

# COVID-19 CONTACT TRACING: RECOMMENDATIONS FOR K-12

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# OBJECTIVES

- Understand the State of Connecticut's overall contact tracing strategy
- Describe the roles and responsibilities of schools and public health related to contact tracing
- Identify the triggers to initiate contact tracing in a K-12 setting
- Determine what information is needed to effectively conduct contact tracing in schools
- Empower schools and local health departments (LHDs) to make decisions that balance epidemiology and local decision making

# DEFINITIONS



## A CASE

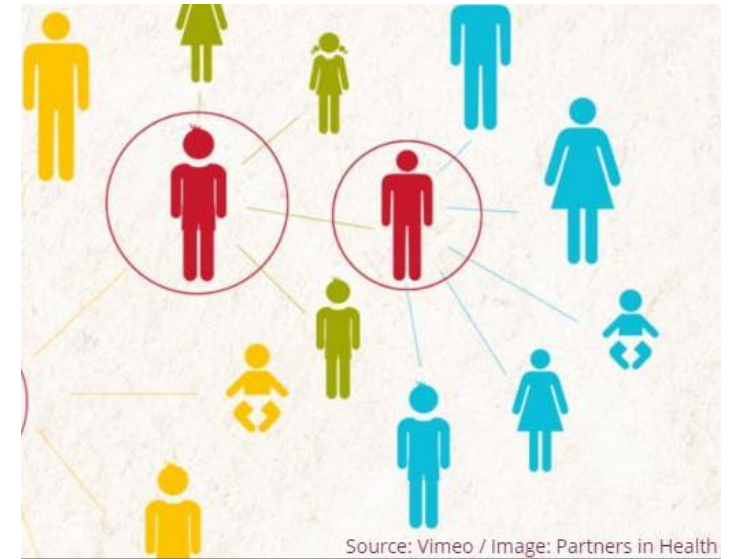
An individual who tests positive for SARS-CoV-2 by:

-PCR

-Antigen Test

## A CONTACT

- A person who is exposed to a case.
- Exposure:
  - Spending 15 minutes or more within 6 feet of a case
  - Direct exposure



