six feet apart, if possible, in existing facilities. If that is not possible, consider placing barriers between students.

- Establish stable classroom cohorts for the entire school day, if feasible. Stable classroom cohorts can be facilitated by having different teachers rotate into the classroom to teach different subjects. This poses a significant challenge for most middle and high school settings, but as a mitigation it will prevent increased contacts and allow more students to remain at school.
- All schools
  - Distance teacher and staff desks at least six feet away from students to minimize adult-to-child disease transmission.
  - Assign stable seating arrangements for students to ensure that close contacts within classrooms are minimized and easily identifiable.
  - Class sizes should be as small as practicable.
  - Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, electronic devices, etc.) to the extent practicable, or limit the use of supplies and equipment to one group of students at a time and clean and disinfect between uses.
  - Keep students' belongings separate so that students do not come in contact with other students' belongings.
  - Reduce the amount of furniture and equipment in the classroom to facilitate distancing and reduce high-touch surfaces.
  - Increase ventilation by increasing outdoor air circulation (e.g., by opening windows) or using high-efficiency air filters and increasing ventilation rates.
  - Use non-classroom space for instruction (including regular use of outdoor space, gyms, or cafeterias), if doing so will allow for greater distancing between students.
  - Place markings on classroom floors to facilitate physical distancing.

## Non-Classroom Settings Recommendations

- Restrooms: Stagger restroom use by groups of students to the extent practicable or assign certain groups of students to use specific restrooms.
- Libraries: Stagger group use of libraries.
- Cafeterias: Serve meals in classrooms or outdoors, instead of cafeterias or group dining rooms, wherever practicable.
- Playgrounds and Recess: Consider holding recess activities in separate areas designated by class or staggered throughout the day. Limit the use of shared playground equipment in favor of physical activities that require less contact with surfaces and allow for greater physical distancing.
- Physical Education: Conduct physical education classes outdoors whenever possible, maintaining separation of classes and with appropriate physical distancing within groups to the extent practicable. Face coverings should be worn during physical education activities.
- Lockers: Minimize the use of lockers to avoid unnecessary mixing and congregation of students.
- Hallways: Minimize congregate movement through hallways and corridors as much as practicable. For example, establish more ways to enter and exit a campus, stagger passing times when necessary or when students cannot stay in one room, and establish designated one-way walking/passage areas.
- Staff Break Rooms: Consider closing break rooms or limiting the number of staff who can be in the break room at a given time to allow for physical distancing. Encourage or require staff to eat meals outdoors or in large, well-ventilated spaces.
- Facilities: Increase circulation of outdoor air as much as possible by opening windows and doors, unless doing so would pose a health or safety risk to individuals using the facility. If able, maximize central air filtration for HVAC



systems (ideally with a targeted filter rating of at least MERV 13). Considerations that may prevent the opening of windows and doors are:

- Closed campus requirements;
  - Active shooter protocols;
  - Shelter in place protocols;
  - Classroom doors are internal;
  - Unfavorable weather conditions (e.g., heat, cold, rain);
  - Pollution (e.g., pollen exacerbating asthma symptoms).
- School Offices: Space staff at least six feet apart.

# Bus Transportation to and from School Recommendations

## Bus Drivers

- Should wear a face shield and mask during loading and unloading of students. The face shield needs to be removed during driving, but the mask must still be worn. Bus Aides (if applicable) should wear both the face shield and mask during student transport.

## Bus Capacity Plan

- Buses should have no more than one student per seat.
- Spacing should be done to create the most space between students.
- The students and bus driver should maintain a minimum of 6 feet when seated as indicated by the arc.
- Seats can be assigned, or the bus may be loaded and unloaded in manner that promotes maximum distance between students.
- One method for loading students on the inbound trip to the school is as follows: (see figure pg. 10)
  - **Step One:** Starting on one side, students fill the window seats in alternating rows from the last row of the bus to the front.
  - **Step Two:** On the opposite side, students fill the window seats in alternating rows from the next-to-last row of the bus to the front.
  - **Step Three:** On the same side as step one, students fill the aisle seats in alternating rows from the next-to-last row of the bus to the front.
  - **Step Four:** On the same side as step two, students fill the aisle seats in alternating rows from the last row of the bus to the front.
- Seats could be marked with tape or other material that indicates where students can sit.
- For the outbound trip students should sit in the same seats as those that they took on the inbound trip.
- Students from the same family and/or the same classroom should be instructed to sit together whenever possible to minimize exposure to new contacts
- It is up to the school to decide how best to load and unload students from buses.

## Air Flow on the Bus

- External airflow should be increased to the greatest extent possible. Windows should be kept open to maximize the amount of fresh air that is brought into the vehicle.
- Rooftop vents should be opened to the greatest extent possible if allowed by safety protocols for regulated operations.

## Bus Cleaning

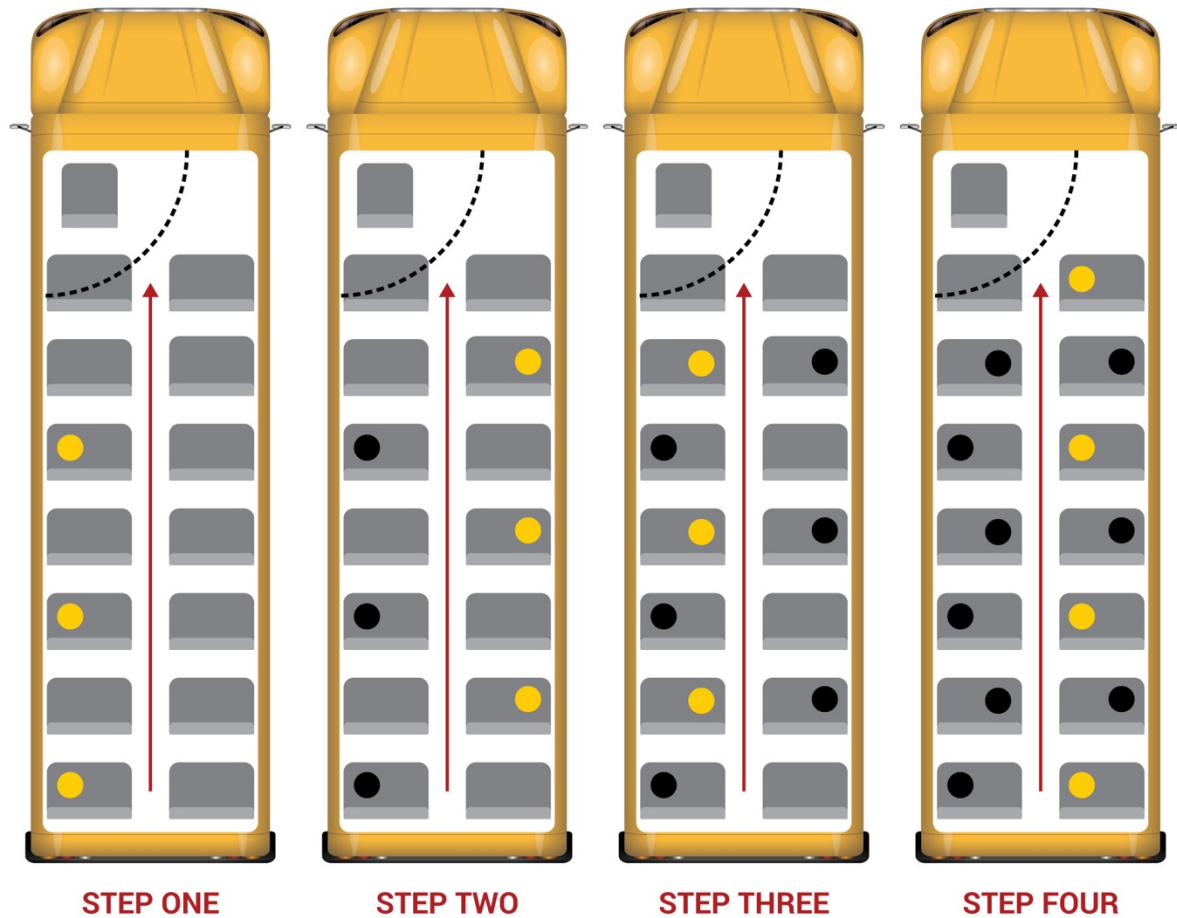
- Between School Routes: Driver and Aide (if applicable) should utilize disinfectant spray or wipes on high-touch surfaces including handrails, door frames, and tops of seats. The disinfectant applied should be one that is on the EPA List N, and the appropriate label directions need to be followed, including the amount of time that the product remains on the surface.
- Each night, a cleaning and disinfecting process of all interior surfaces should occur. The disinfectant used in this process should be on the EPA List N and applied following the directions on the product's label.

