SCHOOL YEAR
2020-21

QSI
INTERNATIONAL
SCHOOL
OF YEREVAN

COVID-19 & CONTACT TRACING PROCEDURES

INTRO

As we approach the start of the school year during a global pandemic, it is very important that we share some of the guidelines and procedures that we will use to keep our school students and staff safe.

As we have learned over the last few months, nature of this particular virus means that prevention must go hand-in-hand with containment. QSIY will start the 2020-21 school year with three goals:

- To have in place all preventive measures possible
- To act quickly to identify and address any possible COVID cases
- To follow up, via contact tracing, to contain any potential spread in the school community

The success of these plans is dependent on the engagement and support of all in the community. Just as QSIY will do its best to share any information it can, we ask that the community do the same.

Thank you very much for your support. If we work together I am very confident that we will have a successful and healthy 2020-21 school year.

Jeremy Simms
Director

NOTE:

Trust is a major part of the steps built into the program QSIY will use to keep students and staff healthy. You can trust that we will act quickly to address any health concerns. Likewise, the school staff and leadership trust that all families and students will act in a way that will keep themselves and others safe.

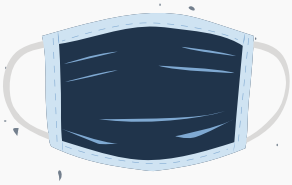
You can also trust that the school will keep all medical information strictly confidential. Beyond any reporting required by law, medical information will be used by medical personnel.

2020-2021

PREVENTION

Temperature Checks

All students and staff will have their temperature checked upon entering campus. Staff will have their temperature checked an additional time each afternoon per Armenian Ministry of Health guidelines.



Masks

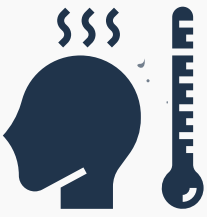
Everyone in the school building is required to properly wear a mask. Masks may be removed outside only when in class and approved by a teacher when students properly distanced.

Social Distancing

Students and staff will be expected to safely distance themselves (exceeding 1.5 meters) from one another at all times. Markers and floor decals will help guide social distancing.

Hand Washing

Students will be instructed and expected to follow proper handwashing procedures at all times.



Symptoms at Home

If a child appears to have symptoms at home the child must be kept at home. Parents should inform the school immediately. The school nurse will provide guidance as to when the student can return to school.

DEFINITIONS

Symptoms of COVID-19

From the World Health Organization:

COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness and recover without hospitalization.

Most common symptoms:

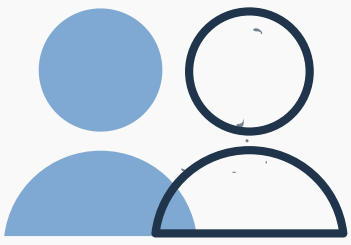
- fever.
- dry cough.
- tiredness.

Less common symptoms:

- aches and pains.
- sore throat.
- diarrhoea..
- headache.
- loss of taste or smell.
- a rash on skin,
- discolouration of fingers or toes.

Serious symptoms:

- difficulty breathing
- shortness of breath.
- chest pain or pressure.
- loss of speech or movement.



Close Contact

From the US CDC:

A close contact is any individual within 6 feet of an infected person for at least 15 minutes) of confirmed or potential COVID-19 cases.

2020-2021

SYMPTOMS ON CAMPUS: STUDENTS

If a student reports or shows possible COVID-19 symptoms:

The child of concern will be sent to isolation room for immediate evaluation by the school nurse If evaluation determines that child is at risk, the school will:

- Make arrangements for the child to return home and, if necessary, support family in scheduling COVID test
- Move rest of class to a separate location. Class will not have contact with any other student or staff members
- Contact parents/guardians of all children will be and transport arrangements made if necessary

Next steps...

- Students and teacher(s) should not return to school until results of testing for COVID is known.
- Parents should inform the school upon receiving test results immediately. If the original student tests positive for COVID, all students and teacher(s) need to quarantine for 14 days. The school will begin contact tracing procedures at this time.
- If the original student tested negative for COVID, all other students and teacher(s) should return to school.
- If the original student is found to have an illness but it is not COVID, the child may only return 48 hours after the disappearance of all symptoms.

2020-2021

SYMPTOMS ON CAMPUS: STAFF

If a staff member reports possible COVID-19 symptoms:

The staff member will immediately report symptoms to the school nurse. The staff member shall return home and the school will:

- Contact parents (if staff member is a teacher) and any other known contacts that day (other staff members)
- Assist staff member in scheduling COVID test If staff member is a classroom teacher, any student contacts will not have contact with other student cohorts or staff members.

Next steps...

- Any contacts, including students and other staff, should not return to school until results of testing for COVID is known.
- Staff member will report test results immediately.
- If the staff member of concern tests positive for COVID, all informed contacts need to quarantine for 14 days. The school will begin contact tracing procedures at this time.
- If the staff member tests negative for COVID, all informed contacts should return to school.
- If the staff member is found to have an illness but it is not COVID, the staff member will only return 48 hours after the disappearance of all symptoms and with the permission of the school nurse

2020-2021

CONFIRMED COVID CASES

Many cases of COVID are asymptomatic and may be discovered by a COVID test without symptoms.