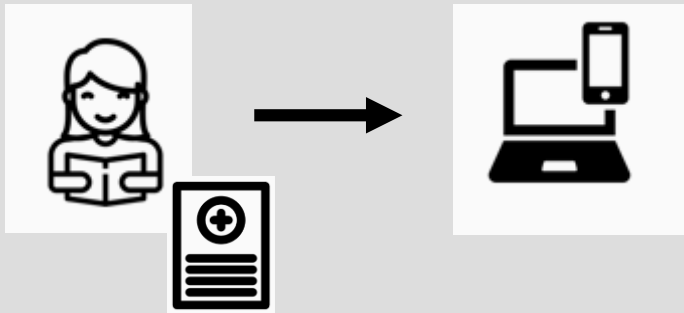
# CONTACT TRACING OVERVIEW

# CONTACT TRACING



Positive  
test

# CONTACT TRACING



Positive  
test

Case  
reported



# CONTACT TRACING

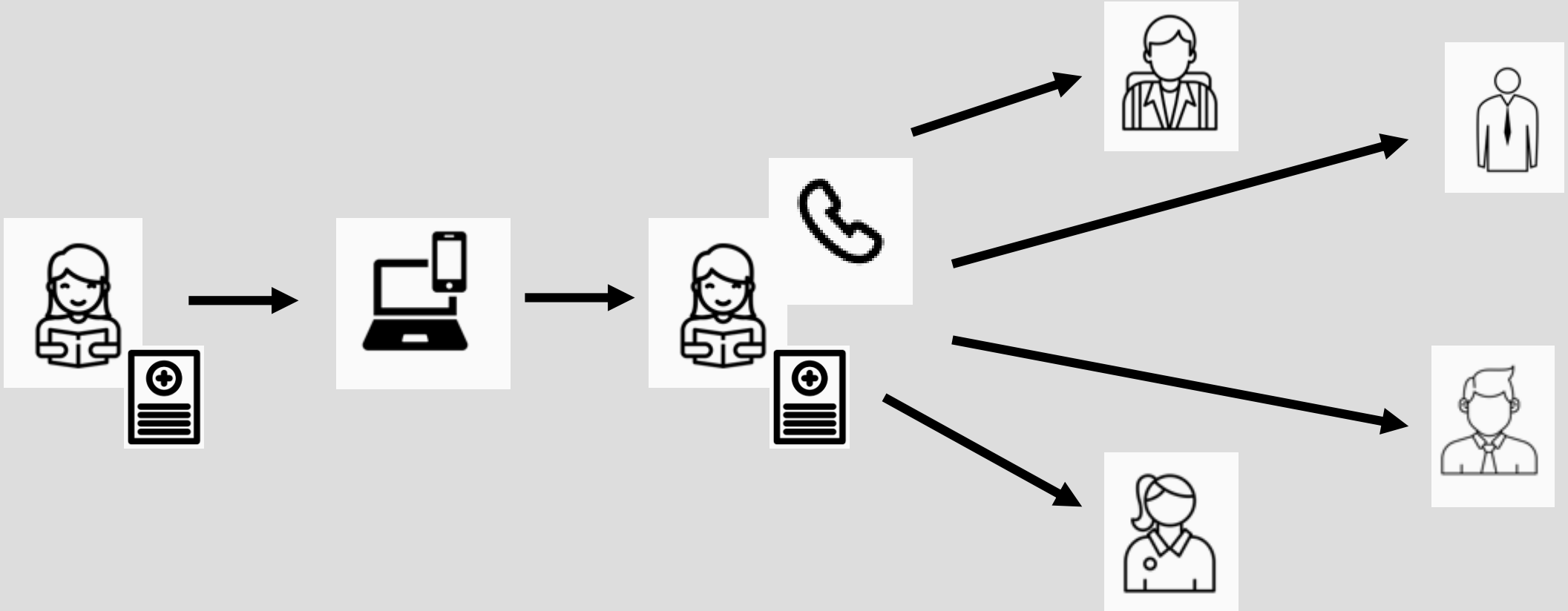


Positive  
test

Case  
reported

Case  
interviewed

# CONTACT TRACING



Positive  
test

Case  
reported

Case  
interviewed

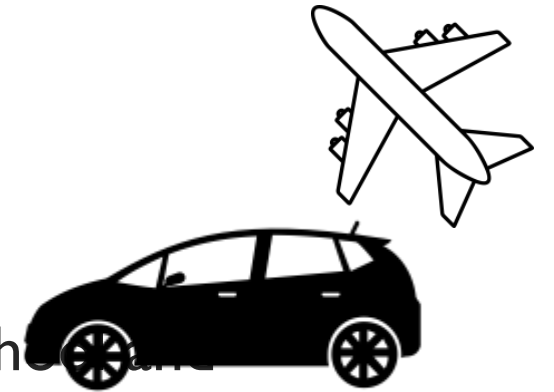
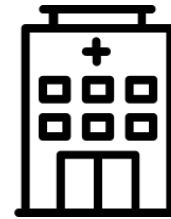
Contacts  
notified

- Your school will not need to use ContaCT to manage school-based exposures
  - Please discuss what specific information your LHD needs related to school based exposures
- Contact tracers will interview all cases, including school-aged children\*
  - Children will be asked what school they attend
  - This information will be shared with LHDs via ContaCT
- Students, teachers, and staff may be identified as contacts and asked to self-quarantine for exposures outside of school



## WHO NEEDS TO QUARANTINE

Anyone with a known contact to a case. May be identified in many ways:



Anyone who is asked to quarantine cannot go to school and should stay home for 14 days after their last known exposure. They should stay away from others and use a separate bedroom/bathroom if possible.