## Student Expectations

- Students should wear a cloth face covering while loading, unloading, and riding the bus.

- The bus driver should keep a supply of cloth face covering and provide one for any students who forgot or do not have one.
- Hand sanitizer may be provided when entering or exiting the bus.

### Bus Loading Figure



# Hygiene Measures

## Face Coverings Recommendations

- Teachers and staff
  - All teachers and staff must wear a cloth face covering at all times while on campus, except while eating or drinking.
- Students
  - All students (transitional kindergarten through 12th grade) must wear a cloth face covering while on campus and riding a bus. The cloth face covering may be removed for eating and drinking.
- Medical exemption to cloth face coverings:
  - A medical provider may provide an exemption for cloth face coverings. These exemptions should be for specific situations, are limited in practice, and are for clearly defined medical conditions. The exclusion from an activity takes precedence over removing a facial covering. All exemptions need to be documented and approved by the school administration. Exemptions should be met with reasonable accommodations to continue mitigation practices.
  - If a student or staff requires the complete exclusion of facial coverings, and unless the student has a documented behavioral or developmental need, they must be excluded from in-school participation and directed to distance learning.
- Post signage in high visibility areas to remind students and staff that face coverings are required.
- Post signage in high visibility areas to instruct appropriate use of face coverings.
- Educate students and staff on the rationale and proper use of cloth face coverings.
- Communicate with all staff and families regarding expectations for the use of cloth face coverings at school and how to wash face coverings.
- If a student or staff has trouble wearing their face covering, allow the individual to remove it for a short period while isolating or securing a 6-foot distance.
- Provide face coverings for students and staff who lose their face coverings or forget to bring them to school.
- Cloth face coverings with one-way valves or vents allow air to be exhaled through a hole in the material, which can result in expelled respiratory droplets that can reach others. This type of mask does not prevent the person wearing the mask from transmitting COVID-19 to others. Therefore, the Health District does not recommend using cloth face coverings if they have an exhalation valve or vent.
- Face shields are not recommended as a replacement for face coverings given concerns over their ability to minimize droplet spread to others. Teachers may consider using face shields with an appropriate seal (cloth covering extending from the bottom edge of the shield and tucked into the shirt collar) in certain limited situations: during phonological instruction to enable students to see the teacher's mouth and in settings where a cloth face covering poses a barrier to communicating with a student who is hearing impaired or a student with a disability. Ongoing development of alternative face coverings and shields may be considered and used if proven viable in mitigation similar or better to cloth face coverings.



## Handwashing and Other Hygiene Measures Recommendations

- Teach and reinforce proper handwashing techniques.
- Teach and reinforce to avoid contact with one's eyes, nose, and mouth.
- Teach how to correctly cover coughs and sneezes.
- Post signage in high visibility areas to remind students and staff of proper techniques for handwashing and covering coughs and sneezes and other prevention measures.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, and hand sanitizers (with at least 60 percent ethyl alcohol) for staff and students who can safely use hand sanitizer.
- Minimize the sharing of supplies and equipment among staff and students to the extent feasible. When items must be shared, clean, and disinfect items between uses.
- Minimize staff's and students' contact with high-touch surfaces (e.g., propping open building or room doors, particularly at arrival and departure times).
- Model, practice, and monitor handwashing, particularly for lower grade levels.
- Develop routines to ensure students wash their hands or use hand sanitizer upon arrival to campus; after using the restroom; after playing outside and returning to the classroom; before and after eating; and after coughing or sneezing.
- Have students and staff wash hands at staggered intervals to minimize the congregation around handwashing and hand sanitizer stations.
- Proper handwashing is more effective at preventing transmission, but hand sanitizer is an acceptable alternative if handwashing is not practicable.
- Provide hand sanitizer in each classroom, in any other indoor space used by students or staff, at building entrances/exits, and at locations designated for students or staff to eat.
  - Students under the age of nine should use hand sanitizer only under adult supervision.
- Suspend or modify the use of site resources that necessitate sharing or touching items. For example, consider suspending the use of drinking fountains and installing hydration stations; encourage the use of reusable water bottles.
- Consider installing additional temporary handwashing stations at all school entrances and near classrooms to minimize movement and congregation in bathrooms.

## Cleaning and Maintenance Recommendations

At least daily, and more frequently if feasible, clean and disinfect frequently touched hard surfaces (e.g., tables, desks, chairs, door handles, light switches, phones, copy/fax machines, bathroom surfaces (toilets, countertops, faucets), drinking fountains, and playground equipment) and shared objects (toys, games, art supplies, books) according to CDC guidance.

Consider the following points:

- When choosing cleaning products, use those registered for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list "N" and follow product instructions. Choose asthma-safer ingredients (hydrogen peroxide, citric acid, or lactic acid) whenever possible and avoid products that mix these ingredients with peroxyacetic (peracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can exacerbate asthma.
- Provide employees training on manufacturer's directions, on NV OSHA requirements for safe use, as applicable.
- Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible, for example, by opening windows where practicable. When cleaning, air out the space before students arrive; plan to

do a thorough cleaning when students are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.

- Ensure that all water systems are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other waterborne diseases.
- After an illness, limit access to areas used by the sick person (e.g., a student's desk or a staff member's office) until cleaned and disinfected.
- Limit the use of items that are difficult to clean and disinfect.
- Establish a cleaning and disinfecting schedule to avoid both under- and over-use of cleaning products.

## **Food Services Recommendations**

- Refer to distancing section above for requirements regarding physical distancing in cafeterias and food service areas.
- Follow all requirements issued by the Health District's Department of Environmental Health for the management of food services within a school setting.
- Serve meals in classrooms or outdoors instead of in cafeterias or group dining rooms where practicable. Serve individually plated or bagged meals. Avoid sharing of foods and utensils and buffet or family-style meals.

# Electives, Extracurricular Activities, Athletics, and School Events

## Recommendations

- All electives, extracurricular activities, athletics, and events may be allowed as mandated by a state educational authority. Please refer to the most recent NV State guidance.
- Consider whether extracurricular activities can be conducted outdoors or virtually (e.g., remote broadcasting of musical and theatrical practice and performances) or while maintaining stable classroom cohorts.
- Choir:
  - Consider suspending use of choir/musical ensembles and congregant singing, chanting or reciting. The act of singing may contribute to transmission of COVID-19, possibly through emission of aerosols.
  - Commit to flexibility and teaching differently while ensuring safety precautions.
  - Refer to Resource for Choral Professionals During the Pandemic developed by the American Choral Directors Association:
    - <https://acda.org/resources-for-choral-professionals-during-a-pandemic/>
- Music Resource and Band:
  - Seek to provide meaningful music instruction for students of all ages and grade levels.
  - Modify practices in teaching, classroom orientation, cleaning, spacing, and management.
  - Refer to guidelines developed by the National Association of Music Education for Fall 2020 Guidance for Music Education:
    - [https://nafme.org/wp-content/files/2020/06/NAfME\\_NFHS-Guidance-for-Fall-2020.pdf](https://nafme.org/wp-content/files/2020/06/NAfME_NFHS-Guidance-for-Fall-2020.pdf)
- Athletics:
  - When considering school athletic programs refer to the Guidance for Opening Up High School Athletics and Activities developed by the National Federation of State High School Associations and the Sports Medicine Advisory Committee:
    - [https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15\\_2020-final.pdf](https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15_2020-final.pdf)
- School Events:
  - For elementary schools:
    - Field trips, assemblies, and other gatherings are not permitted.
  - For middle schools/junior high schools and high schools:
    - Field trips, assemblies, and other gatherings are not permitted.
  - In all schools:
    - Attendance at school events should be limited to students and staff or those participating in a presentation only (no visitors).
    - Maximize the number of school events that can be held virtually or outside.
    - Events involving on-campus visitors interacting with staff or students should not be allowed.

