

2020-2021 Mifflin County Academy of Science and Technology

Suspected COVID-19 Isolation Procedures

Procedure Statement:

The purpose of this is to set the standard procedures for the isolation and quarantine of students and staff who are exhibiting symptoms of COVID-19.

Applicability:

These procedures applies to all enrolled students and current faculty or staff.

Procedure Authority:

Academy Administrators and Health Room Aide

Implementation Procedures

Set up of the Isolation Room:

1. A room will be designated for the isolation of those with suspected or potential COVID-19 symptoms.
2. Signage will be posted on the doors of the isolation room identifying its restricted use for people with COVID-19 symptoms.
3. Students/staff who are in the isolation room are to use the restroom in the nurse's suite.
4. All doors to the Isolation Room are to remain closed.
5. The Isolation Room will contain:
 - a. Several plastic chairs
 - b. Rabbit Air Purifier
 - c. A trash can
 - d. Box of tissues
 - e. Box of gloves
 - f. Box of surgical masks

6. Upon entry to the Isolation Room, the following personal protective equipment (PPE) will be available: Gloves, Gown, Face Shield or Goggles, Surgical Mask, N-95 Mask (if accessible), & Shoe Covers.
 - a. Only those with appropriate training of donning and doffing PPE will be permitted access to the Isolation Room.
7. Cleaning supplies should remain in the room and placed out of reach of students.

If a student or staff member begins to exhibit symptoms related to COVID-19 illness while on campus, the following steps must be taken by faculty and staff:

1. The person in question should have their symptoms and temperature recorded by the Health Room Aide. These symptoms should be recorded on the *COVID-19 Symptom Assessment Tool*.
2. If symptoms of COVID-19 are present, the student or staff member will be escorted to the Isolation Room.
3. Standard precautions and social distancing should be maintained and followed per federal and state guidelines.
 - a. The Health Room Aide will wear PPE while caring for the suspected COVID-19 student or staff member including:
 - i. Gown
 - ii. Gloves
 - iii. Surgical Mask
 - iv. N-95 Mask (if available)
 - v. Face Shield or Goggles
 - vi. Shoe Covers
4. The student will wear a mask while waiting for parent pick-up. Student drivers may drive independently off campus with parent permission and if medically stable.
5. A staff member with symptoms will wear a mask. School administrators should be notified of an ill staff member to determine appropriate student coverage. If stable, the staff member will leave school campus as soon as possible.
6. The Health Room Aide will notify the student's parents or guardians via telephone. Parents will call the school's main office or health room aide upon arrival.
7. The health room aide will meet the parent with the student at a designated exterior door pick-up site.
8. The parent or guardian will be given a copy of the *Academy Suspected COVID-19 Referral Tool*.

9. The student or staff member will be permitted to return to campus with appropriate documentation when cleared by the Department of Health or healthcare provider.
 - a. *Refer to the Academy COVID-19 Related Guidelines for Returning to School Form*

Cleaning of the Isolation Room after each use:

After the ill person leaves school campus, school custodial and nursing staff will be responsible for the following:

1. All items used by the student must be cleaned and sanitized. The staff member will spray down used items with disinfectant and follow appropriate wet times.
2. Allow items to air dry.
3. Door handles and any other items touched by the student or staff will be disinfected.
4. Custodial staff will be notified of the usage of the quarantine room as soon as possible.
5. Custodial staff will sanitize the Isolation Room after each use and at the end of the school day.

20-21 Mifflin County Academy of Science and Technology Suspected COVID-19 Referral Tool

Name: _____ Time of Assessment: _____ Date: _____

Grade: _____ Date of birth: _____ Sport/Activity: _____

Excusal from school if any marked below:

- Exposure to confirmed or suspected case of COVID-19
- Identified by DOH representative as *CLOSE CONTACT

**Someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient of COVID-19 is isolated, or having contact with infectious secretions of a COVID-19 case (i.e. being coughed on).*

- Used a fever-reducing medication in the past 24 hours

Please mark present symptoms below.

Group A	Group B
<ul style="list-style-type: none"> <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Loss of Smell <input type="checkbox"/> Loss of Taste 	<ul style="list-style-type: none"> <input type="checkbox"/> Fever (100.0°F or greater) _____ <input type="checkbox"/> Chills <input type="checkbox"/> Rigors (Shivering) <input type="checkbox"/> Myalgia (Muscle Pain) <input type="checkbox"/> Headache <input type="checkbox"/> Sore throat <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fatigue <input type="checkbox"/> Congestion or runny nose <p style="font-size: small; margin-top: 10px;">Per Academy nursing procedure during the school year, a fever always requires the child to be picked up from school.</p>

Send home if staff member or student has one or more symptoms in Group A OR has two or more symptoms in Group B.

Student/Staff must complete “COVID-19 Related Guidelines for Returning to School” form prior to attending The Academy

Patient Stable to Leave Campus by self or with contact person: YES or NO

If No, Action Required: _____

Name of Parent/Guardian Notified: _____ Time: _____

Completed by (Printed Name): _____ Signature: _____

20-21 Mifflin County Academy of Science and Technology COVID-19 Related Guidelines for Returning to School

Must be Completed Prior to Returning to The Academy

SITUATION IS DETERMINED TO BE UNRELATED TO COVID-19

Ensure ALL of the following steps are completed before returning to school:

- No known exposure to person with COVID-19 diagnosis
- Symptoms:
 - _____ Exhibited no symptoms **OR**
 - _____ Symptom improvement or resolution for 24-hour period **OR**
 - _____ Alternative diagnosis has been determined by a licensed healthcare provider
- Fever-free for at least 24 hours without the use of fever-reducing medication
- Provided parent or physician excuse to main office upon school arrival**

SITUATION IS RELATED TO A STUDENT OR SOMEONE IN CLOSE CONTACT WITH THE STUDENT WHO WAS TESTED FOR COVID 19

Ensure ALL of the following steps are completed before returning to school:

- Consulted with Licensed Healthcare Provider (LHP) or Department of Health (DOH)
- Notified Academy Health Room Aide: *Kim Walters, (717)-248-3933 Ext. 5605*
 - _____ Of COVID-19 test result of student (Positive) **AND** completion of quarantine guidelines per LHP or DOH **OR**
 - _____ Of COVID-19 test result of student (Negative) **AND** completion of quarantine guidelines per LHP or DOH **OR**
 - _____ Of completion of quarantine requirement due to a close contact being tested
- Notified Academy Principal
- Provided medical excuse to the main office upon arrival to school when released by the Department of Health or licensed healthcare provider**

Parent Name (Print): _____

Date: _____

Parent Signature: _____

To be completed by Academy Office Staff

Signature: _____

Date: _____