

MINERAL COUNTY SCHOOL DISTRICT
COVID-19 Guidelines During Outbreaks or Suspected
Outbreaks in School Settings

This guidance document is intended to protect the health and wellbeing of Mineral County School District (MCSD) students, staff, school communities, and families. The guidance is based on the best available evidence at the time of its creation. As new information regarding COVID-19 emerges, this guidance may be updated as needed and the date of the update will be noted on the document.

School Staff Obtaining Incoming Reports of Absence

When a report of absence is received it is important for staff documenting the absence to inquire if the absence is related to illness. If the absence is related to illness, it is essential for staff to inquire about specific symptoms. This is a vital step in early identification of COVID-19 to ensure that sick students are isolated appropriately. It is recommended to follow a script so that symptom information is collected in a systematic fashion throughout the schools. While the individual taking the report is not expected to diagnose any specific condition, it is expected that the symptoms are logged, and basic exclusion criteria conveyed to the person reporting at the initial point of contact.

The key to successful ascertainment is staff training. Once symptoms information is gathered, the reports also need to be reviewed and tabulated by symptoms. If it is determined there is an increase in any predominant symptoms, a report needs to be made to Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH). The following is an example of a script:

School Script for Symptoms Ascertainment

Date _____

Student Name: _____

Grade/Teacher _____

Date and Time Symptoms Started: _____

Specific Symptoms:

- | | | |
|--|-----|----|
| •Do Symptoms include fever? | Yes | No |
| •Do symptoms include shortness of breath? | Yes | No |
| •Do symptoms include cough? | Yes | No |
| •Do symptoms include fatigue? | Yes | No |
| •Do symptoms include chills? | Yes | No |
| •Do symptoms include vomiting? | Yes | No |
| •Do symptoms include diarrhea? | Yes | No |
| •Do symptoms include headache? | Yes | No |
| •Do symptoms include loss of taste and/or smell? | Yes | No |
| •Do symptoms include sore throat? | Yes | No |

Reporting to DHHS-DPBH

Any instances of students or staff having tested positive for COVID-19 must be reported to DHHS-DPBH immediately. In addition, any increase or clusters of students or staff reporting symptoms consistent with COVID-19 in the absence of being tested, should also be reported to DHHS-DPBH immediately.

•Nevada Division of Public and Behavioral Health (DPBH): 775-684-5911 (M-F 8:00am to 5:00pm)
or, after hours 775-400-0333

Daily illness reports to DHHS-DPBH may be requested throughout the duration of the disease/outbreak investigation.

EXCLUSION CRITERIA

If a student or staff member develops signs of COVID-19 as evaluated by the school nurse or clinical aide, separate the symptomatic person away from others, with supervision at a distance of at least six feet (6') until the ill person can leave.

•While waiting to leave school, the individual with symptoms should continue to wear a cloth face covering or mask if tolerated

•Circulate the air and clean and disinfect the areas where the person was after they leave

•Contact your local/state health department as soon as possible

•Create a list of all (students and staff) who could have been exposed (contacts)

RE-ADMITTANCE CRITERIA

A student or staff member who had signs of suspected or laboratory confirmed COVID-19 can return to school when:

•At least 24 hours have passed since recovery – meaning that it has been 24 hours of the individual having no fever (measured temperature of 100-.4 F or greater) without the use of medications and an improvement in respiratory symptoms like cough and shortness of breath; **AND**

•At least 10 days have passed since the individual first displayed symptoms of COVID-19 OR it has been at least 24 hours since recovery AND a health care provider has certified that the student does not have suspected or confirmed COVID-19.

ISOLATIONS OF ILL STUDENTS AND STAFF

Students and staff with any of the symptoms of COVID-19 should be isolated. The school's current illness management policy should be followed to minimize transmission to others and optimize learning opportunities. The exclusion and readmission criteria outlined above should be followed.

Students who meet the exclusion criteria must be immediately isolated in a separate area, and their parent(s)/guardian(s) immediately called to pick up the student, with supervision at a distance of at least six feet (6') until the ill student can leave.