# Homeschool Co-op, Community Resource Organizations

## Homeschool Co-op Recommendations

- Review all recommendations to schools that may apply.
- Attendance at educational or social events should be limited to co-op cohort members.
- Minimize close contact between students, families, and the broader community.
- Prioritize disinfection, hand hygiene, and cloth face coverings for educational settings, transportation, food sharing, and gatherings.
- Consider whether extracurricular activities can be conducted outdoors or virtually.
- When considering Co-op size, follow to the extent allowed for gatherings occurring in the community.

## Community Resource Organizations Recommendations

- Any organization or association that provides educational or extracurricular activities typically outside of schools, but in conjunction with education (music, science, writing resources, tutoring, student professional associations, etc.)
  - Review all recommendations to schools that may apply.
  - Prioritize disinfection, hand hygiene, and cloth face coverings for educational settings, transportation, food sharing, and gatherings.
  - Minimize close contact between students, families, and the broader community.
  - Consider whether activities can be conducted outdoors or virtually.
  - When considering group size, follow to the extent allowed for gatherings occurring in the community.



## Monitoring: Health Screenings

Health screenings refer to symptom screening, temperature screening, or a combination of both. Although temperature screening for COVID-19 has become a widespread practice in a variety of business and community settings, its limited effectiveness may be outweighed by potential harms.

- CDC does not currently recommend universal symptom screenings (screening all students grades K-12) be conducted at schools.
- Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day.
- Students who are sick should not attend school in-person

Students who are sick with contagious illnesses should not attend school, but most illnesses do not require the same level of length of isolation that COVID-19 does. Excluding students from school for longer than what is called for in existing school policies (e.g., fever free without medication for 24-hours) based on COVID-19 symptoms alone risks repeated, long-term unnecessary student absence.

## Recommendations

- Post signs at all entrances instructing students, staff, and visitors not to enter campus if they have any COVID-19 symptoms. COVID-19 symptoms include fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, the recent loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea.
- Staff and students' parents or guardians must conduct symptom screening at-home before arrival.
- Temperature screening of students at school is not required.
- Contact thermometers should only be used when a fever is suspected and if appropriate PPE can be used (cloth face covering, eye protection, and disposable gloves). Contact thermometers must be adequately cleaned and disinfected after each use.
- Students or staff with any identified COVID-19 symptoms or a temperature of 100.4 or higher must be sent home immediately. Consider designating a room to isolate for symptomatic students while they are awaiting to be picked-up.
- Communicate screening requirements to all students, staff and parents/guardians of students. Provide periodic reminders throughout the school year.

## Reporting: Illness & Triage

### Training School Staff on Incoming COVID-19 Reports

Training of staff is an essential process to help identify an outbreak of COVID-19. For an individual school site, absences are typically reported by a parent, guardian, staff or student, either by phone or electronically. Parents should be asked to report any illness or COVID-19 like symptoms to the school. To control the spread of illness, a report of absence must include whether the absence is due to illness and if so, what are the specific symptoms. While the individual taking the report is not expected to diagnose any particular condition, the symptoms are logged so that early detection of an outbreak can be identified. It is within the guidelines of the Health Information Portability and Accountability Act (HIPAA) for symptom information to be requested by the school staff. For parents that do not call to indicate illness, the school may consider a courtesy call. If parents do not respond to inquiries, the school may consider requiring further documentation before the student is allowed to return to in-school participation. Coordination between schools and the Health District will be available to capture all COVID-19 cases.

### Isolating and Sending Home Students and Staff for Suspected COVID-19

It is essential to isolate any individual who is reported to have signs or symptoms related to COVID-19. Follow appropriate precautions to reduce the spread of illness by wearing necessary personal protective equipment. If that individual is to remain on-site for any period, move them to a location that will be unoccupied. Ensure that the signs/symptoms are recorded, and that all pertinent information is obtained. For minor symptoms often caused by dehydration, anxiety, menstrual cramps, appetite, allergies, etc., a brief period may be provided to observe a quick resolution of symptoms. If any symptoms do not quickly resolve, the student must be sent home, and COVID-19 protocols followed if a diagnosis of the condition has not been identified. Parents may supply the school with an official letter from a medical care provider that defines a known health condition and the exact symptoms exhibited. When a student is sent home for any symptom not related to COVID-19 (cuts/abrasions, chapped lips, toothache, head injury, lost tooth, nosebleed, etc.) they may return to school when recovered.

### Reporting COVID-19 to the Southern Nevada Health District

When a COVID-19 case or outbreak is suspected or identified, either through a positive test result or contact tracing, the school's policy should be followed to notify the Health District. (Charter and Private schools will designate a single point of contact to notify the Health District). All schools may reach the Health District by calling (702) 759-0925 or emailing [schoolcovid@snhd.org](mailto:schoolcovid@snhd.org). The Health District will assess and collect the initial information and initiate an investigation. As a result of this investigation, the Health District will offer recommendations and guidance to the school and parents, including the recommendation of isolation/quarantine and/or closures if appropriate.

### Exclusion of Ill Students and Staff

Exclusion of ill students and staff from school premises is necessary to ensure the safety and wellness of the students, staff, and community.

### Contact tracing

The purpose of contact tracing is to slow the transmission of COVID-19 by identifying additional individuals exposed who may require testing, isolation, and/or quarantine. To provide prompt and efficient responses, while being mindful of applicable state and federal labor and privacy laws, designated school staff can identify individuals who were exposed to

the positive COVID-19 case. They may send those individuals home to quarantine and/or contact parents to exclude attendance. The following efforts should be considered:

- Close contact is within 6 feet of a person, for more than 15 minutes, that has a laboratory-confirmed diagnosis of COVID-19.
- All student in a classroom are considered close contacts regardless of their sitting position.
- Cohorts and close contacts are required to quarantine for 14 days since date of last exposure when a positive case is identified (see scenarios below).

## Recommended COVID-19 Home Health Screening for Students and Staff

The following questions may be asked to screen for COVID-19. A student, staff, or parent of a student who answers "Yes" to any of these questions must not come to the school facility.

### Daily Home Screening for Students

<b>1. Within the last 14 days, have you been diagnosed with COVID-19 or had a test confirming you have the virus?</b>
Yes – STAY HOME and seek medical care.
<b>2. Do you live in the same household with, or have you had close contact with, someone who in the past 14 days has been in isolation for COVID-19 or had a test confirming they have the virus? Close contact is less than 6 feet for 15 minutes or more.</b>
Yes – STAY HOME and seek medical care and testing.
<b>3. Have you had any one or more of these symptoms today or within the past 24 hours? Are these symptoms new or not explained by another reason?</b> <ul style="list-style-type: none"><li>• Fever</li><li>• Cough</li><li>• Shortness of breath/trouble breathing</li><li>• Chills</li><li>• Night sweats</li><li>• Sore throat</li><li>• Muscle/body aches</li><li>• Loss of taste or smell</li><li>• Headache</li><li>• Confusion</li><li>• Vomiting</li><li>• Diarrhea</li></ul>
Yes – STAY HOME and seek medical care and testing.



# COVID-19 Testing and Reporting

## Positive Test Results

- Require that parents/guardians or staff notify school administration immediately if the student or staff tested positive for COVID-19 or if one of their household members or non-household close contacts tested positive for COVID-19.
- Upon receiving notification that staff or a student has tested positive for COVID-19 or has been in close contact with a COVID-19 case, take actions as required in Response to Suspected or Confirmed Cases and Close Contacts below.
- An individual who tests positive for COVID-19 is to isolate at their home or residence, safely separated from others, until the following criteria are met:
  - At least ten (10) days have passed since symptoms first appeared; and,
  - Twenty-four (24) hours have passed since resolution of fever without the use of fever-reducing medications; and other symptoms have improved.
  - For asymptomatic positive COVID-19 individuals, at least ten (10) days must have passed from the date of their positive test provided they never developed symptoms.
  - If an asymptomatic positive COVID-19 individual develops symptoms, they are to follow the symptomatic criteria above.