If a student tests positive for COVID the family must inform the school immediately. If a staff member tests positive for COVID the school must be informed immediately. The school will perform contact tracing within the school community.

All confirmed contacts – students and staff members – must quarantine for 14 days

For students –

prior to returning to school, the student must quarantine for 14 days, have a clear COVID-19 test and confirmation by the school nurse

For staff –

prior to returning to work, the staff member must quarantine for 14 days, have a clear COVID-19 test and confirmation by the school nurse

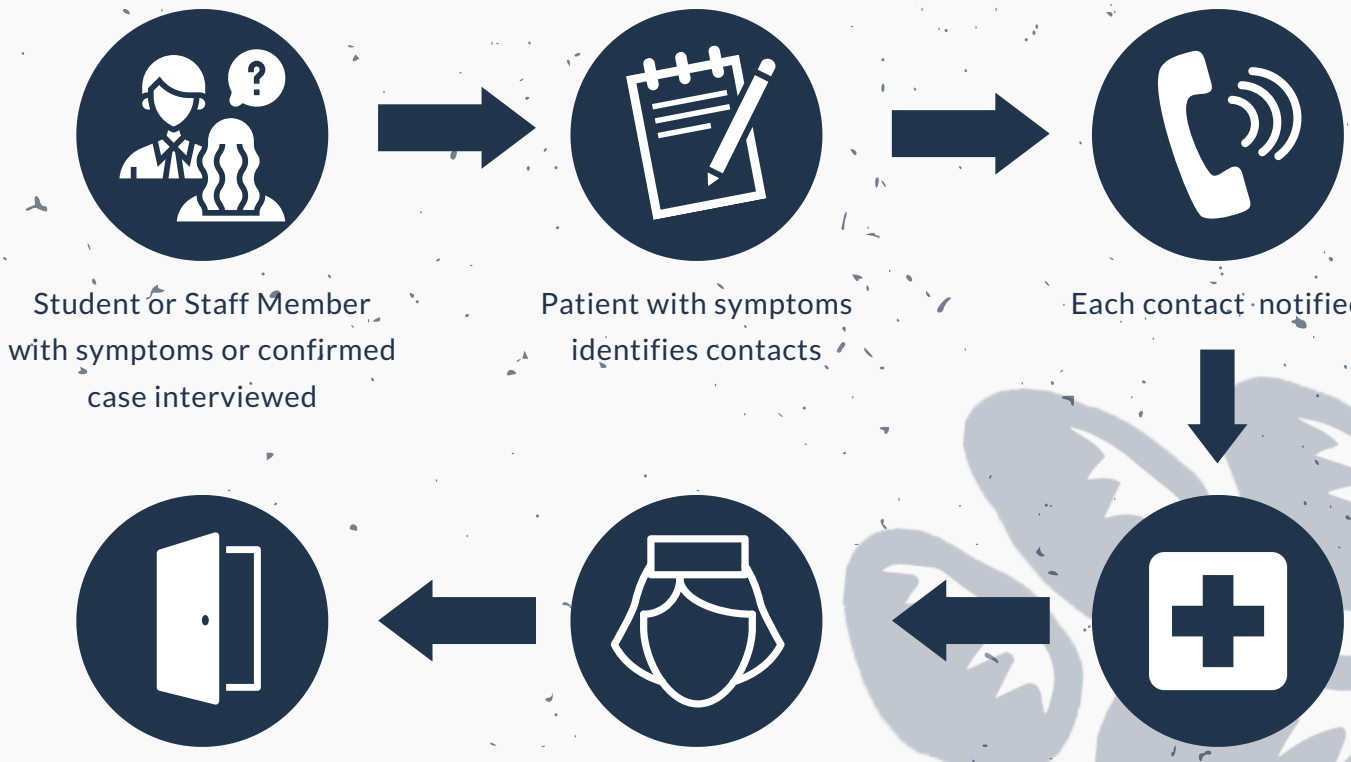
2020-2021

CONTACT TRACING

QSIY will use contact tracing forms adapted from those developed by the US Centers for Disease Control and Prevention. These forms will help us follow up with any and all potential and confirmed cases and collect information on any symptoms that may develop. Any and all information collected is strictly confidential and the identity of all potential or confirmed cases will be safe-guarded.

