Tennessee Department of Health

Emergency Preparedness Program

**Infectious Disease**

**Practice Scenario for Local Education Agencies**

**Facilitator Manual**



Coronavirus Disease

March 5, 2020



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# Introduction

# Goal

This document is designed to assist in conducting a practice scenario to improve preparedness for building infrastructure and staff capacity of local education agencies (LEAs) for a novel virus outbreak response.

# Objectives

* Improve preparedness for a response to a student or staff member infected with novel coronavirus (COVID-19) presenting at an LEA.
* Evaluate the agency’s capability to safely identify and effectively isolate a symptomatic student or staff member.
* Assess the internal and external notification and communications processes.
* Assess training and emergency preparedness plans for LEAs.
* Assess planning for special considerations such as how to manage an ill student at school and developing an LEA policy for managing symptomatic students at home.
* Identify the thresholds for LEA dismissals or closures.
* Discuss the capabilities and capacities to address a novel virus outbreak event that may disrupt normal LEA procedures and activities (potentially for an extended period of time).

**Critical Planning Considerations**

* + Timely recognition and isolation
	+ Personal protective equipment use
	+ Protection of teachers, staff, students, and visitors
	+ Proper reporting to the Tennessee Department of Health and Tennessee Department of Education
	+ Information management, both internal and external
	+ Surveillance, contact tracing, and movement monitoring
	+ Maintaining normal or alternative LEA operations
	+ Laboratory services coordination
	+ Environmental and waste management
	+ Student transportation
	+ Impact of LEA dismissal or closure on the community

# Overview

COVID-19 is a respiratory disease in humans caused by a novel (new) coronavirus that was first detected in China and which has now been detected in numerous locations internationally, including in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”). In most infected individuals, symptoms of COVID-19 are mild, but in some this infection may cause serious complications, including death.

# Scope

This practice scenario is based on an infectious disease outbreak of COVID-19 in a LEA. The scenario includes the following:

* Educational Systems Preparedness, Response, and Recovery
	+ Information-sharing
	+ Protective Actions
		- Isolation of ill students or staff
		- Social distancing

## Participants

**Players:** Players respond to the situation presented, based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.

**Facilitators:** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions, as required.

**Observers:** Observers support the group in developing responses to the situation during the discussion; they are not participants in the moderated discussion period; however, they may enhance the discussion by asking relevant questions or providing subject matter expertise.

**Evaluators:** Evaluators evaluate and provide feedback on designated elements of the scenario and assess and document participants’ performance against evaluation criteria.

## Practice Scenario Structure

This activity will be conducted as a practice scenario using numerous facilitators. Initially, baseline information will be presented to all participants at the same time. Discussions will be open to all participants within their assigned group. Breakout sessions could be used to allow selected participants to work on specific issues that may not require or benefit the group as a whole.

The practice scenario will be presented in three modules. Each module begins with a description that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in functional group discussions of appropriate responses.

After the discussions, participants will engage in a discussion in which a spokesperson from each group will present their identified actions based on the scenario.

## Guidelines

* This practice scenario will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
* Discussions are predicated on the basis of your knowledge of current plans and capabilities and insights derived from your training and experience.
* This practice scenario is intended to be a learning environment for all participants. It is expected that experienced staff will share their knowledge and guide discussions.
* Discussion outcomes may serve to inform process/flow enhancements or changes as appropriate to improve the efficiency and effectiveness of information management and dissemination.

## Assumptions and Artificialities

In any practice scenario, assumptions and artificialities may be necessary to complete play in the time allotted. During this practice scenario, the following apply:

* The scenario is plausible, and event discussions occur as they are presented.
* There is no hidden agenda, and there are no trick questions.

All players receive information at the same time.

## Evaluation

Evaluations provide an objective assessment of the participants’ discussions. The goal of evaluation is to validate strengths and identify opportunities for improvement among participating organizations. Evaluations help to identify ways to build on strengths and improve capability. Your evaluation of this practice scenario will help to improve local and system operations plans and clarify roles and responsibilities.

This practice scenario focuses on the adequacy of, and familiarity with, the jurisdiction’s plans, policies, procedures, resources, and interagency/inter-jurisdictional relationships that support the performance of critical tasks required to respond to a novel virus outbreak.

During the practice scenario, discussions and issues should be noted. These issues will then be reviewed during the hot wash. Lessons learned during the exercise will allow participants to update their current response plans and strategies as needed.

# COVID-19 Background

Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV.  All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir.

Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside Hubei and in countries outside China, including in the United States. There is apparent community spread with the virus that causes COVID-19, meaning some people have been infected who are not sure how or where they became infected.