## Negative Test Results

- Symptomatic students or staff who test negative for COVID-19 should remain home until their symptoms have improved. Schools should require evidence of the negative test result.
- Asymptomatic non-household close contacts to a COVID-19 case should remain at home for a total of 14 days from the date of last exposure even if they test negative. This may include being exposed through a classmate in a cohort. The 14-days will be based on the last day of contact with the positive case. A COVID-19 test is not necessary during the 14-days unless the individual develops COVID-19-like symptoms or is asked by the Health District or Medical Provider to seek testing.
- Asymptomatic household contacts should remain at home until 14 days have passed since the COVID-19 positive household member completes their isolation period. A COVID-19 test is not required during the 14-days unless the individual develops COVID-19 like symptoms or is asked by the Health District or Medical Provider to seek testing.

## COVID-19 Testing Sites

Testing is now widely available at collection sites and through health care providers throughout the community. Provide parents and staff with information regarding nearby testing sites, available at [www.snhd.info/covid-19-testing-sites](http://www.snhd.info/covid-19-testing-sites).

### Clark County School District

- Contact the site School Nurse for testing sites and follow up.

### State Public Charter Schools and Private Schools

- Southern Nevada Health District:
  - Various planned community sites are available for testing but vary by location and day. Visit the testing calendar provided above.
  - Schedule an appointment through [www.snhd.info/get-tested](http://www.snhd.info/get-tested)
- Clark County:
  - Visit [www.umcsn.com/testing](http://www.umcsn.com/testing)
- Private Providers:
  - Most private providers can test for COVID-19 utilizing private laboratories (Quest, LabCorp, etc.)
  - Providers will require health insurance and any required fees.
- Private Laboratories:
  - Private laboratories (e.g., Quest) offer testing at cost. Please visit their websites for more information.

### Testing Types

- Current standard for COVID-19 testing is a PCR test (nasal or throat specimen).
- Quick or Rapid PCR-based test exist and are available in Clark County.
- Currently, there is no cost associated with testing provided through the Health District and Clark County/UMC locations.
- Private Businesses (pharmacies, laboratories, medical facilities) that provide testing, either PCR or Rapid, at cost.

### Previous COVID-19 Positivity and Antibody Tests

- When verified scientific research determines key characteristics to the body's immunological response to COVID-19, the following guidelines will be updated.
  - A student or staff member who previously had a PCR-positive test for COVID-19 and has recovered while meeting all local health and school requirements, does not need to be excluded or quarantined for the next 3-months of school. If any COVID-19 like illness develops during the initial 3 months after recovery, please consult with the Health District or an infectious Disease physician.
  - A student or staff member who tests positive for COVID-19 antibodies, and does not have a history of COVID-19 positive PCR test, must be excluded or quarantined if COVID-19 related signs/symptoms develop, or if exposed to a COVID-19 positive case.

# Response to Suspected or Confirmed Cases and Close Contacts

## Suspected COVID-19 Case(s)

- Work with school administrators, nurses, and other health care providers to identify an isolation room or area to separate anyone who exhibits COVID-19 symptoms.
- Any students or staff exhibiting symptoms should wait in an isolation area. For minor symptoms often caused by dehydration, anxiety, menstrual cramps, appetite, known asthma, allergies, etc., a brief period may be provided to observe a quick resolution of symptoms, and if resolved, returned to class. For any unexplained signs/symptoms (fever, vomiting, sore throat, loss of taste/smell, coughing, etc.), wait until they can be transported home or to a health care facility, as soon as practicable. For serious illness, call 9-1-1 without delay.
- All students or staff sent home under suspicion of COVID-19 must follow school protocols to return.
- All schools must show documentation confirming that a child/staff has a positive test before the Health District recommends isolation/quarantine and/or initiates any contact tracing. The Health District will communicate with schools to confirm COVID-19 positive tests. Negative COVID-19 tests can be confirmed by the corresponding testing facility's document, provided by the parent/guardian either physically or electronically.

## Confirmed COVID-19 Case(s)

- A positive COVID-19 result received from parents/students/staff may be confirmed through the Health District. A delay in reporting a case from the testing site to the Health District may occur. During the time between a suspected COVID-19 case and a confirmed positive test, schools are recommended to act in favor of the safety and health of their student body.
- In cases where the testing site is delayed in reporting results to the Health District, the school may proactively initiate contact tracing and issue isolation/quarantine recommendations based on established guidelines.
- If a school has received confirmation of a positive test but the Health District has not yet received the results, the school must share documentation from the diagnostic facility and/or the healthcare provider confirming the diagnosis. The Health District will provide guidance based on the documentation received.
- Follow policies appropriate to CCSD, Charter, and Private schools to notify the Health District of positive COVID-19 by calling (702) 759-0925 or email [schoolcovid@snhd.org](mailto:schoolcovid@snhd.org).
- Notify all staff and families in the school community of any positive COVID-19 case while maintaining confidentiality as required by state and federal laws.
- Close off areas used by any sick person and do not use it before cleaning and disinfection. If correct personal protective equipment (PPE) is not available, to reduce the risk of exposure, wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours, wait as long as practicable. If previously disinfected (due to delayed testing results), continue to follow regularly scheduled cleaning protocols.
- Ensure a safe and correct application of disinfectants using personal protective equipment and ventilation.
- For stable classroom cohorts: All the cohort's students and staff should be instructed to quarantine for 14 days.
- For multiple cohorts: Identify each cohort (any classroom attended more than 15 minutes) in which the confirmed COVID-19 case participated. All the cohort's students and/or staff should be instructed to quarantine for 14 days.
- For all settings: Provide information regarding close contacts to the Health District for contact tracing and Environmental Health assistance.
- A negative test or medical clearance is not required for COVID-19 positive cases to return to school upon completion of quarantine.

## Close contacts to confirmed COVID-19 Case(s)

- Close contacts of confirmed COVID-19 cases should be sent home immediately or excluded before arriving at school. They should remain in quarantine for a full 14 days from (1) date of last exposure to COVID-19 positive non-household contact or (2) date that COVID-19 positive household member completes their isolation. Testing is not required unless directed by the health district or a medical professional.
- No actions need to be taken for persons who have not had direct contact with a confirmed COVID-19 case but instead only had close contact with a contact of a case. (e.g., contact of a contact).
- A negative test or medical clearance is not required for close contacts to return to school upon completion of their quarantine.
- If, during the 14 day quarantine, a close contact develops COVID-19-like symptoms, they are to seek medical attention, where a test for COVID-19 should be ordered. Those who test positive should not return until they have met the Health District's criteria to discontinue home isolation.



# Steps to Take in Response to Confirmed or Suspected COVID-19 Cases and Close Contacts

## SCENARIO 1

Scenario 1 (at school): A student or staff member either exhibits COVID-19 symptoms, answers "yes" to a health screening question, or has a temperature of 100.4 or above while at school.

### Immediate Action & Follow-up

- Staff: Send home and instruct to get tested
- Student: Isolate, use correct PPE, and evaluate.
  - Minor symptoms: If resolved quickly (dehydration, anxiety, previously known health condition, menstrual cramps, etc.), return to class. Follow school policy for staff and parent notification.
  - All unresolved symptoms send home and treat as possible COVID-19.
    - Coordinate with schools (age differences) to inform illness for the exclusion of shared household occupants if child confirmed as COVID-19.
- Student/Staff sent home for COVID-19 symptoms:
  - Record day and time of onset
  - Student/staff instructed to get tested
  - Follow-up daily for test results
- Cohort to remain until test results reported
- Negative test: Student/staff may return after 24-hours of no symptoms provided they themselves are not a contact of a case.
- Positive test:
  - CCSD: Follow policy to notify the Health District at (702) 759-0925 or [schoolcovid@snhd.org](mailto:schoolcovid@snhd.org)
  - Charter/Private: Single Point of Contact to notify the Health District
  - Begin contact tracing for cohort(s):
    - Cohort(s) contacts are to quarantine for 14-days
    - 14-day quarantine from the day of last contact with case
    - Provide the Health District contact tracer with needed information
    - Follow disinfection protocols

## SCENARIO 2

Scenario 2 (not at school): A student or staff member either exhibits COVID-19 symptoms, answers "yes" to a health screening question, or has a temperature of 100.4 or above while not at school.