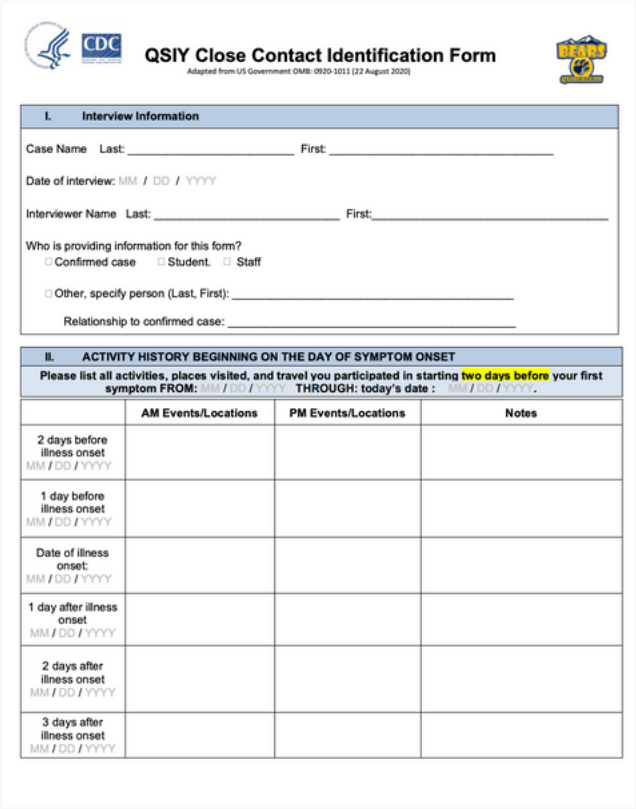
The following forms are attached on the following pages:

- **FORM 1: Close Contact Identification Form**
- **FORM 2: Close Contact Symptom Monitoring Form**
- **FORM 3: Close Contact Questionnaire**



Close Contact Identification Form

This form will be used to interview a confirmed or possible COVID-19 patient. It is used to help identify possible close contacts that may



QSIY Close Contact Identification Form

Adapted from US Government OMB: 0920-1011 (22 August 2020)

I. Interview Information

Case Name Last: _____ First: _____

Date of interview: MM / DD / YYYY

Interviewer Name Last: _____ First: _____

Who is providing information for this form?

☐ Confirmed case ☐ Student ☐ Staff

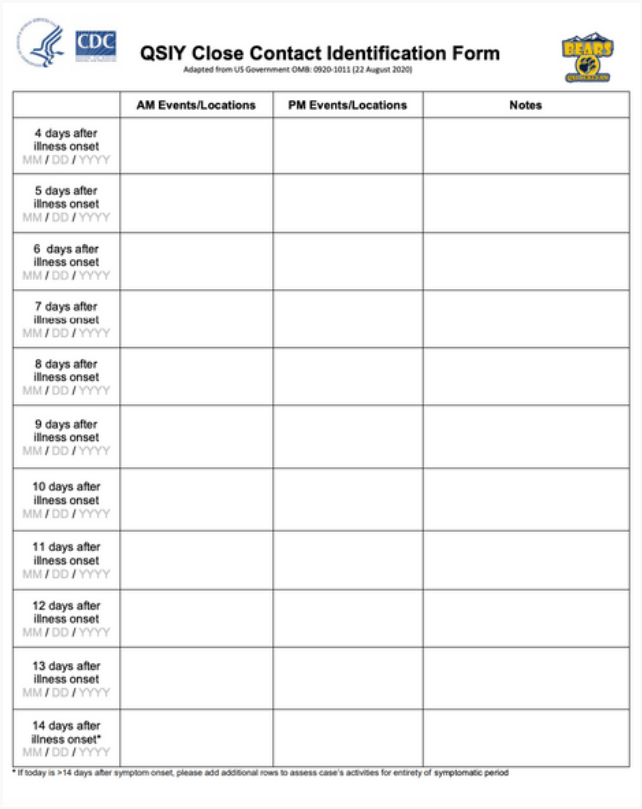
☐ Other, specify person (Last, First): _____

Relationship to confirmed case: _____

II. ACTIVITY HISTORY BEGINNING ON THE DAY OF SYMPTOM ONSET

Please list all activities, places visited, and travel you participated in starting two days before your first symptom FROM: MM / DD / YYYY THROUGH: today's date : MM / DD / YYYY.

	AM Events/Locations	PM Events/Locations	Notes
2 days before illness onset MM / DD / YYYY			
1 day before illness onset MM / DD / YYYY			
Date of illness onset: MM / DD / YYYY			
1 day after illness onset MM / DD / YYYY			
2 days after illness onset MM / DD / YYYY			
3 days after illness onset MM / DD / YYYY			