HEALTH CHECK

School staff should be reminded to look for symptoms of illness and send symptomatic students to the school nurse or clinical aide for evaluation. The school nurse should report illnesses to the chief nurse, or school district or charter school designee for tracking and instructions in a timely manner. During a school outbreak, the chief nurse should report all illnesses and exclusions to DHHS-DPBH staff through the line list method (complete with all data elements) for each ill/excluded student or staff by the close of each day school is in session and the outbreak is ongoing.

In a school outbreak situation, staff must actively ask parents/guardians when students are dropped off (or ask students when they arrive at school) to ensure students have NO signs or symptoms.

Individuals with COVID-19 have reported a wide variety of symptoms, which range from mild to severe illness. Symptoms may appear 2-14 days after exposure to the virus and may include:

- Fever and 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

CLEANING AND DISINFECTING

Close off areas by the individuals with COVID-19 and wait as long as practical and ideally 24 hours before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, classrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces (e.g., doorknobs, drinking faucets, keyboards, touchscreens, and hallway handrails).

Staff/personnel should ensure that desk surfaces are cleared of items at the end of the day to facilitate janitorial staff's ability to rapidly disinfect surfaces without having to remove student and teachers' possessions.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

•For disinfection, most EPA-registered household disinfectants should be effective. A list of products that are EPA approved for use against the virus that causes COVID-19 is available at:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time, etc.).

- Additionally, diluted household bleach solutions can be used if appropriate to disinfect surfaces. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleaner. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing ½ cup of bleach per one gallon of water.

- Avoid splash-less color-fast, or bleach with fragrance as those include additives that make them unsafe for food contact surfaces as some districts and schools may be using classrooms for nutrition services.

HANDWASHING AND SHARED ITEMS

- Monitor and ensure frequent and thorough hand washing, especially after handling nose and throat discharges.

- Schools should minimize shared items between students and staff.

CLOSURE OF ROOMS AND SCHOOL BUILDINGS

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

- Closure of Rooms – For any vomiting or fecal incidents in a classroom or other areas, the classroom or area shall be closed and sanitized prior to being reoccupied. During outbreaks, rooms may be closed by DHHS or the school district superintendent if cases are linked to room occupancy or if the layout of the room does not allow for adherence to CDC guidelines to control and prevent the spread of infection. In all cases, rooms must be sanitized following protocol for the specific illness.

- Closure of School Buildings – For any infectious disease, a school building may be closed as necessary to control the spread of illness throughout the school site. School buildings shall be closed under the following criteria:

- ◆ Directions from the Governor of the State of Nevada, Nevada DHHS, or determinations by the school district superintendent.

- ◆ Indeterminate or high risk of school-wide exposures to highly infectious diseases or diseases with high risk of serious illness such as COVID-19, Pertussis, or Norovirus. Schools may also be closed for uncontrolled outbreaks exceeding 30 days.

For outbreaks such as COVID-19, levels of school building closure may depend on the ability to occupy the school site at a limited occupancy and ensure the required social distancing is adhered to:

- Elementary and middle school students: minimum of three feet (3') of social distancing and six feet (6') of social distancing when feasible

- High school students and all staff: minimum of six feet (6') of social distancing

Sanitizing protocols will be implemented in sections of the school that are open during an outbreak. As a supplemental measure to sanitizing affected rooms and areas, increase of airflow is recommended and can be accomplished by opening doors and windows and changing filters in the Heating, Ventilation, and Air Conditioning (HVAC) system. If a room is closed, change all air filters in that room's HVAC system and if a building is closed, all air filters in the buildings HVAC should also be changed.

The length of closure will be determined by potential exposures as indicated by case reports and contact tracing as well as updated information from the CDC on guidelines to reduce spread. There are currently four levels of closure that apply:

- Level 1 Closure for twenty-four (24) hours is for individual cases in isolated areas, not to exceed the expected number of illnesses with COVID-19 symptoms and up to one (1) positive case per classroom or work area. Level 1 Closure will likely be extended if close contacts cannot be identified and interviewed.

- Level 2 Closure for seventy-two (72) hours is for two (2) or more positive cases in the same room or work area and individual cases in isolated areas exceeding the number of expected illnesses with COVID-19 symptoms.

- Level 3 Closure is the longest intermittent range for closure and is implemented if contact tracing and case reports do not indicate that potential spread has been controlled within seventy-two (72) hours, a very likely extension of Level 2 in the midst of the COVID-19 Pandemic.

