Covid-19 Case Response Rubric

9.2.2020

TDH, with TDOE, have established criteria for management of cases within schools based off low, moderate, and high levels of community spread. These determinations use the White House criteria for communicating comparative levels of risk in a state. County identification based off these criteria can be found on the TDH website by clicking the 4th tab on the data maps www.tn.gov/health/cedep/ncov/data/maps.html page. These data elements should be applied in counties to assist districts as they determine how to respond to cases within a school. They are not intended to be used to determine if a school will hold in-person instruction. In accordance with CDC and AAP guidance, most school districts will reopen in person, in order to holistically address the needs of children. The comparative risk determinations by county should be interpreted in the context of a community – there may be populations more or less at risk given how those infections occurred. Spread within a congregate living facility, for example, may or may not impact the risk of transmission to teachers, staff, and students. Given this, school districts are strongly advised to contact their local health departments for consultation as they are making these decisions. TDH and TDOE appreciate the strong relationship between local school districts and public health officers and recognize that regular communication is essential in decision making for districts and schools.”

This rubric consists of three main tables that are based first upon low, moderate, and high community spread. Tables should be read left to right, as guidance is also based upon the number of cases identified and the circumstances surrounding those cases.

How to use this tool:

- Read the rubric from left to right, moving from the “Community Spread” column on the left through the number of cases, circumstances, and actions

Definitions:

- **Isolation** is used to keep an individual who has been infected with SARS-CoV-2 away from people who are not infected in order to slow the spread of the disease. Individuals who have been diagnosed with COVID-19 or who have symptoms of COVID-19 are to self-isolate for a period of at least 10 days from the onset of their symptoms or, if they never developed symptoms, from the date their positive test was collected. Additionally, the individual must be free of fever (without fever reducing medications) and must have improvement of COVID-19 symptoms for at least 24 hours before leaving isolation. Note: individuals who were severely ill with COVID-19 or who are immunocompromised may be required to isolate for up to 20 days per CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html
  - **Isolation** means staying home and staying away from people.
    - Isolated individuals should not leave home except to seek emergency medical attention.
- If an individual in isolation must leave home, they should wear a cloth face covering or mask, remain at least six feet from others and, if seeking medical care, notify the facility prior to their arrival that they are currently in isolation for COVID-19.
- Students and staff who are in isolation are **not to be present on school property** until the period of isolation has elapsed.
- **Isolation is not optional** and may be formally ordered by the Department of Health if instructions are not followed.

- **Quarantine** is used to keep close contacts (within six feet of someone who has been diagnosed with COVID-19 for 15 or more minutes) of infected individuals away from people who have not been exposed in order to slow the spread of the disease. Individuals who have been exposed may become infectious at any time within 14 days of their last exposure to an individual with COVID-19. Note: Household contacts of COVID-19 positive individuals may be required to quarantine for a longer period of time, depending upon the circumstances. Consult CDC guidance for detailed guidance for quarantine of household contacts of COVID-19 positive individuals: [https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html)
  - **Quarantine** means staying home and staying away from people.
    - Isolated individuals should not leave home except to seek emergency medical attention.
    - If an individual in quarantine must leave home, they should wear a cloth face covering or mask, remain at least six feet from others and, if seeking medical care, notify the facility prior to their arrival that they are currently in quarantine for COVID-19.
    - **Quarantine is not optional** and may be formally ordered by the Department of Health if instructions are not followed.

- **Cohorting** refers to the placement of students or staff into small groups that remain together over a time. For example, rather than students in a classroom of 20 being able to mix throughout the day, teachers could consider subdividing the class into smaller groups of students, perhaps four groups of five students, that would sit together and participate in activities together, rather than mixing randomly with larger group. In this way, if one of the students become infected with the virus, only the smaller group of contacts would require quarantine. Similarly, teachers might cohort by limiting close contact to those who teach in the same grade, have classrooms in the same hallway, or teach in the same department.

- **Identification of Contacts (contact tracing)** refers to the process through which the close contacts of an individual who has been diagnosed with COVID-19 are identified and instructed to quarantine. As it is critical that contacts are identified and excluded from school as quickly as possible to prevent further spread of the virus, schools are asked to put procedures in place that will allow for school staff to quickly complete that identification.
  - All classes are encouraged to have **assigned seating** to facilitate the rapid identification of contacts should the school become aware of an infectious individual.
Schools are encouraged to have a central location (central office, shared online site, etc) where ALL seating charts are kept. When the school is notified of an infected individual, a designated staff member pulls the student’s class schedule, pulls the seating charts for those classes, and notifies the parents of the students who are seated within six feet of that individual of their exposure to COVID-19. Those contacts are to quarantine for 14 days from the time of their last contact with the infected individual and are not to be present on school property until that time has passed.

- **Cleaning and disinfecting** refers to the wiping of surfaces with cleaning and disinfecting products per guidelines established by the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA). These guidelines may be found here: [https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)
  - It is recommended that staff wait 24 hours from the time of exposure to clean and disinfect affected areas.
  - If it has been more than seven days since the infected individual was present, no additional cleaning or disinfecting is necessary.

- **Closures** may occur on a classroom, hallway, grade, wing, or building level, depending upon the extent of an outbreak and its associated contacts.
  - Short-term closures of 24h or a few days may be necessary in order for a school to have the time to adequately identify contacts of an infected individual and exclude them from school for a 14-day quarantine period.
  - A 14-day period of closure may be necessary when contacts cannot be identified and/or there is concern for widespread exposure of students and/or staff. In this case, the 14-day period allows for all students and staff to be out of the school for a full incubation period, thereby helping to stop the spread of infection throughout the school.