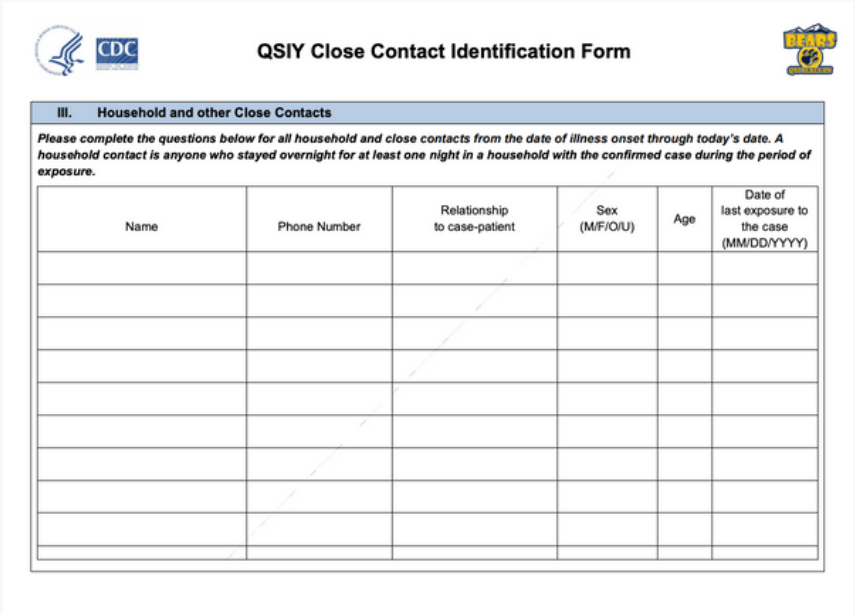


QSIY Close Contact Identification Form

Adapted from US Government OMB: 0920-1011 (22 August 2020)

	AM Events/Locations	PM Events/Locations	Notes
4 days after illness onset MM / DD / YYYY			
5 days after illness onset MM / DD / YYYY			
6 days after illness onset MM / DD / YYYY			
7 days after illness onset MM / DD / YYYY			
8 days after illness onset MM / DD / YYYY			
9 days after illness onset MM / DD / YYYY			
10 days after illness onset MM / DD / YYYY			
11 days after illness onset MM / DD / YYYY			
12 days after illness onset MM / DD / YYYY			
13 days after illness onset MM / DD / YYYY			
14 days after illness onset* MM / DD / YYYY			

* If today is >14 days after symptom onset, please add additional rows to assess case's activities for entirety of symptomatic period



QSIY Close Contact Identification Form

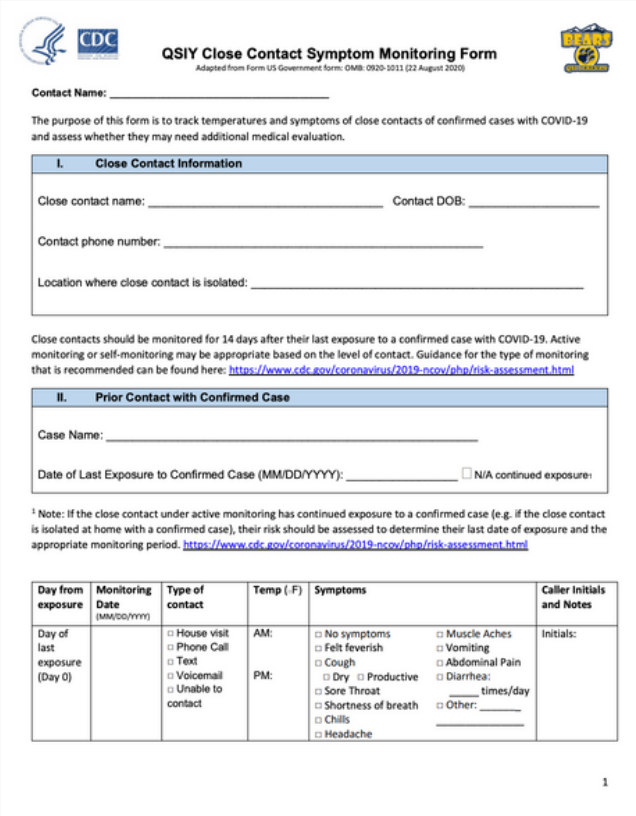
III. Household and other Close Contacts

Please complete the questions below for all household and close contacts from the date of illness onset through today's date. A household contact is anyone who stayed overnight for at least one night in a household with the confirmed case during the period of exposure.

Name	Phone Number	Relationship to case-patient	Sex (M/F/O/U)	Age	Date of last exposure to the case (MM/DD/YYYY)

Close Contact Symptom Monitoring Form

This form will be used to check in and monitor symptoms of a close contact who may have been exposed to a confirmed case



QSIY Close Contact Symptom Monitoring Form

Adapted from Form US Government form: OMB: 0920-1011 (22 August 2020)

Contact Name: _____

The purpose of this form is to track temperatures and symptoms of close contacts of confirmed cases with COVID-19 and assess whether they may need additional medical evaluation.

