

## Franklin Procedures for Health Mitigation

### COVID-19 Guidance for School Response to a COVID-19 Case:

## **FRANKLIN PHONETIC SCHOOL - SUNNYSLOPE CAMPUS**

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PHOENIX, ARIZONA 85020**

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### General Mitigation for employees

1. Take employee's temperature and assess symptoms prior to their starting work.
2. If an employee becomes sick during the day, send them home immediately.
3. Test the use of face masks to ensure they do not interfere with workflow.
4. Increase air exchange in the building.
5. Increase the frequency of cleaning commonly touched surfaces.

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In the event of a primary exposure, individuals in close contact with the individual (less than 6 feet away and not wearing protective equipment) need to monitor for symptoms, get tested and quarantine if necessary.

### **Primary Exposure-**

Person has had direct contact with a diagnosed COVID-19 positive case. A person is said to be a direct contact if they were within 6 ft. of a person and not wearing protective equipment.

### **Secondary Exposure-**

Contact with a person who has been exposed to a primary contact for longer than 10 minutes.

### **STEP by STEP**

- 1) Verification of positive COVID case
  - a) Suspected COVID positive case- contact administrator
  - b) Administrator removes child from class, contact parents for confirmation
  - c) If parent says yes, ask for documentation and have child sent home immediately
  - d) If parent says there is no documentation, but symptoms are present; the child should be immediately sent home
- 2) School health officer must take temperatures of the classmates and staff
- 3) Classmates and staff are moved to a different location
- 4) Parent alert letter will be provided and possible Blackboard announcement
- 5) Staff will be notified
- 6) The room where the incident occurred needs to air out for 24 hours and then cleaned with COVID approved materials such as those purchased with our cleaning station
- 7) ADHS communicable disease form will be submitted

## **Franklin Procedures for Health Mitigation**

### **COVID-19 Guidance for School Response to a COVID-19 Case:**

**Procedures for dividing sick and non-sick persons:** Student and staff temperatures will be checked upon arrival according to current CDC guidelines. If a student has a fever BELOW 100.4, they will be carefully attended to and monitored hourly. If a student has a fever ABOVE 100.4, they will need to be picked up; parents will be advised of their child's temperature, and will be asked to bring their child home. If a parent is unable to bring their child home immediately, then emergency contacts will be called.

**Procedures Following a COVID like illness report of any person on campus:** If any person on campus becomes ill with symptoms consistent with the COVID 19 virus, they will be immediately separated from other persons on campus. All appropriate persons will be notified as soon as possible. It will be requested that sick children are brought home as soon as possible. Parents and Staff must report a positive COVID-19 to the designated personnel at Franklin School. Students and Staff should stay home if any family members have symptoms of COVID-19 or have been tested positive for COVID-19. Guidance for returning to school will be given by the principal.

### **Updated Guidelines for Returning to Child Care/School and Work \*\***

If an adult or child is diagnosed with COVID-19 based on a test or does not get a COVID-19 test but is suspected to have COVID-19 by a health care provider based on their symptoms, they should not be at the child care facility/school and should stay at home until they meet the criteria below.

An individual can return to the child care facility when they can answer **YES** to ALL three questions:

*Has it been at least 10 days since the person first had symptoms?*

*Has it been at least 24 hours since the person had a fever (without using fever reducing medicine)?*

*Have other symptoms improved?*

If an individual has had a negative COVID-19 test, they can return to the child care facility once there is no fever without the use of fever-reducing medicines for at least 24 hours and other symptoms have improved.

Please check the [ADHS website](#) for the latest updates.

If a person has been diagnosed with COVID-19 but does not have symptoms, they should remain out of child care until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. Most children and staff members can return to care/work based on improved symptoms and the passage of time. A doctor's note should not be required.\*\*

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### **COVID-19 Guidance for School Response to a COVID-19 Case:**

See [ADHS Release from Isolation Guidance](#) for complete recommendations and updates.

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

*Communicating with Local Health Authorities will be the responsibility of the school administrator. Parents or Staff not designated to communicate, do not need to contact the Maricopa County Department of Public Health and/or Arizona Department of Health Services if there are verified cases at the school. Potential school closures are not known at this time. Depending on State government and/or health departments' criteria for closing an individual school, is based on 5% of the student population.*

#### **Process for parents to report to school a positive COVID-19 test:**

Franklin school has designated personnel to communicate with the required public health officials. Parents will communicate with this designee solely in regards to reporting. Franklin school will maintain confidentiality with this information.

If any symptoms are present in staff, students and/or household members have contracted COVID-19, parents are required to report it to the school. Confidentiality will be maintained.

- a. Franklin school communicator designee will identify students, teachers, or staff with fever or respiratory symptoms and send them home immediately.
- b. Students who become ill during school will be separated and cared for and monitored until parents can pick them up.
- c. Symptoms of concern include: fever (subjective or  $>100.4^{\circ}\text{F}$ ), cough, and shortness of breath. Students who dissolve fever symptoms without the use of Tylenol may return to school after **24 hrs \***
- d. Reports of positive cases will be guided by the principal.
- e. We will inform primary exposed student's parents/families/staff via Blackboard communication, parent alert letter and the school website.

