

Franklin Procedures for Health Mitigation

COVID-19 Guidance for School Response to a COVID-19 Case:

Primary Exposure-

Person has had direct contact with a diagnosed COVID-19 positive case. A person is said to be a direct contact if they were within 6 ft. of a person and not wearing protective equipment.

Secondary Exposure-

Contact with a person who has been exposed to a primary contact for longer than 10 minutes.

In the event of a primary exposure, individuals in close contact with the individual (less than 6 feet away and not wearing protective equipment) need to monitor for symptoms, get tested and quarantine if necessary.

STEP by STEP

- 1) Verification of positive COVID case
 - a) Suspected COVID positive case- contact administrator
 - b) Administrator removes child from class, contact parents for confirmation
 - c) If parent says yes, ask for documentation and have child sent home immediately
 - d) If parent says there is no documentation, but symptoms are present; the child should be immediately sent home
- 2) School health officer must take temperatures of the classmates and staff
- 3) Classmates and staff are moved to a different location
- 4) Parent alert letter will be provided and possible Blackboard announcement
- 5) Staff will be notified
- 6) The room where the incident occurred needs to air out for 24 hours and then cleaned with COVID approved materials such as those purchased with our cleaning station
- 7) ADHS communicable disease form will be submitted

After this process has been completed, then the children and teachers can return to the room and resume learning. If a teacher ever feels that they have COVID 19 they will need to obtain a test

and stay home until the results tell them the next step. Even if they test positive, they may be able to return after 10 days if they are symptom free.

Procedures for dividing sick and non-sick persons: Student and staff temperatures will be checked upon arrival according to current CDC guidelines. If a student has a fever BELOW 100.4, they will be carefully attended to and monitored hourly. If a student has a fever ABOVE 100.4, they will need to be picked up; parents will be advised of their child's temperature, and will be asked to bring their child home. If a parent is unable to bring their child home immediately, then emergency contacts will be called.

Procedures Following a COVID like illness report of any person on campus: If any person on campus becomes ill with symptoms consistent with the COVID 19 virus, they will be immediately separated from other persons on campus. All appropriate persons will be notified as soon as possible. It will be requested that sick children are brought home as soon as possible. Parents and Staff must report a positive COVID-19 to the designated personnel at Franklin School. Students and Staff should stay home if any family members have symptoms of COVID-19 or have been tested positive for COVID-19. Guidance for returning to school will be given by the principal.

General Mitigation for employees

1. Take employee's temperature and assess symptoms prior to their starting work.
2. If an employee becomes sick during the day, send them home immediately.
3. Test the use of face masks to ensure they do not interfere with workflow.
4. Increase air exchange in the building.
5. Increase the frequency of cleaning commonly touched surfaces.

Staff members should be excluded from work if they are sick.

- 1) If staff have tested positive for COVID-19, they should remain under home isolation precautions for 7 days from specimen collection OR until 72 hours after fever is gone and symptoms of acute infection resolve, whichever is longer.
- 2) If staff have fever with cough or shortness of breath and have tested negative for COVID-19, they should stay home away from others until 72 hours after fever is gone and symptoms of acute infection resolve.
- 3) If staff have fever with cough or shortness of breath and have not been tested for COVID-19, they should stay home away from others until 72 hours after fever is gone and symptoms of acute infection resolve.

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

Communicating with Local Health Authorities will be the responsibility of the school administrator. Parents or Staff not designated to communicate, do not need to contact the Maricopa County Department of Public Health and/or Arizona Department of Health Services if there are verified cases at the school. Potential school closures are not known at this time. Depending on State government and/or health departments' criteria for closing an individual school, is based on 5% of the student population.

PARENT ALERT

R9-3-307.D.1. and R9-5-515.F.1.

Date _____

_____ has been identified in the
(Name of disease, illness or infestation)

home/facility and it is **contagious** ("catching," infectious).

To protect the health of others, please, watch for early signs and symptoms which may include:

- | | |
|--|---|
| <input type="checkbox"/> fever | <input type="checkbox"/> very tired |
| <input type="checkbox"/> rash | <input type="checkbox"/> loss of appetite |
| <input type="checkbox"/> vomiting | <input type="checkbox"/> yellowing of the skin/eyes |
| <input type="checkbox"/> diarrhea | <input type="checkbox"/> dark (tea colored) urine |
| <input type="checkbox"/> red watery eyes | <input type="checkbox"/> coughing/sneezing |
| <input type="checkbox"/> itching | <input type="checkbox"/> _____ |

If you notice any of these signs or symptoms, please, notify the provider, school nurse or child care director. A visit to a health care professional for diagnosis may be needed. If you have questions, please, call _____.

If these symptoms appear while the child is at the home/facility, she/he will be excluded from the group setting and you will be called to pick him/her up.

Process for parents to report to school a positive COVID-19 test:

Franklin school has designated personnel to communicate with the required public health officials. Parents will communicate with this designee solely in regards to reporting. Franklin school will maintain confidentiality with this information.

If any symptoms are present in staff, students and/or household members have contracted COVID-19, parents are required to report it to the school. Confidentiality will be maintained.

- a. Franklin school communicator designee will identify students, teachers, or staff with fever or respiratory symptoms and send them home immediately.
- b. Students who become ill during school will be separated and cared for and monitored until parents can pick them up.
- c. Symptoms of concern include: fever (subjective or $>100.4^{\circ}\text{F}$), cough, and shortness of breath. Students who dissolve fever symptoms without the use of Tylenol may return to school after 72 hours.
- d. Reports of positive cases will be guided by the principal.
- e. We will inform primary exposed student's parents/families/staff via Blackboard communication, parent alert letter and the school website.