I. Close Contact Information

Close contact name: _____ Contact DOB: _____

Contact phone number: _____

Location where close contact is isolated: _____

Close contacts should be monitored for 14 days after their last exposure to a confirmed case with COVID-19. Active monitoring or self-monitoring may be appropriate based on the level of contact. Guidance for the type of monitoring that is recommended can be found here: https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

II. Prior Contact with Confirmed Case

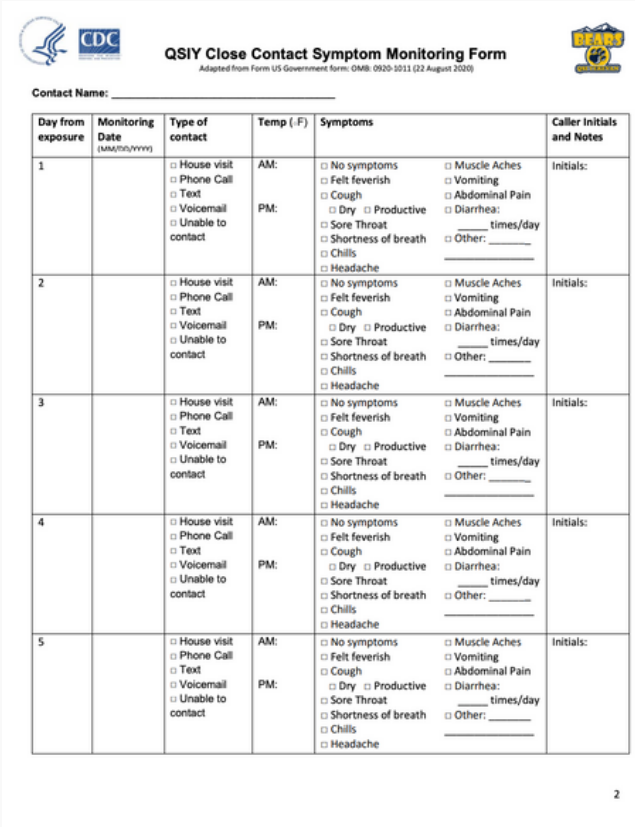
Case Name: _____

Date of Last Exposure to Confirmed Case (MM/DD/YYYY): _____ ☐ N/A continued exposure[1]

[1] Note: If the close contact under active monitoring has continued exposure to a confirmed case (e.g. if the close contact is isolated at home with a confirmed case), their risk should be assessed to determine their last date of exposure and the appropriate monitoring period. https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

Day from exposure	Monitoring Date (MM/DD/YYYY)	Type of contact	Temp (.F)	Symptoms		Caller Initials and Notes
Day of last exposure (Day 0)		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:

1



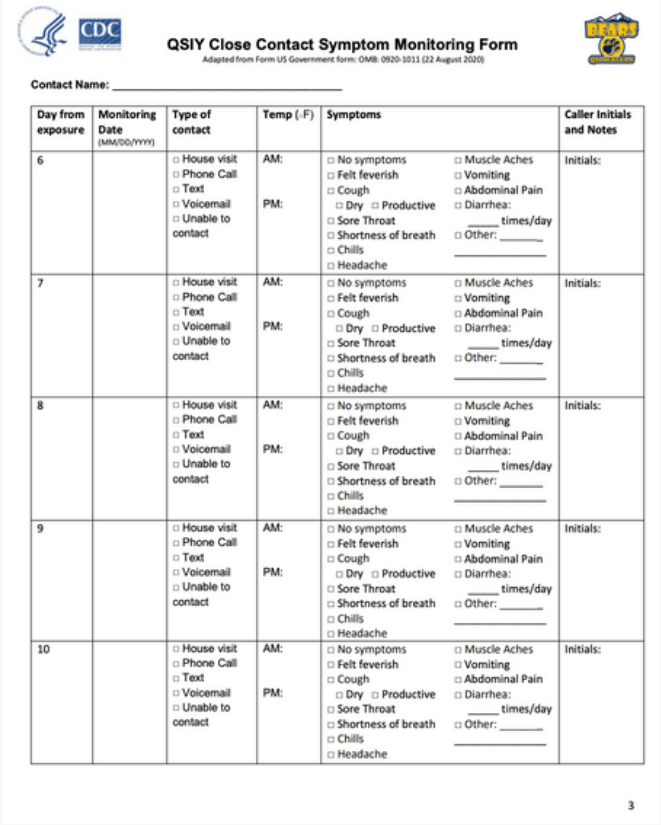
QSIY Close Contact Symptom Monitoring Form

Adapted from Form US Government form: OMB: 0920-1011 (22 August 2020)

Contact Name: _____

Day from exposure	Monitoring Date (MM/DD/YYYY)	Type of contact	Temp (.F)	Symptoms		Caller Initials and Notes
1		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:
2		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:
3		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:
4		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:
5		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:

