

Sequatchie Valley Head Start

DRAFT- Action plan for suspected/confirmed cases of Covid 19	7-10-2020
<p>CDC: K-12 Schools and Child Care Programs reopening guidance; Regional health department guidance; DHS child care rules.</p> <p>Contact Information: Deborah Walker, RN, Directors of Communicable Disease Control (W) 423-634-5798 (C) 423-426- 0295 deborah.walker@tn.gov</p>	

Subject: Covid -1 Suspected or Confirmed Case Procedures

Rational

We anticipate that we will have confirmed cases of Covid-19 in one or more of our centers and/or office locations. The following instructions are to be used as a guide in the event that we have a suspected or confirmed positive Covid 19 case among our children or staff. As the situation is ever evolving, staff members should maintain frequent communication with our Head Start Office (phone and follow up email). Our leadership will rely on guidance from the Director of Infectious Diseases at the regional health department, who currently assists child care programs and businesses in making reopen decisions, and guidance from the CDC written policies. Our DHS program evaluator will be consulted for suggestions. As required, we will advise DHS of any and all decisions to close a center.

Important Steps to Consider

1. **Isolate** - if a child at the center becomes ill with any ailment, to include exhibiting any of the symptoms associated with COVID-19, follow our sick child procedure. The staff member who has been in closest contact with the child (best practice) should don PPE and move the child to the designated isolation area. The child will be encouraged to wear a mask. The parent will receive the child outside the

building, and the child will be encouraged to wear a mask. The staff member will be excused from other duties in order to discard PPE, clean the area used, change scrubs, and leave for the day, if possible. Staff who become ill at the office location should advise others of their plans to immediately depart, close their door (if possible) and place a sticker on the door of the rest room used that day so it can be closed for 72 hours.

2. **Report** - Designated HS leaders will contact DHS and the local health department as is determined appropriate. This reporting will not only include confirmed COVID-19 cases (as determined by testing conducted in response to illness, exposure, or employee preference) but also the reporting of highly-likely cases.

3. **Prepare** a close contact line list to track exposure. Using attendance rolls, staffing sheets, and knowledge of the actual practices at the center, a close contact list will be made to determine which children and/or staff may have been exposed during the 72 hours preceding isolation. For office exposures, the sick employee or a coworker who was working near the sick employee should help create the list of coworkers or visitors who were in close contact. **Close contact** is generally defined as anyone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before the person began feeling sick until the time the patient was isolated. (The greatest risk is contact within three feet, engaging in loud and animated talking or singing, and eating with others present, as facial coverings cannot be worn while eating. Public restrooms and poorly ventilated spaces are especially dangerous.)

4. **Cooperate/Coordinate** with the health department investigator if the state decides to assist in contact tracing.

5. **Inform** parents and staff of confirmed COVID-19 cases by delivering a personalized but standardized letter via postal or electronic mail. This letter will be composed and approved by HS leadership and will contain no personally-identifiable information (name, age, address, gender, race, ethnicity,

etc). Less formal communication is encouraged, but staff should only reference the contents of the letter, and should not under any circumstance reveal personally-identifiable information during the course of conversation.

6. **Closure** - Agency leadership will determine the Closure period with help from the health department if possible and after reviewing the most recent CDC and state and local guidance. We will follow the direction of the health department investigator (if available) concerning the need for children/ staff to isolate or quarantine when a case is confirmed. Staff who are quarantined due to a center or community-based exposure will have the options to: 1) work from home 2) use emergency-paid sick leave up to 10 days as detailed in the Families First Coronavirus Response Act (currently scheduled to expire December 31, 2020), 3) use agency-provided leave if FFCRA leave has been exhausted or has expired, or 3) continue to be paid without the need to use leave **if** the center is actually shut down **and** federal authorization permits (currently allowed through September 30, 2020). The Human Resource Manager will work individually with staff who must quarantine or isolate due to COVID-19 to determine the most reasonable and applicable of the available options at the time quarantine or isolate.

7. **Cleaning** - Close center for 24 to 72 hours with no one permitted inside. A non vulnerable staff member in PPE or a contractor will enter the center to set off the Covid 19-disinfectant fogger, if one is available. The cleaner will return after the fogging process is completed to open windows and doors for 5-6 hours to allow time for the center to air out. Staff may reenter the facility after the center has been adequately ventilated. If a fogger is not available, the center will be closed for 72 hours and a non-vulnerable staff person will conduct routine cleaning. A similar process will be followed for office cleaning.

Definitions

Confirmed Case of Covid 19 - A child or staff member has received a positive test result from the health department or another health care provider and/or a medical professional has documented that the person has Covid-19.

Suspect Case of Covid 19 - A child or staff member has displayed symptoms of Covid-19. Symptoms may appear **2-14 days after exposure** to the virus. People with these symptoms may have COVID-19: Fever of 100.4 or above; chills; Cough; Shortness of breath or difficulty breathing; Fatigue; Muscle or body aches; Headache; New loss of taste or smell; Sore throat; Congestion or runny nose; Nausea or vomiting; Diarrhea.

Emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately: Trouble breathing; Persistent pain or pressure in the chest; New confusion; Inability to wake or stay awake; Bluish lips or face.

Close Contact - A close contact is defined as anyone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before the person began feeling sick until the time the patient was isolated.

Incubation period -The incubation period for COVID-19 is thought to extend to 14 days, with a median time of 4-5 days from exposure to symptoms onset. One study reported that 97.5% of persons with COVID-19 who develop symptoms will do so within 11.5 days of infection.

Contact Tracing - Contact tracing is used by health departments to prevent the spread of infectious disease. In general, contact tracing involves identifying people who have an infectious disease (cases) and people who they came in contact with (contacts) and working with them to interrupt disease spread. This includes asking people with COVID-19 to isolate and their contacts to quarantine at home voluntarily.

Line List - A line list is used by health department investigators to help gather information of outbreaks of unexplained respiratory illness. Upon notification of a potential cluster or outbreak, this document will be used to collect and organize preliminary information on cases. The SVHS line list will include the child's name, parent/guardian name, address, and phone numbers of all children and staff that have had close contact with someone that is suspected of or has a confirmed case of Covid-19.

Cluster - A cluster is defined by the health department as two or more cases. Clusters must be reported to Nashville by the health department.

Mandatory Reporting - We are required to immediately notify local health officials and the Tennessee Department of Child Care Licensing of a suspected or confirmed case of Covid-19. These officials will help our management team to determine a course of action for our program.

Closure due to Covid- 19 - We will likely close our programs for between 2-5 days. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation at our center and for staff members to clean and disinfect the center. We will work with the local health officials to determine the appropriate next steps, including whether an extended closure is needed to stop or slow further spread of COVID-19.

Quarantine - As defined by the CDC, Quarantine refers to the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for a period of 14 days. Staff who are being compensated for special Quarantine leave benefits or sick leave or special leave must report in via phone or email each work day to their supervisor. Staff who were directed to self quarantine should follow CDC guidance and remain in their homes for the quarantine period.

Self- Isolation - Separates sick people with a contagious disease from people who are not sick.

Asymptomatic - An individual infected with COVID-19 who does not exhibit symptoms during the course of infection.

Presymptomatic - An individual infected with Covid-19 who has not exhibited symptoms at the time of testing, but who later exhibits symptoms during the course of the infection.