

WEST VALLEY CENTRAL SCHOOL



CONTACT TRACING AND TESTING PROTOCOLS

AUGUST 11, 2020

Contact Tracing and Testing Protocols

Contact Tracing

The West Valley Central School District will cooperate with the Cattaraugus County Department of Health or another appropriate County Health Department on contact tracing efforts, including notification of potential contacts, such as employees or students who had close contact with the individual, while maintaining confidentiality required by state and federal law and regulations.

In the case of an individual testing positive, West Valley Central School District will support and cooperate with local health departments and the NYSDOH in tracing all contacts of the individual, in accordance with the protocols, training, and tools provided through the New York State Contact Tracing Program.

The West Valley Central School District COVID-19 Coordinator will assist public health departments in knowing who may have had contact at school with a confirmed case by:

- keeping accurate attendance records of students and staff members
- ensuring student schedules are up to date;
- keeping a log of students that leave a classroom at any point throughout the day and their whereabouts
- keeping a log of any visitors which includes date, time and where in the school they visited; and
- assisting local health departments in tracing all contacts of the individual at school in accordance with the protocol, training, and tools provided through the New York State Contact Tracing Program.

Confidentiality must be maintained as required by federal and state law and regulations. Responsible Parties must cooperate with state and local health department contact tracing, isolation, and quarantine efforts.

Testing Protocols

In the event of a positive student screen, The District COVID-19 Coordinator will coordinate with a student's family and their primary care provider for the provision or referral of diagnostic testing for students. The District COVID-19 Coordinator will consult with the appropriate County Health Department officials when needed for suspected cases of COVID-19 for students. Students will follow the protocols outlined in the **"Return to School"** section of this document.

In the event of a positive staff screen, The District COVID-19 Coordinator will refer the staff member to their primary care provider. Staff will follow the protocols outlined in the **"Return to School"** section of this document.

Notification

The District must notify the state and local health department immediately upon being informed of any positive COVID-19 diagnostic test result by an individual in school facilities or on school grounds, including students, faculty, staff, and visitors.

Closure Contingency Plans

Closure includes contingency plans, protocols, and procedures for decreasing the scale or scope of in-person education, and/or closing the school.

Closure triggers: The District will identify conditions that may warrant reducing in person education or closing the school, in consultation with state and local health departments, and plan for an orderly closure.

Operational Activity: The District will determine, in consultation with the Cattaraugus County Department of Health, which operations will be decreased, or ceased and which operations will be conducted remotely. The closure process may include phasing, milestones. The Superintendent will make the decision to close and key personnel will follow the emergency closure plan.

Communication: The District will utilize its communication plan to notify individuals internally and externally throughout the closure process.

Plan for Returning to School

The District will follow CDC guidance for allowing a student or staff member to return to school after exhibiting symptoms of COVID-19. If a person is not diagnosed by a healthcare provider (physician, nurse practitioner, or physician assistant) with COVID-19 they can return to school:

- Once there is no fever, without the use of fever reducing medicines, and they have felt well for 24 hours;
- If they have been diagnosed with another condition and has a healthcare provider written note stating, they are clear to return to school.

If a person is diagnosed with COVID-19 by a healthcare provider based on a test or their symptoms or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until:

- It has been at least ten days since the individual first had symptoms;
- It has been at least three days since the individual has had a fever (without using fever reducing medicine); and
- It has been at least three days since the individual's symptoms improved, including cough and shortness of breath. guidance

The CDC provides specific guidance for individuals who are on home isolation regarding when the isolation may end. CDC recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been exposed to COVID-19. CDC recommends 14 days of quarantine after exposure based on the time it may take to develop illness if infected. Thus, it is possible that a person known to be infected could leave isolation earlier than a person who is quarantined because of the possibility they are infected.

- **Duration of isolation and precautions**

- For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
 - A limited number of persons with severe illness may produce replication competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

- **Role of PCR testing to discontinue isolation or precautions**

- For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts.
- For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.

- **Role of PCR testing after discontinuation of isolation or precautions**

- For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person.
- For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Quarantine may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.
- For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset.

- **Role of serologic testing**

- Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

If an employee has had close or proximate contact with a person with COVID-19 for a prolonged period of time AND is experiencing COVID-19 related symptoms, the employee may return to work after completing at least 10 days of isolation from the onset of symptoms.

- “Close contact” is defined as being within 6 feet of an infected person for at least 10 minutes starting from 48 hours before illness onset until the time the person was isolated.

If an employee has had close or proximate contact with a person with COVID-19 for a prolonged period of time AND is not experiencing COVID-19 related symptoms, the employee may return to work upon completing 14 days of self-quarantine.

If an employee is deemed essential and critical for the operation or safety of the business, as determined by the employee’s supervisor and a human resources representative in consultation with appropriate state and local health authorities, the exposed, asymptomatic employee may return to work if the employee complies with the following practices:

- Regular monitoring: The employee must self-monitor for a temperature greater than or equal to 100 degrees Fahrenheit every 12 hours and symptoms consistent with COVID-19 under the supervision of their employer’s occupational health program.
- Wear a mask: The employee must wear a face mask at all times while in the workplace for 14 days after the last exposure.
- Social distance: The employee must comply with social distancing practices, including maintaining, at least, six feet of distance from others in the workplace when possible.
- Clean and disinfect workspaces: The employer must continue to regularly clean and disinfect all areas, such as offices, bathrooms, common areas, and shared electronic equipment.
- Maintain quarantine: The employee must continue to self-quarantine and self-monitor for temperature and symptoms when not at the workplace for 14 days after the last exposure.

Compliance will be monitored and documented by the District and employee.

If an employee is symptomatic upon arrival at work or becomes sick with COVID-19 symptoms while at work, the employee must be separated and sent home immediately and may return to work after completing at least 10 days of isolation from the onset of symptoms OR upon receipt of a negative COVID-19 test result.

The District COVID-19 coordinator is Lindsey Drozd, RN (nurse coordinator).

Care Coordination

The school nurse coordinates school health services with the school physician and medical director to manage, prevent, and/or reduce health issues. The team will coordinate with the student's family and health team and include trauma informed education practice to address the behavioral health needs of students.

The school nurse will establish community behavioral health referral agencies, and coordinate with school health professionals, counselors, social workers, school psychologists.

The school nurse will identify students with pre-existing medical or mental health conditions to determine if treatment has been interrupted, medication or supplies have run out, or important appointments or procedures have been missed.

A written protocol will be developed in collaboration with the district or school's director of school health services to instruct staff to observe for signs of illness in students and staff and requires symptomatic persons to be sent to the school nurse or other designated personnel. Ill students and staff will be assessed by the school nurse (registered professional nurse, RN) or medical director and that if a school nurse or medical director is not available, ill students and staff will be sent home for follow up with a healthcare provider.

School nurses must develop protocols for asthma-related acute respiratory treatment care using up to date standard of care:

- Nebulizer treatments and suctioning are identified by the CDC as aerosol-generating procedures requiring a N-95 mask fitted to the healthcare worker;
- Consult with students' health care providers for alternate asthma medication delivery systems; and
- Consult with the school maintenance and facilities department for environmental controls.

The school nurse will coordinate with the student's special education teacher to address current health care considerations by:

- Revising IHP's
- Determining the special healthcare needs of medically fragile students
- Communicate with parents and health care providers to determine return to school status and modify IEP's as indicated.