### Immediate Action & Follow-up

- Record day and time of onset.
- **IF 48-hours or MORE** from symptom onset AND since the last contact at school:
  - Staff/Student exclude from attendance
  - School administration notified
  - Cohort to remain at school
  - Negative test: Student/staff may return after 24-hours of no symptoms provided they themselves are not a contact of a case.
  - Positive Test: Individual is to follow the Health District guidelines and school return policy. Cohort to remain at school.
- **IF 48-hours or LESS** from symptom onset AND since the last contact at school:
  - Staff/Student excluded from attendance
  - School administration notified
  - Cohort to remain at school until test results
  - Follow-up daily for test results
  - Negative test: Student/staff may return after 24-hours of no symptoms provided they themselves are not a contact of a case.
  - Positive test:
    - CCSD: Follow policy to notify the Health District at (702) 759-0925 or [schoolcovid@snhd.org](mailto:schoolcovid@snhd.org)
    - Charter/Private: Single Point of Contact to notify the Health District
  - Begin contact tracing for cohorts:
  - Cohort(s) contacts are to quarantine for 14-days.
  - 14-day quarantine from the last day of exposure to the case
  - Provide the Health District contact tracer with needed information
  - Follow disinfection protocols

### SCENARIO 3

Scenario 3: A family member or someone in close contact with a student or staff member (outside the school community) tests positive for COVID-19

#### Immediate Action & Follow-up

- School administration notified
- Student/staff sent home or excluded from attending
- Verify all shared household occupants are excluded
- Cohort to remain at school
- Unless instructed by the local health authority or medical provider, testing is not required.
- Student/staff instructed to quarantine, even if they test negative, for a full 14 days after (1) date of last exposure to COVID-19 positive non-household contact or (2) COVID-19 positive household member completes their isolation period.
- The release from isolation does not require a provider's note and does not require repeat testing or a negative test.
- If student/staff develops COVID like symptoms during the 14-day quarantine, see Scenario 2 above

### MISCELLANEOUS SCENARIOS

- A student or staff member tests negative after routine surveillance testing (no symptoms and no close contact to a confirmed COVID-19 case) may continue or immediately return to school.
- A student or staff member has previously tested positive for COVID-19, has recovered or meet all local health, and school requirements do not need to be excluded or quarantined for the next 3-months of school. If any illnesses develop, consult with the Health District or an Infectious Disease Specialist.
- A student or staff member tests positive for COVID-19 antibodies, but does not have history of a positive PCR test, must be excluded if an illness develop, unless COVID-19 is ruled out clinically or through a PCR-based test.
- Siblings may be at the same school or another school (age-dependent). Should a student become COVID-19 positive, families should notify the schools of any shared household contact. If a sick student's household contact is in school, the school should not exclude the student(s) from in-school participation, unless the index child is confirmed as COVID-19 positive.

## Distance/Remote Learning for Particular Students Considerations

All efforts should be made to transition students, cohorts, and staff into distant learning when required to quarantine.

Regardless of on-site school conditions, distance/remote learning should be made available for the following students:

- Students who are medically fragile or would be put at risk by in-person instruction, or who are isolating or quarantining because of exposure to COVID19
- Students who live in a household with anybody who is medically fragile.

Families requesting distance learning due to medical fragility must provide a physician's note supporting such a request.

## Closure of Rooms and Schools During COVID-19 Outbreaks

Closure of rooms and schools is sometimes necessary to reduce the risk of the spread of illness. Rooms are closed based on the need to disinfect and eliminate close contact exposures. If several rooms are affected in a building, the entire building may be closed. If there is a substantial risk of spread of contagion or severe illness, the school may be closed. The requirement to close and extent and length of the closure of a room or school depends on the specific disease. These measures must be taken to control the spread of illness and ensure the safety of students, staff, families, and communities. The following applies:

1. Closure of Rooms: For any vomiting or fecal incidents in a classroom or other areas, the classroom or area shall also be closed and disinfected before being reoccupied. For COVID-19 cases, rooms may be closed by the school's governing authority or by the Health District's Chief Health Officer. A closure may result if cases are linked to room occupancy, or if the layout of the room does not allow for adherence to CDC guidelines to control spread. In all cases, rooms must be disinfected following protocol for COVID-19 prevention.
2. Closure of Schools: For any infectious disease, a school may be closed as a necessary means to control the spread of illness throughout the school site. Schools shall be closed under the following criteria:
  - a. Directives from the Governor of the State of Nevada, Southern Nevada Health District or by school authorities pursuant to the direction provided; or,
  - b. Indeterminate or high risk of exposures to highly infectious diseases or diseases with a high risk of serious illness, such as COVID-19, Pertussis, or Norovirus, school-wide; or,
  - c. Uncontrolled outbreaks.

### Cohort exclusion and quarantine due to COVID-19 Case(s):

Clark County schools must report any outbreaks of COVID-19 to the Health District. Having more than one case within a school does not constitute an outbreak. An outbreak is defined as two or more laboratory-confirmed COVID-19 cases among students or staff with onsets within a 14 day period, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

Similar to determining when to reopen school buildings, the decision to quarantine a cohort, close a portion of the school, or close the school entirely will be made in close coordination between school authorities and the Health District. Schools should be prepared to offer virtual learning when cohorts of students are sent home for quarantine due to COVID-19 exposure.

## APPENDICES

*These forms are for example only. The content of the forms, the use, control, purpose, and retention of internal school forms like these are the option of each school system. These are optional templates that can be modified/customized for your district/system/school. All school systems should review the forms, intended purpose and procedures with your appropriate legal advisor to ensure compliance with state and federal laws, system policies, and school procedures. It is important to tailor all school-based forms to the specific procedures, laws and policies of your jurisdiction, governing board/organization, school system, school district, or school.*

## **APPENDIX A**

### **Southern Nevada Health District Contact**



# Health District Hotline

**When a COVID-19 case or outbreak is suspected or identified, the school must notify the Southern Nevada Health District.**

**(702) 759-0925**  
**[schoolcovid@snhd.org](mailto:schoolcovid@snhd.org)**

Charter and Private schools need to designate a single point of contact to inform the Health District. Clark County School District schools will follow an internal policy to notify the Health District.



For the latest COVID-19 information, visit [www.snhd.info/covid](http://www.snhd.info/covid)

## **APPENDIX B**

### **Form: School Script During an Outbreak**

## SCHOOL SCRIPT DURING AN OUTBREAK

Questions to ask when a parent calls to report medical absence

Student Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Date/Time Symptoms Started: \_\_\_\_\_ Date/Time Last Symptom: \_\_\_\_\_ ☐ Ongoing

Do symptoms include the following?

<b>Feeling Feverish or has Fever</b> (>100.4°/38°C)	FF	Yes	No	Unk	<b>Chills and/or muscle aches</b>	CH	Yes	No	Unk
Any <b>Difficulty Breathing</b> , like shortness of breath or wheezing	DB	Yes	No	Unk	<b>Headache</b>	H	Yes	No	Unk
<b>Cough</b> (New onset or worsening of chronic cough)	C	Yes	No	Unk	<b>Chest Pain</b>	CP	Yes	No	Unk
<b>Nausea and/or Vomiting</b>	N,V	Yes	No	Unk	<b>Sore Throat</b>	ST	Yes	No	Unk
<b>Diarrhea</b> (≥3 loose stools within 24 hr)	D	Yes	No	Unk	<b>Abdominal Pain</b>	AP	Yes	No	Unk
New olfactory ( <b>Smell</b> ) and Taste Disorder(s)	SMT	Yes	No	Unk	<b>Student has been in close contact with a person who has tested positive for COVID-19</b>	COV	Yes	No	
Other Symptoms: _____									
Does your child live with any other students that attend school?      Yes                      No Name - Grade - School: _____									

Please end the call with:

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

1. Symptom-free for 24 hours without medication; AND
2. No one in the household is isolating for or sick with COVID-19 or COVID-19-like symptoms; AND
3. Either 14 days has passed since symptoms first started OR your child meets school criteria to return.
  - a. Criteria may include, but is not limited to, a negative COVID-19 test result, a doctor's note that meets school requirements, etc.