Outbreaks of novel virus infections among people are always of public health concern. The risk from these outbreaks depends on characteristics of the virus, including how well it spreads between people, the severity of resulting illness, and the medical or other measures available to control the impact of the virus (for example, vaccine or treatment medications). The fact that this disease has caused illness, including illness resulting in death, and sustained person-to-person spread is concerning. These factors meet two of the criteria of a pandemic. As community spread is detected in more and more countries, the world moves closer toward meeting the third criteria, worldwide spread of the new virus.

# Module 1: No Identified COVID-19 Cases in the Community

Based on the information provided, participate in the discussion concerning the issues raised in the following modules. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The questions are provided as suggested topics that you may wish to address as the discussion progresses. The questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Use [CDC’s COVID-19 Guidance for Schools](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html) and your system and school emergency operations plans (EOPs) to respond to the questions.

**Scenario (estimated time: 45 minutes)**

**March 16, 2020**

Earlier today, the first day back at spring break, public health has announced that COVID-19 is present in the state and in a neighboring county but has not been found in your community.

**Facilitator notes in red.**

*Note: Page numbers in the facilitator manual may not correspond to the participant situation manual.*

**Module 1 Questions:**

1. Does the school’s Emergency Operations Plan (EOP) address highly infectious diseases? If so does it include strategies to reduce the spread of a wide variety of infectious diseases, such as seasonal influenza? (Consider having the EOP available for review bookmarking the areas of concern for the exercise and identifying language that requires updates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What are some common sense preventive actions that can be taken by the school? (Stay out of class when ill, hand washing, hand sanitizer stations, messaging to parents and campus) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How does your school ensure and encourage proper handwashing strategies? (Regular communication to students and practicing it regularly and Prevention posters available at: <https://www.tn.gov/health/cedep/ncov.html>)
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4. How can your school share resources about how to prevent the spread of an infectious disease? (Consider community, family, staff, school administrators, etc.)
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5. Local health officials are a key partner in information-sharing and response to an infectious disease. Who are your local health officials? (Local health departments locations: <https://www.tn.gov/health/health-program-areas/localdepartments.html>)

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1. What are the procedures for notifying public health in the event of a suspected infectious disease outbreak? (Local health departments locations: <https://www.tn.gov/health/health-program-areas/localdepartments.html>)

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1. What are the procedures to monitor and plan for absenteeism at the school and district level? (Consider substitute teachers, cafeteria staff, bus drivers, etc.)

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1. What are the procedures for dealing with students or staff that are sick at school? (How do you keep sick students or staff away from well people? Monitor usual absenteeism patterns and develop processes for faculty to report noticeable changes in absenteeism. Alert local public health of large increases in absenteeism.)

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1. What are the policies for routine environmental disinfection and cleaning? (What is the frequency of cleaning and what products are you using?)

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# Module 2: Identified Cases of COVID-19 in the Community

**Scenario (estimated time: 30 minutes)**

**March 16, 2020**

Public health has announced that COVID-19 is present in your community.

Earlier today, the first day back from spring break, a 9 year old student presented to the school nurse. She has a fever (101.5), runny nose, cough and shortness of breath. The nurse contacted the student’s mother who believes that she and her family were exposed to a “strep throat bug” during their travel back to the United States.

Upon arriving at the school, the mother informs the nurse that she and her 9 year old daughter have just returned from a tour of Northern Italy.

**Module 2 Questions:**

1. With COVID-19 in the local community what steps have been taken to identify symptomatic students? (How do you identify sick students on a regular basis? How do you communication with local health officials?)

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1. What steps should be taken by the nurse to isolate the ill student? (Consider appropriate PPE, mask the student, move student to a separate room with a door)
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**Module 2a: Suspected COVID-19 Case in School**

**Scenario**

**March 16, 2020**

The school nurse suspects COVID-19 infection and alerts the school principal.

1. Who should the school first contact to discuss the situation? (The first contact should be local health officials; Local health departments locations: <https://www.tn.gov/health/health-program-areas/localdepartments.html>)

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1. How would your school address the potential exposure of other students or staff from the ill student? (What would your messaging strategy be and who else would you engage?)

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1. What steps might the school take if the student is **confirmed** as a COVID-19 case? (Does your EOP share any specific actions that should be taken?)

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1. Is additional cleaning of the school necessary? (If yes, how would this be accomplished?)

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# Module 3: Confirmed COVID-19 Case in School

**Scenario (estimated time: 40 minutes)**

**March 17, 2020**

In an effort to slow the further spread of COVID-19 in the school and community, administrators are discussing dismissing schools and cancelling the weekend basketball tournament.

1. Who should be involved in deciding to dismiss school(s)? (Schools should coordinate with local health officials for guidance)

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1. What factors should be considered when deciding to dismiss school or cancel large events? (Consider the duration, social factors, and nutrition. What is the impact of cancelling sporting events and extracurricular activities?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the plan to communicate with families and the community about dismissal and cancellation of large events? What key messages should be emphasized? (Consider discouraging gatherings e.g., local shopping malls, friend’s houses, etc.)