**Resources**

- **Public Health** plays a critical role in the identification of individuals who have been infected with communicable diseases and in the tracing of their exposed contacts. The rapidity and degree of spread of the COVID-19 pandemic has severely impaired the ability of county, regional, and state public health to perform contact tracing and monitoring.
  - To assist with capacity, school districts are asked to identify one individual who will contact the local health department with reports of positive cases and requests for assistance. Please ask schools to report their concerns to the district, rather than individually contacting the local or regional health department.
  - If schools are to be able to continue in-person learning, schools will need to be prepared to identify and exclude from school those individuals who have had close contact with an infectious person.
School administrators should notify county public health if they learn of a COVID-19 positive individual in the school.

District superintendents are urged to include county, regional, or state public health officials in any conversations around district-level closure.
Additional Resources:
Tennessee Department of Health Coronavirus Information Page:
https://www.tn.gov/health/cedep/ncov.html

Tennessee Department of Health Resources for Education:
https://www.tn.gov/health/cedep/ncov/educational-orgs.html

Governor’s Office Coronavirus Information Page:

Tennessee Department of Education Home Page:
https://www.tn.gov/education

American Academy of Pediatrics Interim Guidance on School Re-Entry
https://www.aappublications.org/news/2020/06/26/schoolreopening062620

American Academy of Pediatrics Coronavirus Resources:
https://www.aappublications.org/cc/covid-19

Centers for Disease Control and Prevention Coronavirus Resources for Childcare, Schools and Youth Programs:
School District Decision-Making Protocol for Responses to Multiple Cases

PREVENTION MEASURES EXPECTED in ALL SITUATIONS:
- Cloth face coverings
- Social distancing
- Hand hygiene
- Cohort students & staff into small groups that remain together over time as much as possible

District representatives should contact local health department for guidance, as needed. School & District Action Teams should be formed to serve as the initial response command unit should a positive case of COVID-19 be identified within a school community. The action teams will collaborate with local health authorities to ensure coordinated response and communication efforts.

For EVERY identified case

Has individual been in the BUILDING or at school activities since 48h prior to onset of symptoms?

YES

Can all contacts be easily traced?

YES

Venn Diagram:
- LOW
  - Close CLASSROOM 24h for cleaning & until school has identified close contacts.
  - Exclude contacts from the building for 14d
  - Reinforce prevention measures
  - Reopen CLASSROOM
    - Restrict events & gatherings
- MODERATE
  - Close CLASSROOM 24h for cleaning & until school has identified close contacts.
  - Exclude contacts from the building for 14d
  - Reinforce prevention measures
  - Reopen CLASSROOM
    - Restrict events & gatherings
- HIGH
  - Close CLASSROOM 24h for cleaning & until school has identified close contacts.
  - Exclude contacts from the building for 14d
  - Reinforce prevention measures
  - Reopen CLASSROOM
    - NO events & gatherings
    - Reduce students/staff present at the same time

District contacts local health dept to assist with tracing contacts.
Ensure contacts do not return to the building for 14 days from the last exposure.

Outside of state, county, or local executive order, district-wide closures should occur under only the most extreme circumstances. The use of “percent active cases” as a sole determinant of district-wide closure is strongly discouraged. Every effort should be made to make school-level decisions that allow schools that are not impacted by active cases to conduct in-person instruction at some level. District administrators are strongly encouraged to include local, regional, and/or state public health officials in any discussions regarding district closure.
### School District Decision-Making Protocol for Responses to Multiple Cases

**PREVENTION MEASURES EXPECTED in ALL SITUATIONS:**
- Cloth face coverings
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- Cohort students & staff into small groups that remain together over time as much as possible

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### SPECIFIC STEPS if community spread is:

<table>
<thead>
<tr>
<th>LOW</th>
<th>MODERATE</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to “For Every Identified Case.”</td>
<td>See section for management of increasing number of cases within 14 days.</td>
<td>See section for management of increasing number of cases within 14 days.</td>
</tr>
<tr>
<td></td>
<td>Refer to “For Every Identified Case.”</td>
<td>Continue with current plan.</td>
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<tr>
<td></td>
<td>May need to consider 14 day CLOSURE of a section of hallway, grade or the entire building depending upon degree of involvement.</td>
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</tr>
<tr>
<td></td>
<td>If exposure is widespread, consider partial or complete building closure for 14 days.</td>
<td>Seriously consider 14 day CLOSURE of a section of hallway, grade or the entire building depending upon degree of involvement.</td>
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<tr>
<td></td>
<td>Seriously consider 14-day BUILDING closure if extensive exposure.</td>
<td>Minimum 14-day BUILDING closure unless circumstances dictate otherwise.</td>
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</table>

**For two or more unlinked cases**
- no common classes, close friends, teammates

**Two or more linked cases within 14 days**
- common classmates, friend group, teammates, etc (excludes siblings)

- Are cases within a physical CLASSROOM space or relatively confined area?
- Can all contacts be easily traced?

- Confident that contacts have been identified?

### Increasing number of cases identified within 14 days

Outside of state, county, or local executive order, district-wide closures should occur under only the most extreme circumstances. The use of “percent active cases” as a sole determinant of district-wide closure is strongly discouraged. Every effort should be made to make school-level decisions that allow schools that are not impacted by active cases to conduct in-person instruction at some level. District administrators are strongly encouraged to include local, regional, and/or state public health officials in any discussions regarding district closure.