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

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

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

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

## **APPENDIX C**

### **Form: COVID-19 Triage**

## COVID-19 Symptom Triage

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Date/Time Symptoms Started: \_\_\_\_\_ Date/Time Last Symptom: \_\_\_\_\_ ☐ Ongoing

<b>Feeling Feverish or has Fever</b> (>100.4°/38°C)	FF	Yes	No	Unk	<b>Chills and/or muscle aches</b>	CH	Yes	No	Unk
Any <b>Difficulty Breathing</b> , like shortness of breath or wheezing	DB	Yes	No	Unk	<b>Headache</b>	H	Yes	No	Unk
<b>Cough</b> (New onset or worsening of chronic cough)	C	Yes	No	Unk	<b>Chest Pain</b>	CP	Yes	No	Unk
<b>Nausea and/or Vomiting</b>	N,V	Yes	No	Unk	<b>Sore Throat</b>	ST	Yes	No	Unk
<b>Diarrhea</b> (≥3 loose stools within 24 hr)	D	Yes	No	Unk	<b>Abdominal Pain</b>	AP	Yes	No	Unk
New olfactory ( <b>Smell</b> ) and Taste Disorder(s)	SMT	Yes	No	Unk	Student has been in close contact with a person who has tested positive for COVID-19	COV	Yes	No	
Other Symptoms:									
Does your child live with any other students that attend school? <span style="float: right;">Yes      No</span>									
Name   Grade   -   School:									

## COVID-19 Symptom Triage

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Date/Time Symptoms Started: \_\_\_\_\_ Date/Time Last Symptom: \_\_\_\_\_ ☐ Ongoing

<b>Feeling Feverish or has Fever</b> (>100.4°/38°C)	FF	Yes	No	Unk	<b>Chills and/or muscle aches</b>	CH	Yes	No	Unk
Any <b>Difficulty Breathing</b> , like shortness of breath or wheezing	DB	Yes	No	Unk	<b>Headache</b>	H	Yes	No	Unk
<b>Cough</b> (New onset or worsening of chronic cough)	C	Yes	No	Unk	<b>Chest Pain</b>	CP	Yes	No	Unk
<b>Nausea and/or Vomiting</b>	N,V	Yes	No	Unk	<b>Sore Throat</b>	ST	Yes	No	Unk
<b>Diarrhea</b> (≥3 loose stools within 24 hr)	D	Yes	No	Unk	<b>Abdominal Pain</b>	AP	Yes	No	Unk
New olfactory ( <b>Smell</b> ) and Taste Disorder(s)	SMT	Yes	No	Unk	Student has been in close contact with a person who has tested positive for COVID-19	COV	Yes	No	
Other Symptoms:									
Does your child live with any other students that attend school? <span style="float: right;">Yes      No</span>									
Name   Grade   -   School:									

## 2020-2021 COVID-19 Symptom Triage Cheat Sheet

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

When taking a call from the parent please ask:

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

FF	FEELING FEVERISH or has a FEVER (>100.4°F/38°C)
DB	ANY DIFFICULTY BREATHING, like SHORTNESS OF BREATH OR WHEEZING
N, V	NAUSEA and/or VOMITING
D	DIARRHEA (≥3 loose stools within 24 hr)
SMT	New SMELL or TASTE Disorder
C	COUGH (New onset or worsening of chronic cough)
CH	CHILLS and/or MUSCLE ACHES
CP	CHEST PAIN
ST	SORE THROAT
H	HEADACHE
AP	ABDOMINAL PAIN
COV	STUDENT HAS BEEN IN CLOSE CONTACT WITH A PERSON WHO HAS TESTED POSITIVE FOR COVID-19

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

›**End all calls with:** Due to symptoms, your child will be placed in the distance learning program and excluded from in-person learning at school until your child has been symptom-free for 24 hours without medication, AND no one in the household is isolating for or sick with COVID-19 or COVID-19-like symptoms, AND either 14 days has passed since symptoms first started OR your child meets school criteria to return.

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

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

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

If your student has been in close contact with a person who has tested positive for COVID-19, your student is to remain home on Distance Learning for 14 days; or if your student has been diagnosed with COVID-19, your student is to remain home as indicated by the local health authority.

## **APPENDIX D**

### **Fillable Form: Expanded Illness Report Log**



# Expanded Illness Report Log

[illegible]

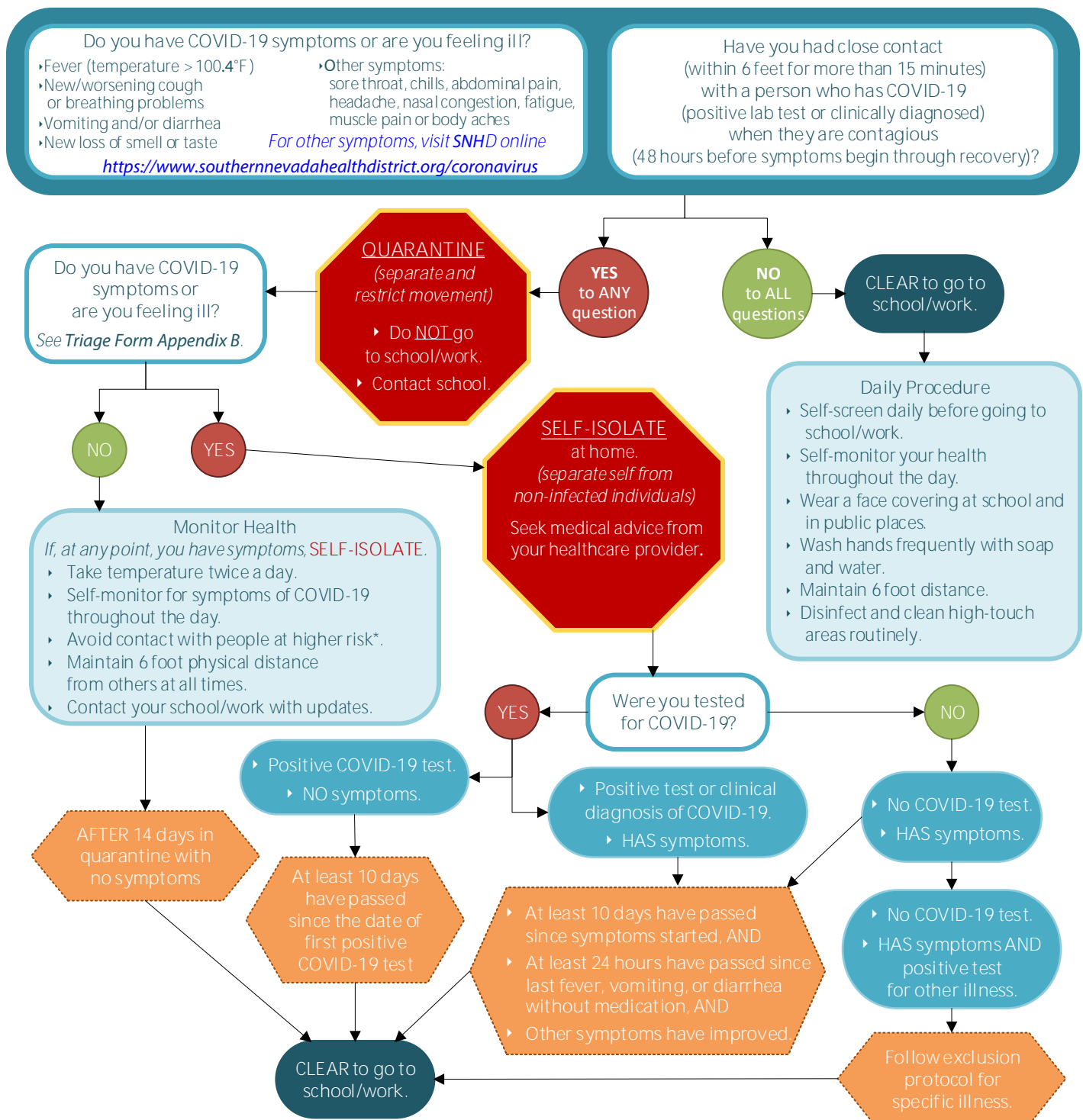
## COVID-19 Symptom Screen from CDC with codes added

<b>AP</b> - Abdominal Pain	<b>FF</b> - Feeling feverish or has a Fever ( $>100.4^{\circ}\text{F}/38^{\circ}$ )
<b>C</b> - Cough (New onset or worsening of chronic cough)	<b>H</b> - Headache
<b>CH</b> - Chills or Muscle Aches	<b>N, V</b> - Nausea or Vomiting
<b>CP</b> - Chest Pain	<b>SMT</b> - New Olfactory (smell) and Taste Disorder(s)
<b>D</b> - Diarrhea ( $\geq 3$ loose stools/24hr. period)	<b>ST</b> - Sore Throat
<b>DB</b> - Any difficulty breathing like Shortness of Breath or Wheezing.	<b>O</b> - Other * Specify