2



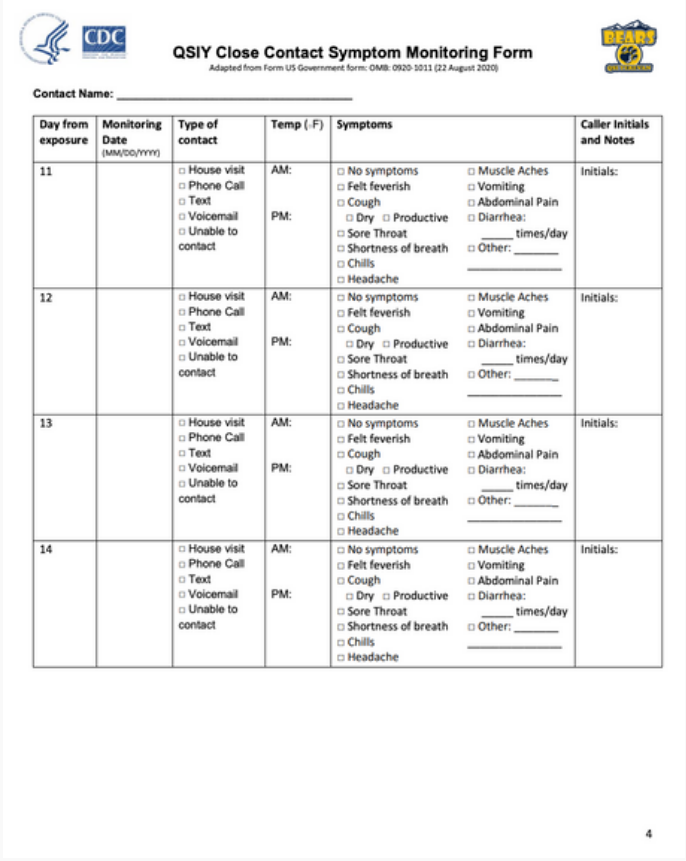
QSIY Close Contact Symptom Monitoring Form

Adapted from Form US Government form: OMB: 0920-1011 (22 August 2020)

Contact Name: _____

Day from exposure	Monitoring Date (MM/DD/YYYY)	Type of contact	Temp (.F)	Symptoms		Caller Initials and Notes
6		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:
7		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:
8		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:
9		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:
10		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:

3



QSIY Close Contact Symptom Monitoring Form

Adapted from Form US Government form: OMB: 0920-1011 (22 August 2020)

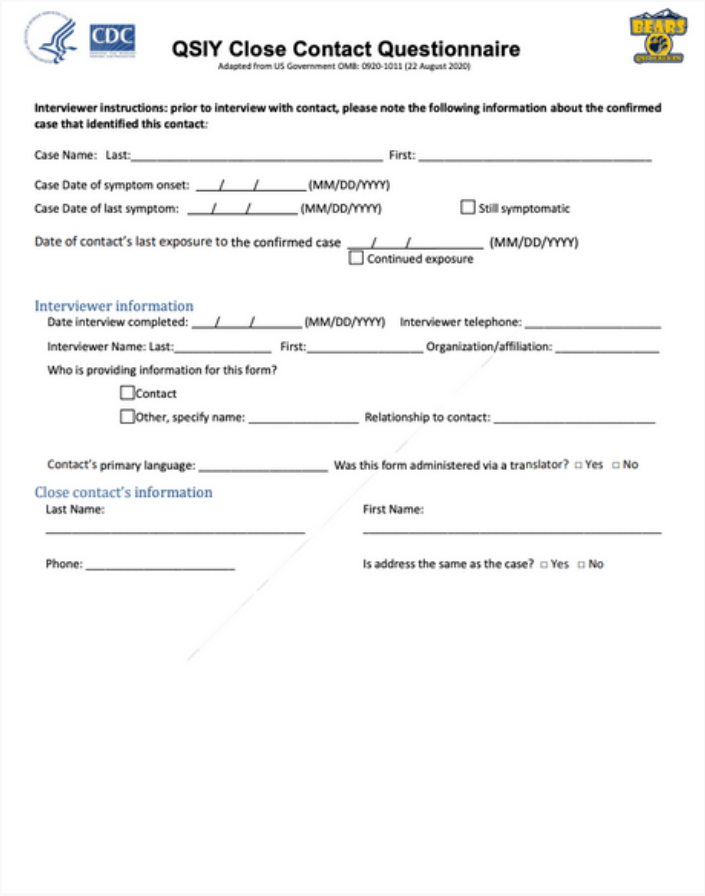
Contact Name: _____

Day from exposure	Monitoring Date (MM/DD/YYYY)	Type of contact	Temp (.F)	Symptoms		Caller Initials and Notes
11		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:
12		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:
13		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:
14		□ House visit □ Phone Call □ Text □ Voicemail □ Unable to contact	AM: PM:	□ No symptoms □ Felt feverish □ Cough □ Dry □ Productive □ Sore Throat □ Shortness of breath □ Chills □ Headache	□ Muscle Aches □ Vomiting □ Abdominal Pain □ Diarrhea: _____ times/day □ Other: _____	Initials:

4

Close Contact Questionnaire

This form will be used by the school to determine the possibility that someone might be a close contact to a confirmed COVID-19 case



QSIY Close Contact Questionnaire

Adapted from US Government OMB: 0920-1011 (22 August 2020)

Interviewer instructions: prior to interview with contact, please note the following information about the confirmed case that identified this contact:

Case Name: Last:_____ First: _____

Case Date of symptom onset: ___/___/_____ (MM/DD/YYYY)

Case Date of last symptom: ___/___/_____ (MM/DD/YYYY) ☐ Still symptomatic

Date of contact's last exposure to the confirmed case ___/___/_____ (MM/DD/YYYY)
☐ Continued exposure

Interviewer information

Date interview completed: ___/___/_____ (MM/DD/YYYY) Interviewer telephone: _____

Interviewer Name: Last:_____ First:_____ Organization/affiliation: _____

Who is providing information for this form?