# CONSIDERATIONS FOR K-12 SETTINGS

DON'T PANIC



Make a plan



Have templates ready



Know who to call



Take care of  
immediate health  
needs

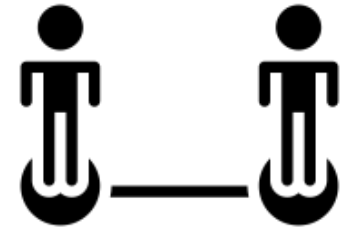
# MITIGATION STRATEGIES



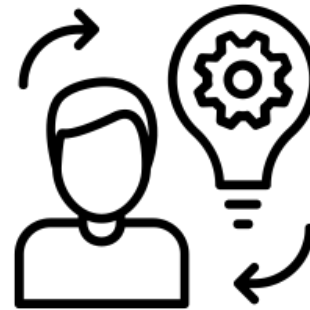
Face coverings/  
ventilation



Disinfection



Social  
Distancing



Process  
Changes



Cohorting

## ASSESSING WHETHER EXPOSURES OCCURRED AT SCHOOL

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 Infectious*	5 Infectious*	6 Case Onset*	7 Infectious*
8 Infectious*	9 School notified of + result	10	11	12	13	14

\*A case is considered infectious for 2 days before their symptom onset until at least 10 days afterwards. They must also be fever free for at least 24 hours without fever-reducing medications and have an improvement in other symptoms. If a case is asymptomatic, specimen collection date should be used to evaluate the infectious window.

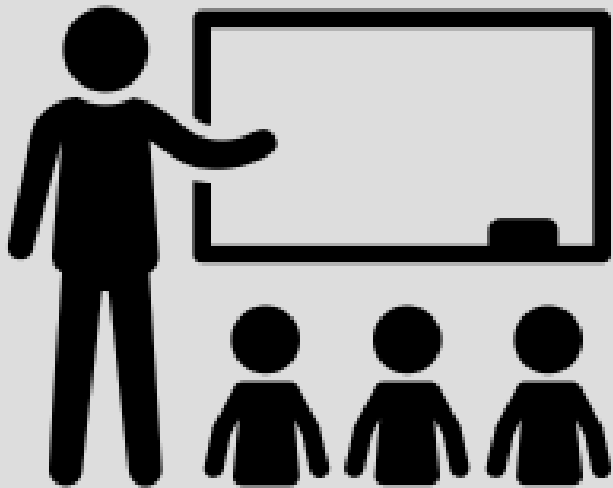


## ASSESSING WHETHER EXPOSURES OCCURRED AT SCHOOL

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7 Infectious*
8 Infectious*	9 Case Onset* (home)	10 School notified of + result	11	12	13	14

\* A case is considered infectious for 2 days before their symptom onset until at least 10 days afterwards. They must also be fever free for at least 24 hours without fever-reducing medications and have an improvement in other symptoms. If a case is asymptomatic, specimen collection date should be used to evaluate the infectious window.

# SCHOOL-RELATED EXPOSURE



## IDENTIFYING EXPOSED INDIVIDUALS

What specific exposures occurred on the days an individual was in school while infectious?

Were these exposures confined to limited spaces? (e.g. a single class room, bus, etc.)

Were control measures in place to mitigate exposure in these settings?

Is it feasible to identify exposed individuals or are wider exclusions needed to review transmission?