## **APPENDIX E**

### **Flowchart: COVID-19 Management Self-screening to Exclusion**

# School Reopening: COVID-19 Management from Self-Screening to Exclusion

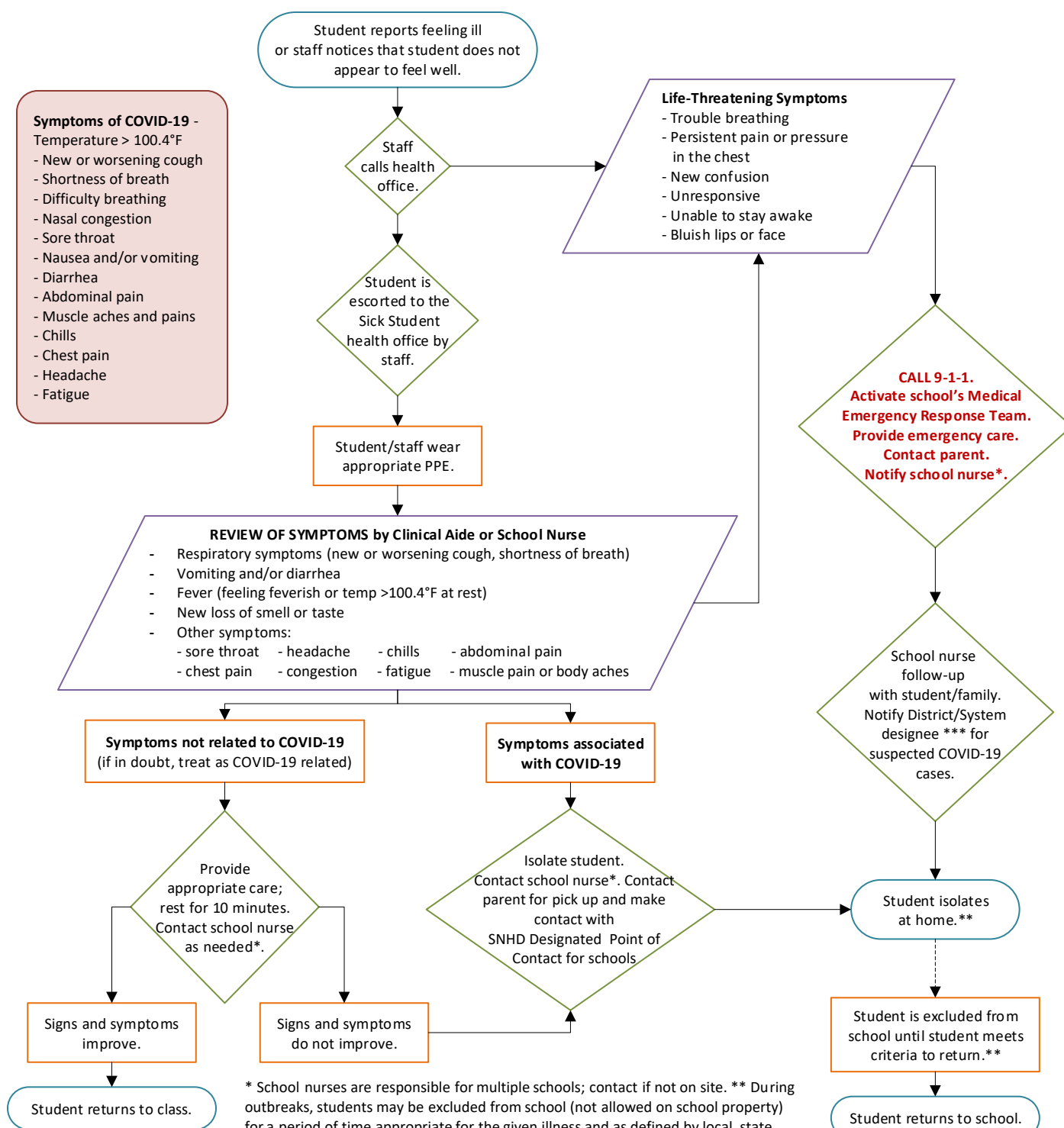


## **APPENDIX F**

### **Flowchart: Management of Students during COVID-19**

# School Reopening:

## Management of Students during COVID-19



\* School nurses are responsible for multiple schools; contact if not on site. \*\* During outbreaks, students may be excluded from school (not allowed on school property) for a period of time appropriate for the given illness and as defined by local, state, and federal health districts.

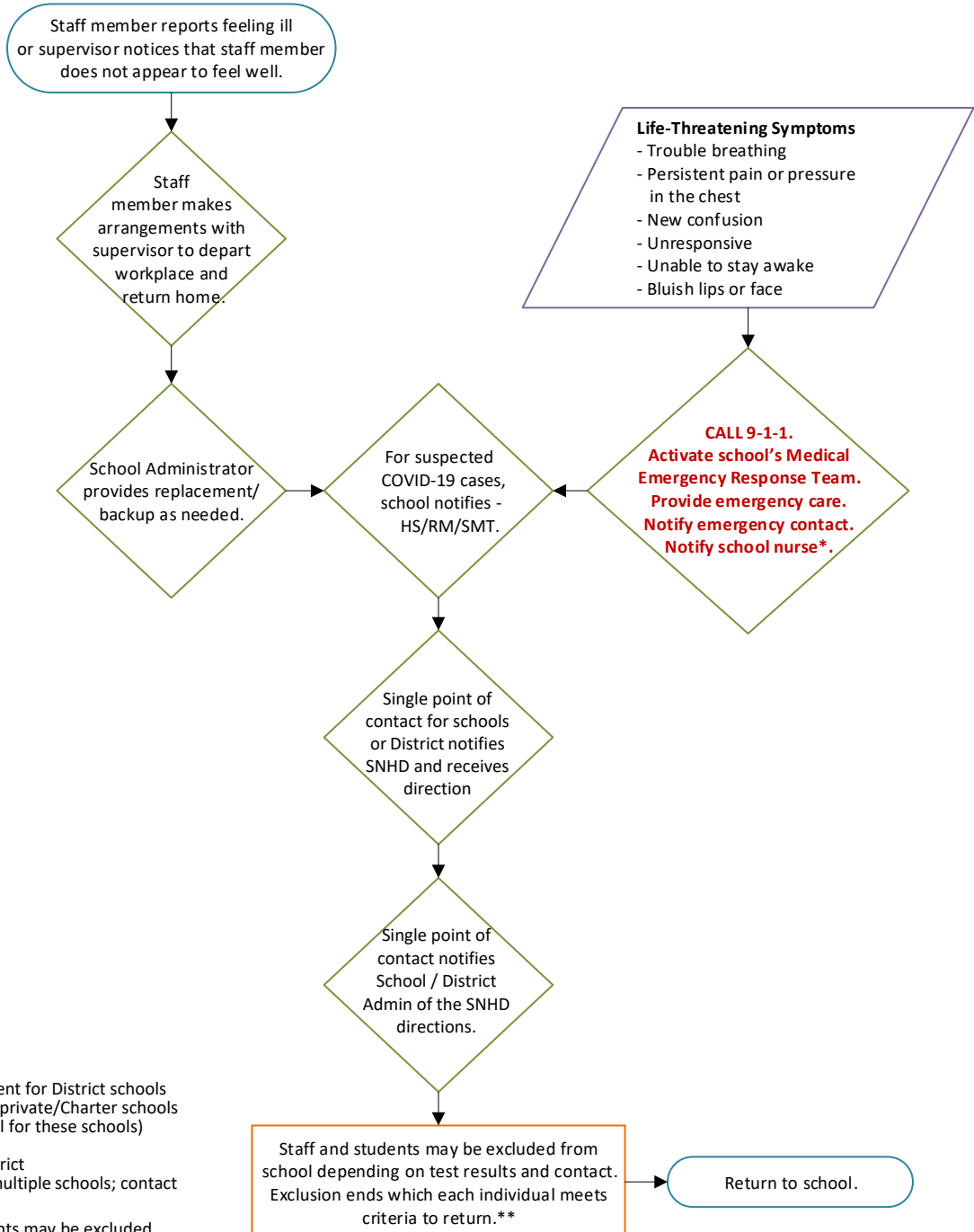
\*\*\*District - Notify Health Services - Private/Charter notify designated contact within School Management team (examples: Administrator, Health Services, Legal/RM etc)