☐ Contact

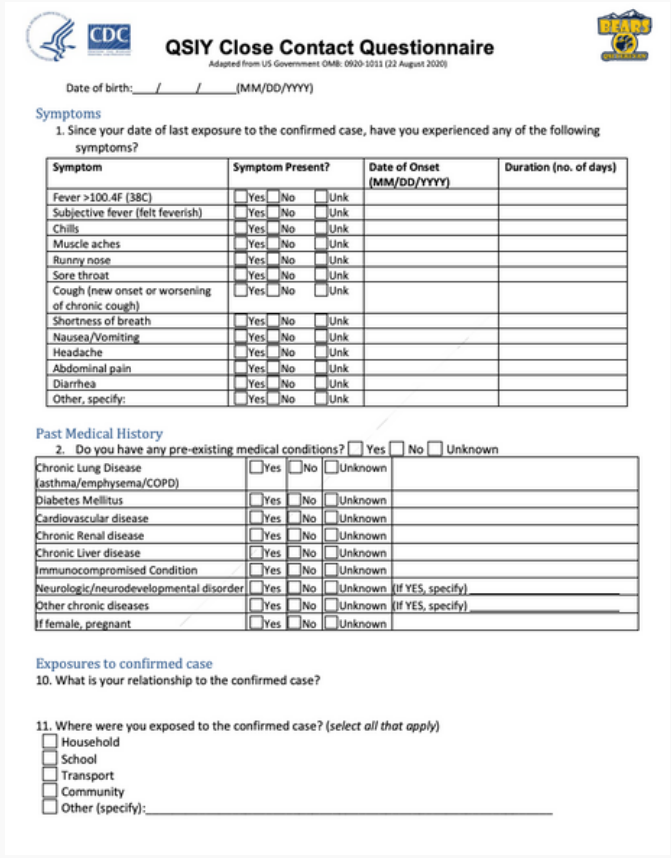
☐ Other, specify name: _____ Relationship to contact: _____

Contact's primary language: _____ Was this form administered via a translator? ☐ Yes ☐ No

Close contact's information

Last Name: First Name:

Phone: _____ Is address the same as the case? ☐ Yes ☐ No



QSIY Close Contact Questionnaire

Adapted from US Government OMB: 0920-1011 (22 August 2020)

Date of birth:___/___/_____(MM/DD/YYYY)

Symptoms

1. Since your date of last exposure to the confirmed case, have you experienced any of the following symptoms?

Symptom	Symptom Present?	Date of Onset (MM/DD/YYYY)	Duration (no. of days)
Fever >100.4F (38C)	☐Yes ☐No ☐Unk		
Subjective fever (felt feverish)	☐Yes ☐No ☐Unk		
Chills	☐Yes ☐No ☐Unk		
Muscle aches	☐Yes ☐No ☐Unk		
Runny nose	☐Yes ☐No ☐Unk		
Sore throat	☐Yes ☐No ☐Unk		
Cough (new onset or worsening of chronic cough)	☐Yes ☐No ☐Unk		
Shortness of breath	☐Yes ☐No ☐Unk		
Nausea/Vomiting	☐Yes ☐No ☐Unk		
Headache	☐Yes ☐No ☐Unk		
Abdominal pain	☐Yes ☐No ☐Unk		
Diarrhea	☐Yes ☐No ☐Unk		
Other, specify:	☐Yes ☐No ☐Unk		