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**PARENT ALERT**

R9-3-307.D.1. and R9-5-515.F.1.

Date \_\_\_\_\_

\_\_\_\_\_ has been identified in the  
(Name of disease, illness or infestation)

home/facility and it is **contagious** ("catching," infectious).

To protect the health of others, please, watch for early signs and symptoms which may include:

- |  |   |
|--|---|
| <input type="checkbox"/> fever           | <input type="checkbox"/> very tired                 |
| <input type="checkbox"/> rash            | <input type="checkbox"/> loss of appetite           |
| <input type="checkbox"/> vomiting        | <input type="checkbox"/> yellowing of the skin/eyes |
| <input type="checkbox"/> diarrhea        | <input type="checkbox"/> dark (tea colored) urine   |
| <input type="checkbox"/> red watery eyes | <input type="checkbox"/> coughing/sneezing          |
| <input type="checkbox"/> itching         | <input type="checkbox"/> _____                      |


If you notice any of these signs or symptoms, please, notify the provider, school nurse or child care director. A visit to a health care professional for diagnosis may be needed. If you have questions, please, call \_\_\_\_\_.

If these symptoms appear while the child is at the home/facility, she/he will be excluded from the group setting and you will be called to pick him/her up.

[Link to this form](#)

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## COVID-19 Guidance for School Response to a COVID-19 Case:



**COMMUNICABLE DISEASE REPORT FOR HEALTHCARE PROVIDERS**

Healthcare providers are required to report selected communicable diseases, per Arizona Administrative Code R9-6-202. Report communicable diseases to the local health agency (fax numbers below) or through MEDSIS (<https://my.health.arizona.gov/>). Visit <http://www.azdhs.gov/diseasesreporting> for the list of reportable conditions, this form, and other communicable disease reporting information.

Clear Form

**1. Complete the PATIENT INFORMATION**

Patient's Name (Last, First, Middle)		Date of Birth		Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Native American (list tribal affiliation) <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		Gender <input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female <input type="checkbox"/> Transgender		Parent/guardian (of minors) (Not necessary for STDs)	
Street Address		City	State	Zip code	County	Reservation	Telephone #	Email				