## **APPENDIX G**

### **Flowchart: Management of Staff during COVID-19**

# School Reopening: Management of Staff during COVID-19

**Symptoms of COVID-19 -**  
 Temperature > 100.4°F  
 - New or worsening cough  
 - Shortness of breath  
 - Difficulty breathing  
 - Nasal congestion  
 - Sore throat  
 - Nausea and/or vomiting  
 - Diarrhea  
 - Abdominal pain  
 - Muscle aches and pains  
 - Chills  
 - Chest pain  
 - Headache  
 - Fatigue



RM – Health Services/Risk Management for District schools  
 SMT- School Management Team for private/Charter schools  
 (Team that handles HS/RM/legal for these schools)

HS – Health Services

SNHD – Southern Nevada Health District

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

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



## APPENDIX H

### **Form HS 653: School Health Services Quick Reference Guide**

*This Guide is designed to be used by your school health service professional  
as a quick reference document.*

# School Health Services Quick Reference Guide

## Possible COVID-19 Person Under Investigation (PUI) Protocol

\*Symptoms may appear **2-14 days after exposure to the virus**. Individuals with these symptoms may have COVID-19.

- Headache
- Achy Body or Muscles
- Vomiting, Nausea, or Diarrhea
- Energy Loss, Fatigue
- Cough (new and not attributed to another health condition)
- Observe Fever 100.4° or greater (student)
- Vanishing Sense of Taste or Smell
- Increasing Congestion or Runny Nose
- Difficulty Breathing or Shortness of Breath

### Emergency Warning Signs that require EMS activation immediately:

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

\*This list is not all inclusive

### Signs and Symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C):

- Rash
- Red eyes
- Cracked/Swollen lips
- Red/Swollen tongue
- Swelling in hands/feet
- Neck pain
- Stomach pain
- Vomiting and Diarrhea

**Ask student or parent/guardian if there has been close contact (within 6 feet for >15 minutes) of someone who has a laboratory-confirmed COVID-19 diagnosis in the last 14 days.**

### Actions:

- Follow School Health Services Procedures/Policy as directed
- **Activate EMS immediately for any Emergency Warning Signs and Don proper PPE, as directed**
  - **Notify EMS of possible COVID-19 exposure prior to arrival**
  - **Apply mask to student, if student is able to wear one and not already wearing one, before medical help arrives**
- Encourage respiratory etiquette
- Isolate from well students and staff until parent/guardian or EMS arrives
- Notify parent/guardian and complete medical referral for further evaluation
- **Encourage parent/guardian to seek medical care immediately for signs/symptoms of MIS-C**
- Clean and disinfect area
- Doff and dispose of PPE, as directed
- Perform hand hygiene
- Complete School Health Services documentation, utilizing appropriate COVID-19 template (SNHD Appendix C)

### Return to School Criteria

1. #days have passed since symptoms first appeared **AND**
2. Fever-free without the use of fever-reducing medication for 24 hours **AND**
3. Symptoms improved, **AND**
4. Any additional school requirements.

\*See COVID-19 Flowsheet for Exposure, Diagnosis, and Symptoms for additional information

## **APPENDIX I**

### **Forms: Optional School-based Templates**

## School Health Services

### COVID-19 Symptom(s) Medical Referral

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ID#: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parent/Guardian:

In accordance with NRS 441A.040 and NRS 441A.180, your child is suspected of having symptoms of a contagious or infectious disease that may be associated with COVID-19. Your child has accessed the school's Health Office and is experiencing the following symptom(s):

- ☐ Fever (temperature of 100.4°F or higher) or Chills
- ☐ Cough- that cannot be attributed to another health condition
- ☐ Difficulty Breathing/Shortness of breath- that cannot be attributed to another health condition
- ☐ Diarrhea
- ☐ New loss of taste or smell
- ☐ Nausea or vomiting
- ☐ Fatigue
- ☐ Muscle or body aches
- ☐ Headache
- ☐ Sore throat
- ☐ Congestion or runny nose

If your child experiences any emergent symptoms, seek emergency care immediately:

Trouble breathing

Inability to wake or stay awake

Bluish lips or face

New confusion

Pain or pressure in the chest

As part of symptom screening, your student may warrant further testing and/or medical follow up. Please contact your child's Licensed Health Care Provider for further direction. COVID testing is also recommended for those in close contact with person(s) that have COVID-19. **Take this referral with you to the appointment/evaluation.**

For additional resources go to: <https://www.southernnevadahealthdistrict.org/covid-19-testing-sites/>

Sincerely,

\_\_\_\_\_, RN, School Nurse

School: \_\_\_\_\_

## School Health Services

### Parent Verification- Return to School After Exclusion

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_

Dear Parent/Guardian:

Please complete the Return to School After Exclusion attesting to your child's health status prior to returning to school.

1. If your child was exposed to someone with COVID-19 but did not have symptoms (all boxes must be checked):

- ☐ Fourteen (14) days have passed since the last close contact with someone with COVID-19  
**AND**  
☐ No symptoms have developed

2. If your child was diagnosed with COVID-19 (all boxes must be checked):

- ☐ Ten (10) days have passed since the first positive COVID-19 test or the first day of symptoms  
**AND**  
☐ No symptoms have developed or Fever is resolved without the use of fever-reducing medication

3. If your child had **any** symptom(s) of COVID-19 (fever of 100.4°F or higher, chills, cough, difficulty breathing, nausea, vomiting, diarrhea, new loss of taste or smell, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose) (all boxes must be checked):

At least fourteen (14) days have passed since symptoms first appeared; or, a negative COVID-19 test; or, a doctor's note that meets school's criteria; or, meets school's requirements; **AND**

At least 24 hours have passed since resolution of fever without the use of fever-reducing medications  
**AND**

Fever is resolved without the use of fever-reducing medication  
**AND**

Improvement in symptoms

I attest that the information provided above is true to the best of my knowledge:

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# STUDENT CLEARANCE TO RETURN TO CLASS

Date \_\_\_\_\_

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

Classroom \_\_\_\_\_

Student Name \_\_\_\_\_

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

\_\_\_\_\_  
Health Aide, First Aide Safety Assistant (FASA) or School Nurse Signature

## **APPENDIX J**

### **School Cleaning Guidance**



## **General Cleaning and Disinfecting**

Schools should develop a written procedure that

1. Identify the chemical disinfectants to be used on the various surfaces
2. General directions on how the surfaces will be cleaned and disinfected.
3. Instructions on how to disinfect areas where students and staff have been identified as having possible COVID-19 or reported being positive for COVID-19

Surfaces throughout the facility should be cleaned and disinfected nightly. High touch surfaces such as door handles, faucets, push plates, drinking fountains should be routinely disinfected throughout the day. The disinfectant should be registered with the US Environmental Protection Agency as effective against the virus that causes COVID-19. These products will be on the EPA List N.

The enhanced cleaning and disinfecting procedures will continue until the outbreak is declared over.

## **Small toys and Manipulatives**

After each use, small toys and manipulatives should be disinfected with a product registered with the EPA following the label directions that is effective at removing the virus.

Items with visible dirt or grime must be washed with soapy water before being disinfected.

Alternatively, these items can be taken out of use until cleaning and disinfection can be performed.

## **Athletic Equipment**

All school and athletic lockers will be disinfected using a product registered with the EPA that is effective against the virus. The directions on the label of the product must be strictly followed.

After each use, all athletic equipment will be cleaned then disinfected with a product registered with the EPA that is effective against the targeted virus. The directions on the label of the product must be strictly followed.

Alternatively, these items can be removed temporarily as needed.

## **Cloth Surfaces**

Cloth items that cannot be disinfected should be either removed for the duration of the outbreak or be cleaned and disinfected with a product that is appropriate. The directions on the label of the product must be strictly followed.

Alternatively, these items can be removed temporarily as needed.