



COVID-19 Health Update #17

September 14, 2020

Please distribute to all providers in the facility

Go to: <https://tinyurl.com/ShastaCOVID-19> for an electronic version of this Health Update

The purpose of this health update is to provide healthcare providers with information on the following topics:

- Testing resources for students and staff in K-12 instruction
- Return-to-school clearance protocols
- Helping parents and children succeed with masks

With the return to in-person K-12 and higher education instruction, Shasta County Public Health (SCPH) has worked closely with schools to prepare for COVID-19 among students and staff including:

- Identification and exclusion of symptomatic individuals.
- Addition of symptomatic K-12 students and staff attending in-person classes to Tier 1 testing at the SCPH Lab. Providers may also submit specimens for symptomatic children in preschool or childcare for Tier 1 testing.
- Specification of protocols to allow symptomatic students and staff with alternative diagnoses to return to school 24 hours after resolution of fever without the use of antipyretics and improvement in symptoms, with clearance by a medical provider in the form of a note.
- Institution of protocols for contact investigations during which SCPH works with schools and childcare to identify the classes or groups exposed and to send an exposure notice to contacts.
- Designation of a COVID Liaison at each school to serve as the point of contact for families, school administration, and public health.

SCPH requests the assistance of the medical community to provide COVID-19 testing for symptomatic students and staff, or when appropriate, a note clearing the symptomatic individual to return to school due to the existence of an alternative diagnosis.

Actions requested of healthcare providers:

1. **Suspect COVID-19** early in a child or school/childcare staff with COVID-19 like symptoms.¹
2. **Test**² children and staff with COVID-19 symptoms for COVID-19 and influenza, unless alternative diagnosis for symptoms is known. Send specimens to SCPH Lab for processing.
3. **Recommend** children and staff with suspected or confirmed COVID-19 to isolate and avoid contact with high risk persons until 10 days after onset of symptoms and 24 hours with no fever without the use of fever reducing medicines and 24 hours of symptom improvement. Self-isolation instructions can be found at <https://www.co.shasta.ca.us/covid-19/instructions>.
4. **Report** to SCPH cases of COVID-19 who are positive via PCR or antigen test. Call 530-225-5591 and ask for the

¹Symptom screening in children: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>

² Interim guidance for collecting, handling, and testing of clinical specimens for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

nurse of the day or fax a confidential morbidity report form to 530-225-5074. Encourage parent/guardian to report positive test results to the School’s COVID Liaison.

5. **Document** clearance to return to school if an alternative diagnosis for symptoms is made and they are fever-free for 24 hours with improved symptoms.

Tables 1 and 2 are used by schools to address symptomatic students and staff, exposures to COVID-19, and confirmed cases.

Table 1. Steps to Take in Response to Confirmed or Suspected COVID-19 Cases and Close Contacts

| SCENARIO | IMMEDIATE ACTIONS | COMMUNICATION |
|--|---|--|
| <p>Scenario 1: A student or staff member either answers “yes” to a health screening question -OR- Exhibits the following COVID-19 symptoms: Students¹: Fever of 100.4 degrees or higher; Sore throat; New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline); Diarrhea, vomiting, or abdominal pain; New onset of severe headache, especially with a fever.</p> <p>Adults: Fever; Chills; Cough; Shortness of breath/ difficulty breathing; Fatigue; Muscle or body aches; Headache; New loss of taste or smell; Sore throat; Congestion or runny nose; Nausea or vomiting; Diarrhea</p> <p>¹Refer to student health history form</p> | <ul style="list-style-type: none"> • Student/staff are isolated at the site until they can be sent home or to a healthcare facility per CDPH guidance • To return to school: Wait at least 10 days after symptom onset AND 24-hours fever free (without the use of fever-reducing medicine), AND improvement in other symptoms. <p style="text-align: center;">-OR-</p> <p>If medical attention is needed, the individual should contact their healthcare provider. The healthcare provider will determine if the individual needs a COVID-19 test.</p> <ul style="list-style-type: none"> • If student/staff tests positive, see Scenario 3. • If student/staff tests negative, see Table 2 below. • In addition, the individual may have a medical note by the provider that clears student to return to school. The individual may return to school after 24-hours fever free (without the use of fever-reducing medicine), and improvement in other symptoms. <p><u>School site will remain open</u></p> | <p>Site:</p> <ul style="list-style-type: none"> • COVID-19 symptoms letter provided to individual or individual’s guardian |
| <p>Scenario 2: A family member or someone in close contact with a student or staff member (outside the school community) tests positive for COVID-19</p> | <ul style="list-style-type: none"> • Student/staff sent home • COVID-19 School Liaison notified • Student/staff instructed to quarantine and monitor for symptoms, even if they test negative, for a full 14 days after: <p>The date of last exposure to a COVID-19 positive non-household contact</p> <p style="text-align: center;">-OR-</p> <p>The date COVID-19 positive household member completes their isolation</p> <ul style="list-style-type: none"> • If student/staff begin to show COVID-19 like symptoms, it is recommended to be tested. • If student/staff test positive, see Scenario 3 | <p>Student (Guardian) or Staff:</p> <p>Immediately notify the COVID-19 School Liaison if they are a close contact of a confirmed case and provide the Quarantine Dates listed on the Public Health Order COVID-19 School Liaison</p> <p>Inform PHSU (530-225-5591) that student/staff is on Quarantine/Isolation</p> |