- Level 4 Closure for an extended period will occur if an outbreak remains out of control in the school or general population. Level 4 Closure will end once an outbreak is declared over and restrictions are lifted by the State and MCCERT. Outbreaks are generally declared over by MCCERT when reports of illness are below baseline and potential for close contact spread has been resolved. Levels of closure for outbreaks other than COVID-19 may vary.

During school closure, it may be necessary for some facilities and administrative staff to occupy buildings. Such occupancy is allowable following guidelines to reduce exposure and spread of illness. Guidelines have been established by MCSD for staff returning to the school site during COVID-19. For other types of illness, guidelines would follow the risk of environmental spread. The risk of environmental exposures, to include airborne and surfaces varies among types of bacteria, viruses and other causative agents. The closure of schools will likely be followed by the suspension of athletic events and school gatherings both on and off campus to control for person-to-person spread.

DHHS-DPBH will monitor school outbreaks daily and compile the line list data daily to determine if the spread of COVID-19 is slowing or has discontinued within the school. Outbreaks will be declared over when baseline of COVID-19 illness has been achieved for two incubation periods (28 days).

COVID-19 Self-Screening Daily Tool

Have you or anyone in your household had any of these symptoms in the last 24 hours?

- New/worsening respiratory symptoms* (cough and/or shortness of breath)
 - Vomiting and/or diarrhea ∅
- Fever (temperature of >100.4°F at rest)
 - Loss of smell or taste*
- Two or more of the following symptoms:

Sore Throat	Chills
Abdominal Pain	Headache
Nasal Congestion	Fatigue
Muscle Pain	Body Aches

* New symptoms are different than symptoms of ongoing health issues such as asthma, allergies, reflux, or COPD.

If you answer YES to any of the above:

- DO NOT go to school or work
- Contact your school and/or supervisor
- Call your healthcare provider

If you answer NO to all of these:

- Go to work or school
- Continue to monitor your health (and those in the household)

If you or anyone in your household:

- Is **WAITING** for COVID-19 test results
- Is **DIAGNOSED** w/ COVID-19 by testing positive
- Is **DIAGNOSED** w/ COVID-19 by a healthcare provider but is **NOT TESTED**
- Has **SYMPTOMS** (above) has **NOT SEEN** a healthcare provider, has **NOT BEEN TESTED**, and is monitoring symptoms at home

You or someone in your household has or may have COVID-19:

- DO NOT go to school or work
- Communicate with your school and or supervisor
- COVID-19 patient must **ISOLATE** at home until recovered as defined:
 - At least 10 days has passed since the first symptom AND
 - 24 hours have passed since fever, vomiting, AND diarrhea stopped (without medication) AND other symptoms have improved
- EVERYONE IN THE HOUSEHOLD, who has not had COVID-19, must **ISOLATE** at home until:
 - The patient has recovered (see above) AND 14 days have passed since the last recovery

Have you been in close contact (within 6 feet for more than 15 minutes) **with a person who has been diagnosed with COVID-19 while the person was contagious** (48 hours before symptoms began through recovery)?

You have been exposed to COVID-19:

- Do **NOT** go to school or work
 - Communicate** with your school and or supervisor
 - You must **QUARANTINE** at home for 14 days
 - If, at any point you develop symptoms, **ISOLATE AND CALL YOUR HEALTHCARE PROVIDER**
-

MINERAL COUNTY SCHOOL DISTRICT
COVID-19 EXCLUSION OF STUDENTS AND STAFF

Controlling spread of illness:

The **exclusion** of ill MCSD students and staff members is crucial to ensure the safety, protection and wellness of the community during an outbreak. Moreover, the timeframe of exclusion depends on the specific illness and time it takes to recover. Also, the extent of exclusion depends on the illness and the amount of individuals exposed. Exclusions for COVID-19 and other commonly confirmed or suspected illnesses that have affected schools include the following during outbreaks:

1. Symptomatic or Positive COVID-19: An individual with symptoms of COVID-19 or an individual who tests positive for SARS-CoV-2 is to isolate in the home, safely separated from others in the household, 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 recovery, defined as resolution of fever without the use of fever reducing medications, and of gastrointestinal symptoms (e.g., diarrhea, vomiting); and, Other symptoms have improved.