**2. Complete the REPORTABLE CONDITION INFORMATION**

Diagnosis or Suspect Reportable Condition			Illness Onset Date		<p><b>IF SEXUALLY TRANSMITTED DISEASES (STD) or HIV/AIDS:</b></p> <p><b>if chlamydia or gonorrhea:</b>  <input type="checkbox"/> with Pelvic Inflammatory Disease</p> <p><b>if chlamydia, gonorrhea, chancroid, syphilis:</b>                      # Sex partners in the last 2 months: _____</p> <p><b>if HIV/AIDS: Negative HIV test in last 6 months?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unk</p> <p><b>STD Treatment</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Date</td><td>Drug</td><td>Dosage</td></tr> <tr><td>Date</td><td>Drug</td><td>Dosage</td></tr> <tr><td>Date</td><td>Drug</td><td>Dosage</td></tr> </table>			Date	Drug	Dosage	Date	Drug	Dosage	Date	Drug	Dosage																							
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<p><b>Risk &amp; outcome information:</b></p> <p><b>Patient's School or Occupation</b>                      *Write the school/facility/employer name in the Notes if any of these are checked.  <input type="checkbox"/> Healthcare worker  <input type="checkbox"/> Food worker/handler  <input type="checkbox"/> School/childcare worker  <input type="checkbox"/> School/childcare attendee                      Other occupation (specify): _____</p> <p><b>Outcomes</b>  <input type="checkbox"/> Survived  <input type="checkbox"/> Died, date: _____</p> <p><b>Pregnant</b>  <input type="checkbox"/> No  <input type="checkbox"/> Unknown  <input type="checkbox"/> Yes    list due date: _____</p> <p><input type="checkbox"/> Injection drug user (IDU)</p> <p><b>if STDs, Hepatitis or HIV/AIDS:</b>                      Patient had sexual contact with:  <input type="checkbox"/> Males only  <input type="checkbox"/> Females only  <input type="checkbox"/> Both  <input type="checkbox"/> Unknown</p>			<p><b>if syphilis: Symptoms at diagnosis</b></p> <input type="checkbox"/> No symptoms <input type="checkbox"/> Chancro/lesion <input type="checkbox"/> Rash <input type="checkbox"/> Neurologic (incl. ocular, etc.) <input type="checkbox"/> Other, specify: _____ <p><input type="checkbox"/> Congenital syphilis (include mother's name and DOB in Comments at left)</p>																																				
Notes/Comments (including school/facility/employer name if above boxes are checked)																																							
<p><b>L A B</b></p> <p>Date Collected _____ Specimen Type _____ Lab Test _____</p> <p>Result Date _____ <input type="checkbox"/> Blood    <input type="checkbox"/> CSF    <input type="checkbox"/> NP swab  <input type="checkbox"/> Stool    <input type="checkbox"/> Urine    <input type="checkbox"/> Other swab _____  <input type="checkbox"/> Sputum    <input type="checkbox"/> Other _____</p>		<p><b>R E S U L T S</b></p> <p>Date Collected _____ Specimen Type _____ Lab Test _____</p> <p>Result Date _____ <input type="checkbox"/> Blood    <input type="checkbox"/> CSF    <input type="checkbox"/> NP swab  <input type="checkbox"/> Stool    <input type="checkbox"/> Urine    <input type="checkbox"/> Other swab _____  <input type="checkbox"/> Sputum    <input type="checkbox"/> Other _____</p>		<p><b>L A B</b></p> <p>Date Collected _____ Specimen Type _____ Lab Test _____</p> <p>Result Date _____ <input type="checkbox"/> Blood    <input type="checkbox"/> CSF    <input type="checkbox"/> NP swab  <input type="checkbox"/> Stool    <input type="checkbox"/> Urine    <input type="checkbox"/> Other swab _____  <input type="checkbox"/> Sputum    <input type="checkbox"/> Other _____</p>		<p><b>if HEPATITIS:</b></p> <p><b>Acute hepatitis symptoms</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unk</p> <p><b>Jaundice</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unk</p> <p><b>Liver function test values (with units)</b>                      ALT: _____                      AST: _____</p> <p><b>Hepatitis Test Results</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>A. Hepatitis A antibody (IgM anti-HAV)</b></td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td><input type="checkbox"/> Unk</td> </tr> <tr> <td>Hepatitis B core antibody IgM (HBcAb-IgM)</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td><input type="checkbox"/> Unk</td> </tr> <tr> <td>Hepatitis B surface antigen (HBsAg)</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td><input type="checkbox"/> Unk</td> </tr> <tr> <td>Hepatitis B e antigen (HBeAg)</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td><input type="checkbox"/> Unk</td> </tr> <tr> <td>Hepatitis B DNA/NAT</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td><input type="checkbox"/> Unk</td> </tr> <tr> <td>Hepatitis C-EIA</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td><input type="checkbox"/> Unk</td> </tr> <tr> <td>Hepatitis C-NAT/PCR</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td><input type="checkbox"/> Unk</td> </tr> <tr> <td>Hepatitis C-Viral Load</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td><input type="checkbox"/> Unk</td> </tr> </table>		<b>A. Hepatitis A antibody (IgM anti-HAV)</b>	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Unk	Hepatitis B core antibody IgM (HBcAb-IgM)	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Unk	Hepatitis B surface antigen (HBsAg)	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Unk	Hepatitis B e antigen (HBeAg)	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Unk	Hepatitis B DNA/NAT	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Unk	Hepatitis C-EIA	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Unk	Hepatitis C-NAT/PCR	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Unk	Hepatitis C-Viral Load	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Unk
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<p><b>if TUBERCULOSIS:</b></p> <p><b>TB signs/symptoms</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unk</p> <p><b>Chest imaging</b>  <input type="checkbox"/> Consistent with TB  <input type="checkbox"/> Not consistent with TB  <input type="checkbox"/> Not performed</p> <p><b>Site of disease</b>  <input type="checkbox"/> Pulmonary  <input type="checkbox"/> Laryngeal  <input type="checkbox"/> Other extrapulmonary</p> <p><b>Initial Drug Regimen</b>                      Start date: _____  <input type="checkbox"/> RPE  <input type="checkbox"/> Other _____</p> <p>TB infection in a child &lt;6 years old (positive TST / IGRA)? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>																																							

**3. Complete the FACILITY INFORMATION**

<p><b>Person making this report (Reporter) (Physician or other reporting source)</b></p> <p>Name _____ Reporting Facility _____</p> <p>Reporter Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone _____ Email _____</p>			<p><b>Provider (if different from Reporter)</b></p> <p>Name _____</p> <p>Provider Facility _____</p> <p>Provider Address _____</p> <p>Telephone _____ Email _____</p>			<p><b>Laboratory (if testing performed)</b></p> <p>Laboratory Name _____</p> <p>Laboratory Address _____</p> <p>Telephone _____</p>		
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**Fax numbers for local health departments:** Apache (866) 804-8448; Cochise (520) 432-8479; Coconino (908) 679-7351; Gila (908) 425-8817; Graham (908) 428-8074; Greenlee (908) 865-1929; La Paz (908) 869-6783; Maricopa non-STDs (602) 373-8935; Maricopa STDs (602) 508-8916; Mohave (928) 718-1579; Navajo (908) 532-8054; Pima (520) 838-7538; Pinal (520) 866-2829; Santa Cruz (520) 375-7024; Yavapai (866) 271-6773; Yuma (928) 317-4620.

Version 1/2020

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**[Link to this form on PV website](#)**