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| | <ul style="list-style-type: none"> • School site will remain open. No action is required by individuals that have not had direct contact with the confirmed COVID-19 case. | per Public Health |
| Scenario 3: A student or staff member tests positive for COVID-19 | <ul style="list-style-type: none"> • Student/staff sent home, if not already at home • School administration and COVID-19 School Liaison notified • Public Health – School Unit (PHSU; 530-225-5591) notified • Close off and clean any areas used by the person who tested positive, per CDPH and CDC guidance • Student/staff that tested positive: Can return to school after isolating for 10 days after symptom onset and at least 24-hours fever free (without fever-reducing medication) and symptoms have improved or 10 days since test date • School-based close contacts: identified and instructed to self-quarantine and monitor symptoms for 14 days. Close contacts are identified as: <ul style="list-style-type: none"> ○ In stable elementary classroom cohorts: entire cohort ○ In other settings: use seating chart, consult with teacher/staff <p>*If close contacts begin to show COVID-19 like symptoms, it is recommended to be tested. Testing does not shorten 14-day quarantine</p> <ul style="list-style-type: none"> • School site will remain open. No action is required by individuals that have not had direct contact with the confirmed COVID-19 case. | <p>COVID-19 positive Individual: Immediately notify school administration and/or COVID-19 School Liaison of positive result and Isolation Dates.</p> <p>School Site:</p> <ul style="list-style-type: none"> • Contact PHSU (530-225-5591) • Close Contact letter and Self-Quarantine Instructions sent to school close contacts within 48 hours. • Confirmed COVID-19 case notification sent to school community |

Table 2. Steps to Take in Response to Negative COVID-19 Test Result

| SCENARIO | IMMEDIATE ACTIONS | COMMUNICATION |
|---|---|--|
| A student or staff member tests negative for COVID-19 after Scenario 1 (symptomatic) | Student/staff may return to school after at least 24-hours with no fever (and no fever reducing medications) AND improvement in other symptoms. | Student family/staff to bring evidence of negative COVID-19 test or medical note if testing not performed. |
| A student or staff member tests negative after Scenario 2 (close contact) | <ul style="list-style-type: none"> • Student/staff must remain in quarantine for a full 14 days after: 1) The date of last exposure to COVID-19 positive non-household contact -OR- 2) The date that COVID-19 positive household member completes their isolation | No action is needed |
| A student or staff member tests negative after routine surveillance testing (no symptoms and no close contact to a confirmed COVID-19 case) | <ul style="list-style-type: none"> • Can return to school/work immediately | No action is needed |

3 keys to help parents, kids succeed with masks

[This article](#) discusses the role a physician can take in helping children succeed with masks.

1 - Get a well-fitting, comfortable mask. Every child's face is different, and because of that, there is no one right mask for all children. The important thing is that the mask is secure, meaning it hooks under the child's chin and comes up to the mid-bridge of the nose.

2 - Let children get involved in picking their own mask. One way to help kids be more excited to wear a mask is to let them help pick out the mask's design. "Having my children be able to pick their own masks has really been instrumental in keeping them excited about them and not getting upset about needing to wear them," said one physician.

3 - Listen to children. This can sometimes be the most challenging step. If a child is saying a mask is not comfortable, it's important to listen and determine whether there is something about the mask that is indeed causing a problem. If there is, it's up to parents to find a different option that works well.

Mask talk opens up bigger conversation

It's important for parents and physicians to talk with children about mask wearing and its impact because it is a way to get children involved in their own health. This also is a way to get children talking about the pandemic and sharing additional worries, fears and anxieties they face.

Reference

<https://www.ama-assn.org/delivering-care/population-care/when-kids-struggle-wearing-masks-here-s-how-doctors-can-help>