2. Severely Immunocompromised or Critically Ill Positive COVID-19: COVID-19 cases who are severely immunocompromised or critically ill are to isolate in the home, safely separated from others in the household 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 recovery, defined as resolution of: o fever without the use of fever reducing medications, and of gastrointestinal symptoms (e.g., diarrhea, vomiting); and, Other symptoms have improved.

3. COVID-19 Household Contacts are those who live with a confirmed COVID-19 case. Household Contacts are to remain in the household, safely separated from the case during the case's in-home isolation. Household Contacts are excluded and must isolate at home for 14 days following the recovery and release of the positive COVID-19 case. Household Contacts who develop symptoms or test positive for COVID-19 must follow the exclusion and isolation of a Symptomatic and Positive COVID-19 case from symptom onset.

4. COVID-19 Close Contacts are those who spent fifteen (15) minutes or more within six (6) feet of a confirmed case when the case was considered infectious. Close Contacts are excluded for fourteen (14) days and must self-isolate for fourteen (14) days after their last exposure to the COVID-19 case. Close Contacts who are subsequently confirmed as a COVID-19 case must follow the exclusion and isolation of a COVID-19 case from first day of onset.

5. Influenza Like Illness (ILI) If case has ILI symptoms, a negative COVID-19 test, and no known contact with a COVID-19 case, case will be excluded until case is symptom free for twenty-four (24) hours without the use of fever-reducing medication. Otherwise, during the COVID-19 outbreak, ILI exclusion is the same as the COVID-19 exclusion.

6. Gastrointestinal (GI) Illness If case has GI symptoms, a negative COVID-19 test, and no known contact with a COVID-19 case, case will be excluded until case is symptom free for forty-eight (48) hours without the use of fever-reducing or antidiarrheal medication. Otherwise, due to overlap of GI symptoms with COVID-19 and Multisystem Inflammatory Syndrome in Children (MIS-C) in children during the COVID-19 outbreak, GI exclusion is the same as the COVID-19 exclusion.

7. Pertussis Exclusion will last a minimum of five (5) days after the first dose of prescribed antibiotic treatment and case is symptom free following treatment. Unvaccinated persons are excluded for twenty-one (21) days after an exposure. If the unvaccinated person chooses to be vaccinated, the exclusion will be shortened to fourteen (14) days following vaccination.

8. Other Illness Exclusions Following most recent protocols published by the CDC.

Closure of Rooms and Schools During outbreaks:

Closure of rooms and schools are sometimes necessary to reduce the risk of spread of illness. Rooms are closed on the basis of the need to sanitize and eliminate close contact exposures. If several rooms are affected in a building, the entire building may be closed. If there is substantial risk of spread of contagion or severe illness, the school may be closed. The requirement to close and extent and length of closure of a room or school depends on the specific illness and measures that must be taken to control the spread of illness and ensure the safety of students, staff, their families and the community. 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 sanitized prior to being reoccupied. During outbreaks, rooms may be closed by MCSD. 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 sanitized following protocol for the specific illness.

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, MCSD or by MCSD pursuant to the direction of the Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH) or,
- b) Indeterminate or high risk of exposures to highly infectious diseases or diseases with high risk of serious illness, such COVID-19, Pertussis or Norovirus, school-wide; and/or,
- c) Uncontrolled outbreaks exceeding thirty (30) days.

For outbreaks such as COVID-19, levels of school closure may depend on the ability to occupy the school site at a limited occupancy to provide for control measures, such as six foot (6') social distancing. Sanitizing protocols will be implemented in sections of the school that are open during an outbreak. As a supplemental measure to sanitizing affected rooms and areas, increase of airflow is recommended as can be accomplished by air handling systems and opening doors and windows.