# COMMUNICATION

LHD

Notify your LHD ASAP

School

Follow chain-of-command in your school

Parents

Send out messaging to parents/staff

Public

Be prepared to deal with media inquiries

# SCENARIOS

# THE COVID-19 CALL OUT

## Step 1: Confirm the diagnosis

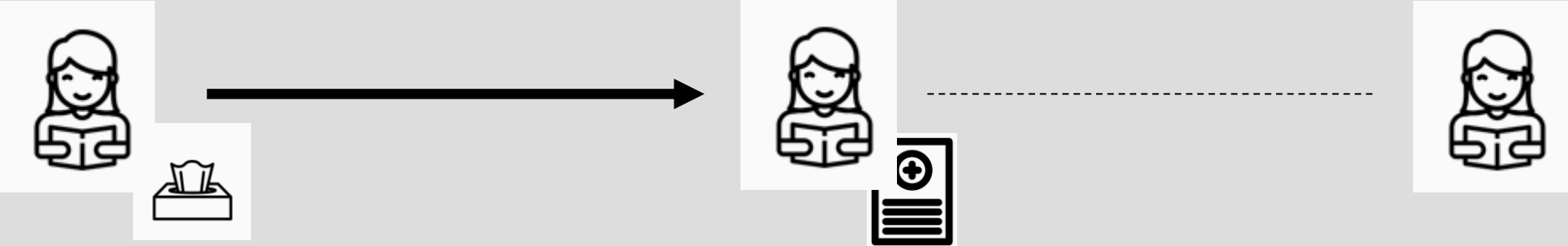
Collect the following information:

- Name
- Date of Birth
- Date of symptom onset
- Was lab testing done?
  - If yes, where?
  - Can the parent send you a copy of a lab result?
  - Who is the ordering provider?
  - Date of specimen collection
- Last date in school

## Step 2: Notify your LHD



# THE SIBLING DILEMMA



## Sick Child

If a student is sick but has not been diagnosed with COVID-19, their siblings do not need to be excluded from school

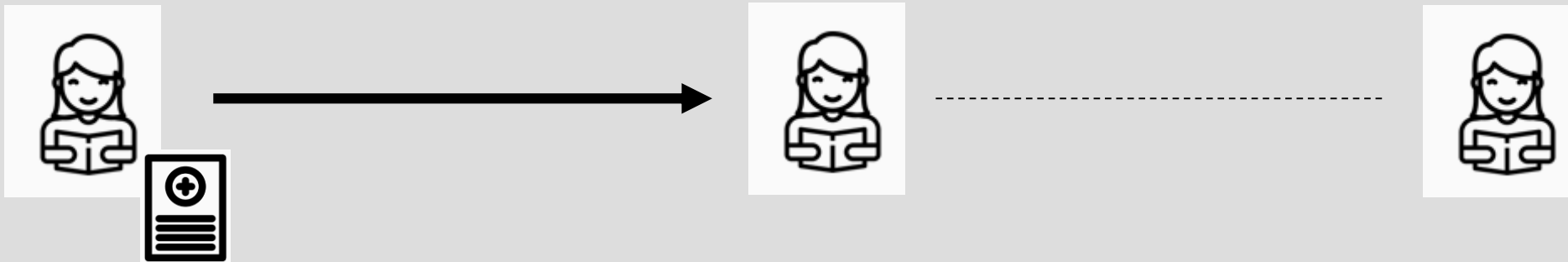
## Case

If a student is a case, their siblings will need to self-quarantine for 14 days after their last known exposure.

## Contact

If a student is a contact, their siblings do not need to be excluded from school; the siblings only would need to exclude if they have direct contact with a case.

“A CONTACT OF A CONTACT IS NOT A CONTACT”



### Case

Self-isolate until no longer infectious\*

### Contact

Self-quarantine for 14 days after last known exposure

### Contact of a contact

No public health recommendation

\* A case is considered infectious for 2 days before their symptom onset until at least 10 days afterwards. They must also be fever free for at least 24 hours without fever-reducing medications and have an improvement in other symptoms. If a case is asymptomatic, specimen collection date should be used to evaluate the infectious window.



# SHOULD WE SHUT DOWN?

- School closures may occur on a case-by-case basis, in consultation with your local health department
  - Less restrictive interventions such as excluding close contacts or classrooms is preferred, when feasible
  - Widespread community transmission may prompt statewide or local closure advisories
  - Indication of widespread transmission in a school may require school closure to control localized outbreaks
  - Need time to assess appropriate public health control measures
  - Large number of cases/contacts in a school make in-person learning infeasible



# THE LOCAL HEALTH PERSPECTIVE

QUESTIONS???

## Connecticut Department of Public Health

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- Dr. Lynn Sosa, MD
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  - Occupational Health Program Director

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- Russell Melmed, MPH
  - Director of Health