COMMUNICABLE DISEASE REPORT FOR HEALTHCARE PROVIDERS

Healthcare providers are required to report selected communicable diseases, per Arizona Administrative Code R9-6-202. Report communicable diseases to the local health agency (fax numbers below) or through MEDSIS (<https://my.health.azdhs.gov/>). Visit <http://azdhs.gov/providersreporting> for the list of reportable conditions, this form, and other communicable disease reporting information.

Clear Form

1. Complete the PATIENT INFORMATION

Patient's Name (Last, First, Middle)		Date of Birth	Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Native American (list tribal affiliation) <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Gender <input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Parent/guardian (of minors) (Not necessary for STDs)
Street Address	City	State	Zip code	County	Reservation	Telephone #	Email	

2. Complete the REPORTABLE CONDITION INFORMATION

Diagnosis or Suspect Reportable Condition		Illness Onset Date	Diagnosis Date																
Risk & outcome information: Patient's School or Occupation *Write the school/facility/employer name in the Notes if any of these are checked. <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Food worker/handler <input type="checkbox"/> School/childcare worker <input type="checkbox"/> School/childcare attendee Other occupation (specify) _____		Outcome <input type="checkbox"/> Survived <input type="checkbox"/> Died, date: _____ Pregnant <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes Est. due date: _____	<input type="checkbox"/> Injection drug user (IDU) If STDs, Hepatitis or HIV/AIDS: Patient had sexual contact with: <input type="checkbox"/> Males only <input type="checkbox"/> Females only <input type="checkbox"/> Both <input type="checkbox"/> Unknown																
IF SEXUALLY TRANSMITTED DISEASES (STD) or HIV/AIDS: If chlamydia or gonorrhea: <input type="checkbox"/> with Pelvic Inflammatory Disease If chlamydia, gonorrhea, chancroid, syphilis: # Sex partners in the last 2 months: _____ If HIV/AIDS: Negative HIV test in last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk																			
If syphilis: Symptoms at diagnosis <input type="checkbox"/> No symptoms <input type="checkbox"/> Chancro/lesion <input type="checkbox"/> Rash <input type="checkbox"/> Neurologic (incl. ocular, etc) <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Congenital syphilis (include mother's name and DOB in Comments at left)																			
STD Treatment <table border="1"> <tr><td>Date</td><td>Drug</td><td>Dosage</td></tr> <tr><td>Date</td><td>Drug</td><td>Dosage</td></tr> <tr><td>Date</td><td>Drug</td><td>Dosage</td></tr> </table>				Date	Drug	Dosage	Date	Drug	Dosage	Date	Drug	Dosage							
Date	Drug	Dosage																	
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IF HEPATITIS: Acute hepatitis symptoms <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Jaundice <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Liver function test values (with units) ALT: _____ AST: _____																			
Hepatitis Test Results <table border="1"> <tr> <td>A. Hepatitis A antibody (IgM anti-HAV)</td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk</td> </tr> <tr> <td>Hepatitis B core antibody IgM (HBcAb-IgM)</td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk</td> </tr> <tr> <td>B. Hepatitis B surface antigen (HBsAg)</td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk</td> </tr> <tr> <td>Hepatitis B e antigen (HBeAg)</td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk</td> </tr> <tr> <td>Hepatitis B DNA/NAT</td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk</td> </tr> <tr> <td>Hepatitis C-EIA</td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk</td> </tr> <tr> <td>C. Hepatitis C-NAT/PCR</td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk</td> </tr> <tr> <td>Hepatitis C-Viral Load</td> <td>_____</td> </tr> </table>				A. Hepatitis A antibody (IgM anti-HAV)	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk	Hepatitis B core antibody IgM (HBcAb-IgM)	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk	B. Hepatitis B surface antigen (HBsAg)	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk	Hepatitis B e antigen (HBeAg)	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk	Hepatitis B DNA/NAT	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk	Hepatitis C-EIA	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk	C. Hepatitis C-NAT/PCR	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk	Hepatitis C-Viral Load	_____
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Notes/Comments (including school/facility/ employer name if above boxes are checked)																			
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3. Complete the FACILITY INFORMATION

Person making this report (Reporter) (Physician or other reporting source) Name _____ Reporting Facility _____ Reporter Address _____ City _____ State _____ Zip _____ Telephone _____ Email _____		Provider (if different from Reporter) Name _____ Provider Facility _____ Provider Address _____ Telephone _____ Email _____		Laboratory (if testing performed) Laboratory Name _____ Laboratory Address _____ Telephone _____	
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Fax numbers for local health departments: Apache (866) 934-9449; Cochise (520) 432-9479; Coconino (928) 679-7351; Gila (928) 425-8817; Graham (928) 428-8074; Greenlee (928) 865-1929; La Paz (928) 869-4703; Maricopa non-STDs (928) 372-8935; Maricopa STDs (928) 506-6916; Mohave (928) 718-1579; Navajo (928) 532-6054; Pima (520) 838-7538; Pinal (520) 866-2829; Santa Cruz (520) 375-7624; Yavapai (866) 271-6773; Yuma (928) 317-6526

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[Link to this form on PV website](#)