The length of closure will be determined by potential exposures as indicated by case reports and contact tracing as well as updated information from the CDC on guidelines to reduce spread. There are currently four (4) levels of closure that apply:

- **Closure for twenty-four (24) hours to allow for sanitizing and air exchange (Level 1).**
- **Closure for seventy-two (72) hours to allow for further investigation by DHHS/DPBH and MCSD (Level 2).**
- **Closure for ninety-six (96) hours to fourteen (14) days to allow for determination of asymptomatic spread (Level 3).**
- **Closure for a period of time beyond fourteen (14) days to be determined by DHHS/DPBH and MCSD or through State Directives (Level 4).**

During the COVID-19 Pandemic and local outbreaks of COVID-19:

Level 1 Closure for twenty-four (24) hours is for individual cases in isolated areas, not to exceed the expected number of illnesses with COVID-19 symptoms and up to one (1) positive case per classroom or work area. Level 1 Closure will likely be extended if close contacts cannot be identified and interviewed.

Level 2 Closure for seventy-two (72) hours is for two (2) or more positive cases in the same room or work area and individual cases in isolated areas exceeding the number of expected illnesses with COVID-19 symptoms.

Level 3 Closure is the longest intermittent range for closure and is implemented if contact tracing and case reports do not indicate that potential spread has been controlled within seventy-two (72) hours, a very likely extension of Level 2 in the midst of the COVID-19 Pandemic.

Level 4 Closure for an extended period will occur if an outbreak remains out of control in the school or general population. Level 4 Closure will end once an outbreak is declared over and restrictions are lifted by the State and DHHS/DPBH. Outbreaks are generally declared over by DHHS/DPBH when reports of illness are below baseline and potential for close contact spread has been resolved. Levels of closure for outbreaks other than COVID-19 may vary.

During school closure, it may be necessary for some facilities and administrative staff to occupy buildings. Such occupancy is allowable following guidelines to reduce exposure and spread of illness. Guidelines have been established by MCS D for staff returning to the school site during COVID-19. For other types of illness, guidelines would follow the risk of environmental spread. The risk of environmental exposures, to include airborne and surfaces varies among types of bacteria, viruses and other causative agents. The closure of schools will likely be followed by the suspension of athletic events and school gatherings both on and off campus to control for person-to-person spread.

Communication with families and the community is crucial to ensure that they understand the reason for the closure and what is being done to address the outbreak.

Determination of Cause of Illness

Determination of cause of illness is made through matching symptoms to case definition criteria, sample results and identifying known or suspected etiology. During outbreaks, the DHHS/DPBH works as quickly as possible to identify the causative agent. Sometimes there are comorbidities during an outbreak and there may be more than one type of illness to address. Case Investigators will interview cases. Samples are collected and analyzed, if possible, to identify cause of illness. It is important that contact information is provided from MCS D to DHHS/DPBH so that interviews can be conducted, and samples collected as necessary. It is also important to understand that isolation of the causative agent, or its markers, is the most definitive form of diagnosis and identifying cause. Therefore, individuals who seek medical attention are encouraged to have specimens collected by a clinician during the visit to confirm diagnosis.

Site Sanitation during an Outbreak:

The MCS D Facilities staff has developed a sanitizing procedure to address an increase in frequency and applications during outbreaks. Procedures specifically address known or suspected cause of illness for a matter of efficacy and efficiency, both of which are important for control of spread during an outbreak. As is the case with various types of bacteria, viruses, parasites and other causative agents having different active

residence times in the environmental, there are also differences in susceptibility to sanitizers and thus inactivation.

Sanitation and control of spread of illness on buses and other transport vehicles is an essential part of comprehensive control. Sanitation of buses occurs regularly between routes and has been augmented to address the COVID-19 pandemic. Additionally, procedures are implemented on buses for public vomiting incidents (PVI) and cases of influenza like illness (ILI) or other highly infectious diseases that can be controlled in part with increased sanitation. Occupancy and seating on buses may also be modified to enhance social distancing.

E. Lifting Exclusions and Re-opening Facilities Students are cleared to return to class after specific criteria for clearance have been met. In some cases, exclusions may be lifted or shortened by DHHS/DPBH based on medical exam and negative laboratory results. The MCSD will be notified by DHHS/DPBH that the student is clear to return to school.

For exclusions administered by DHHS/DPBH, lifting of exclusion is generally followed up by a message and/or letter allowing students or staff to return to school. In all cases, it is imperative that the exclusion criteria have been followed and there is no longer risk of spread of illness from the case. When facilities reopen, consideration needs to be made for the level of reopening to occur and how to prevent future outbreaks. In some cases, cancellations of events or sports may extend beyond school or classroom closures.