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1. If school is dismissed, how can you ensure continuity of education? (Review continuity plans, consider digital and distance learning options and special impact on graduating seniors)

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1. If school is dismissed, how can you ensure continuity of meal programs? (Consider meal delivery alternatives, transportation, extending weekend backpack nutrition programs, collaborating with faith-based and other community partners.)

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1. If school is dismissed, what alternatives might there be for providing essential medical and social services? (Consider after-school care, students with specialized medical needs, etc.)

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1. What factors should local health and school administrators consider when determining when students and staff should return to school? (What about students and staff who are well but sharing a home with a confirmed case of COVID-19?)

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1. What are other issues that should be discussed at this time?

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# Hotwash

The purpose of a hotwash is to simply **identify** issues, not to immediately address items that require future follow-up. Conduct a hotwash to identify issues brought up during this practice scenario.

**After Action**

Provide after action improvement ideas to your school safety team.

# References

Resources for K-12 Schools and Childcare Programs

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

For the most up-to-date COVID-19 outbreak information, visit:

CDC <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

TDH <https://www.tn.gov/health/cedep/ncov.html>

# Guidance for schools with identified cases of COVID-19 in their community

If local health officials report that there are cases of COVID-19 in the community, schools may need to take additional steps in **response** to prevent spread in the school. The first step for schools in this situation is to talk with local health officials. The guidance provided here is based on current knowledge of COVID-19. As additional information becomes available about the virus, how it spreads, and how severe it is, this guidance may be updated. Administrators are encouraged to work closely with local health officials to determine a course of action for their childcare programs or schools.

**Determine if, when, and for how long childcare programs or schools may need to be dismissed.**

Temporarily dismissing childcare programs and K-12 schools is a strategy to stop or slow the further spread of COVID-19 in communities. During school dismissals, childcare programs and schools may stay open for staff members (unless ill) while students stay home. Keeping facilities open a) allows teachers to develop and deliver lessons and materials remotely, thus maintaining continuity of teaching and learning; and b) allows other staff members to continue to provide services and help with additional response efforts.

Childcare and school administrators should work in close collaboration and coordination with local health officials to make dismissal and large event cancellation decisions. Schools are not expected to make decisions about dismissal or canceling events on their own. Schools can seek specific guidance from local health officials to determine if, when, and for how long to take these steps. Large event cancellations or school dismissals may be recommended for 14 days, or possibly longer if advised by local health officials. The nature of these actions (e.g., geographic scope, duration) may change as the local outbreak situation evolves.

**If an ill student or staff member attended school prior to being confirmed as a COVID-19 case:**

* **Local health officials may recommend temporary school dismissals if a student or staff member attended school prior to being confirmed as a COVID-19 case.** Local health officials’ recommendations for the scope (e.g., a single school, a full district) and duration of school dismissals will be made on a case-by-case basis based on the most up-to-date information about COVID-19 and the specific cases in the impacted community.
* **Schools should work with the local health department and other relevant leadership to communicate the possible COVID-19 exposure**. This communication to the school community should align with the communication plan in the school’s emergency operations plan. In such a circumstance, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.
* **If a student or staff member has been identified with COVID-19, school and program administrators should seek guidance from local health officials to determine when students and staff should return to schools and what additional steps are needed for the school community.** In addition, students and staff who are well but are taking care of or share a home with someone with a case of COVID-19 should follow instructions from local health officials to determine when to return to school.

**If schools are dismissed, schools can consider the following steps:**

* **Temporarily cancel extracurricular group activities and large events.**
	+ Cancel or postpone events such as after-school assemblies and pep rallies, field trips, and sporting events.
* **Discourage students and staff from gathering or socializing anywhere.**
	+ Discourage gatherings at places like a friend’s house, a favorite restaurant, or the local shopping mall.
* **Ensure continuity of education.**
	+ Review continuity plans, including plans for the continuity of teaching and learning. Implement e-learning plans, including digital and distance learning options as feasible and appropriate.
	+ Determine, in consultation with school district officials or other relevant state or local partners:
		- If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding;
		- How to convert face-to-face lessons into online lessons and how to train teachers to do so;
		- How to triage technical issues if faced with limited IT support and staff;
		- How to encourage appropriate adult supervision while children are using distance learning approaches; and
		- How to deal with the potential lack of students’ access to computers and the Internet at home.
	+ **Ensure continuity of meal programs.**
		- Consider ways to distribute food to students.
		- If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as “grab-and-go” bagged lunches or meal delivery.
	+ **Consider alternatives for providing essential medical and social services for students.**
		- Continue providing necessary services for children with special healthcare needs, or work with the state *Title V Children and Youth with Special Health Care Needs (CYSHCN) Program*.