Past Medical History

2. Do you have any pre-existing medical conditions? ☐ Yes ☐ No ☐ Unknown

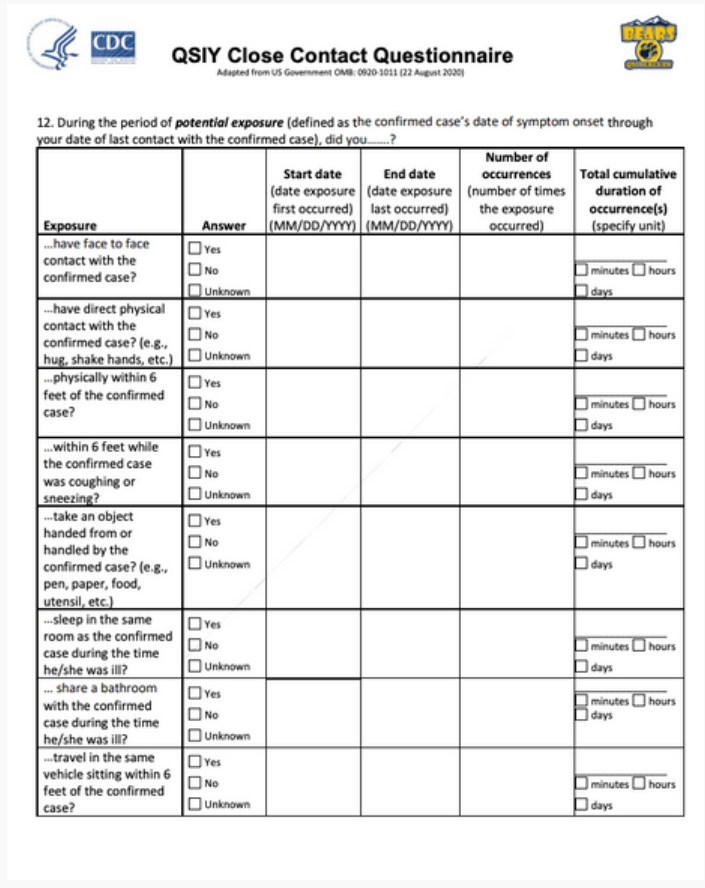
Chronic Lung Disease (asthma/emphysema/COPD)	☐Yes	☐No	☐Unknown	
Diabetes Mellitus	☐Yes	☐No	☐Unknown	
Cardiovascular disease	☐Yes	☐No	☐Unknown	
Chronic Renal disease	☐Yes	☐No	☐Unknown	
Chronic Liver disease	☐Yes	☐No	☐Unknown	
Immunocompromised Condition	☐Yes	☐No	☐Unknown	
Neurologic/neurodevelopmental disorder	☐Yes	☐No	☐Unknown	(If YES, specify)_____
Other chronic diseases	☐Yes	☐No	☐Unknown	(If YES, specify)_____
If female, pregnant	☐Yes	☐No	☐Unknown	

Exposures to confirmed case

10. What is your relationship to the confirmed case?

11. Where were you exposed to the confirmed case? (*select all that apply*)

☐ Household
☐ School
☐ Transport
☐ Community
☐ Other (specify):_____

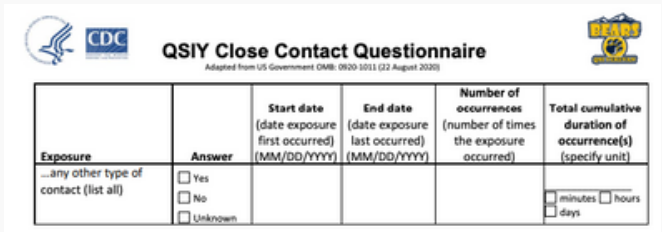


QSIY Close Contact Questionnaire

Adapted from US Government OMB: 0920-1011 (22 August 2020)

12. During the period of ***potential exposure*** (defined as the confirmed case's date of symptom onset through your date of last contact with the confirmed case), did you.....?

Exposure	Answer	Start date (date exposure first occurred) (MM/DD/YYYY)	End date (date exposure last occurred) (MM/DD/YYYY)	Number of occurrences (number of times the exposure occurred)	Total cumulative duration of occurrence(s) (specify unit)
...have face to face contact with the confirmed case?	☐ Yes ☐ No ☐ Unknown				☐ minutes ☐ hours ☐ days
...have direct physical contact with the confirmed case? (e.g., hug, shake hands, etc.)	☐ Yes ☐ No ☐ Unknown				☐ minutes ☐ hours ☐ days
...physically within 6 feet of the confirmed case?	☐ Yes ☐ No ☐ Unknown				☐ minutes ☐ hours ☐ days
...within 6 feet while the confirmed case was coughing or sneezing?	☐ Yes ☐ No ☐ Unknown				☐ minutes ☐ hours ☐ days
...take an object handed from or handled by the confirmed case? (e.g., pen, paper, food, utensil, etc.)	☐ Yes ☐ No ☐ Unknown				☐ minutes ☐ hours ☐ days
...sleep in the same room as the confirmed case during the time he/she was ill?	☐ Yes ☐ No ☐ Unknown				☐ minutes ☐ hours ☐ days
... share a bathroom with the confirmed case during the time he/she was ill?	☐ Yes ☐ No ☐ Unknown				☐ minutes ☐ hours ☐ days
...travel in the same vehicle sitting within 6 feet of the confirmed case?	☐ Yes ☐ No ☐ Unknown				☐ minutes ☐ hours ☐ days



QSIY Close Contact Questionnaire

Adapted from US Government OMB: 0920-1011 (22 August 2020)

Exposure	Answer	Start date (date exposure first occurred) (MM/DD/YYYY)	End date (date exposure last occurred) (MM/DD/YYYY)	Number of occurrences (number of times the exposure occurred)	Total cumulative duration of occurrence(s) (specify unit)
...any other type of contact (list all)	☐ Yes ☐ No ☐ Unknown				☐ minutes ☐ hours ☐ days