Closure of Outbreaks and Summary:

When a school is closed due to outbreak, DHHS/DPBH will notify MCSD. The DHHS/DPBH will keep data of the outbreak, which includes an Epidemiology Curve (or Epi Curve). For larger outbreaks, an outbreak summary may be provided. It is important to review response to large or significant outbreaks to ensure the outbreak was handled as effectively and efficiently as possible and to plan for future responses to outbreaks. After an outbreak has concluded, reports from DHHS/DPBH and/or MCSD may be necessary, in some circumstances, to provide information to evaluate and prepare for future events.

In summary, the Outbreak Response Plan has essential components for reporting illnesses, controlling the spread of illness, and communication in MCSD schools during outbreaks. It is inclusive of tools used by DHHS/DPBH and MCSD and has been written through a collaborative effort with both entities and local clinicians. It is imperative to keep information herein updated as guidelines change. Therefore, various sections will be revised, and practices augmented to reflect the best information available at any point in time as illnesses may occur.

MINERAL COUNTY SCHOOL DISTRICT TRAINING AND TRIAGE

Reports of Illness

A. Training School Staff on Incoming Illness Reports Training of staff is an essential process with the understanding that district-wide outbreak response protocols may be in place during pandemics like COVID-19 or during other nationwide, statewide or local outbreaks that may or may not be linked to an individual school. For the individual school site, absences are typically reported by a Parent, Guardian, Staff Member or Student either by phone or electronically. Student or Staff Member may be absent for a variety of reasons. In order to control spread of illness it is important that a report of absence include whether the absence is due to illness and the specific symptoms. While the individual taking the report is not expected to diagnose any specific condition, it is expected that the symptoms are logged and it is most efficient if basic exclusion criteria can be conveyed to the person reporting at the initial point of contact. Additionally, there is no general expectation the person receiving the initial report of illness is a clinician and therefore training is a vital component for detecting a potential outbreak. Training essentially requires a plan for communication, scripts and triage of illness reports. It is within the guidelines of the Health Information Portability and Accountability Act (HIPAA) for symptom information to be requested by school staff and the only way that early detection of an outbreak can happen. For guidance, reference School Script during an Outbreak and COVID-19 Triage Note Pads and Cheat Sheets

B. Triage of Illness Reports One of the most important aspects of training that is worth highlighting is the triage of illness reports. The objective is to be able to categorize reports into types of illness consistent with reported symptoms. The first step to triage an illness report is a basic understanding of the predominate symptoms. It is usually the first clue that there may be an outbreak. Symptoms of many illnesses tend to overlap, and some illnesses are not entirely defined only by predominant symptoms. Viruses in particular may result in various maladies as noted with illnesses, such as COVID-19.

C. Isolating and Sending Home Ill Students and Staff: It is important to isolate any individual who is reported to have symptoms of illness if that individual is to remain on site for any period of time. This can be accomplished by moving the sick individual to a location that will be unoccupied during isolation, preferably in an office or room near where the individual will be exiting the school grounds. Ensure that the symptoms are logged on the illness reports for the day and that all pertinent information is filled in. Follow appropriate precautions to reduce the spread of illness to staff and students who may be in the proximity and interacting with the sick individual. Sanitize the high touch areas and any table or chair within the space occupied by the sick individual following their departure and prior to entry of the space of other students or staff. It is recommended to stagger occupancy of isolation areas by sick individuals when possible

D. Reporting Illnesses to the DHHS/DPBH When an Outbreak is suspected: it is imperative that a report is made to the DHHS/DPBH Epidemiology Program. Absentee reporting and illness database programs supplement, but do not substitute, reporting via phone and following up with emails. The WCHD will gather data and other information from MCSD during the initial contacts. Illness tracking will commence with information from MCSD and Contact Tracing to determine the progression of the outbreak and necessary sampling procedures. To expedite investigations and mitigation measures, DHHS/DPBH needs the case reports daily during an outbreak. The information will be used by DHHS/DPBH Epidemiology and Mineral County COVID Emergency Response Team (MCCERT) Staff to conduct interviews and arrange for sample collections and deliveries to the NSPHL.
