



Outbreak Response Protocols: Pre K-12

Guidance for COVID-19 outbreak response in Pre K-12 schools

Version 9.0 (Updated March 7, 2022)

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Summary of Changes to the Playbook

NEW!

Version 9.0 (March 7, 2022)

New

- “Case Investigation and Contact Tracing” - Case investigation and contact tracing are no longer required at the K-12 level (Slide 4-8)
- “COVID-19 Best Practice” – Overview of public health guidance for best practice mitigating against COVID-19 (Slide 9-11)
- How to get a COVID-19 test (Slide 40)

Updated

- School policy for returning to school and extracurricular activities after symptoms is recommended to accept a PCR or antigen test result (Slide 16-17)
- Quarantine recommendations in line with a transition away from universal contact tracing (Slide 30)
- Testing is recommended for higher-risk sports (Slide 47)

NEW!

Case Investigation and Contact Tracing

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Revised Approach to Case Investigation and Contact Tracing Across US

National experts and public health organizations [agree](#) that we should **transition away from universal contact tracing** to a targeted approach based upon updated data and understanding of COVID-19.

Universal contact tracing is no longer the optimal strategy to limit COVID-19 because

NEW!

- The Omicron variant has a shorter incubation period;
- The highest risk of spread to others happens early in the illness—before symptom onset, during the first few days of symptoms, or immediately after testing positive for asymptomatic cases;
- There are large numbers of asymptomatic and less-severe cases due to changes in the virus and widespread vaccination; and
- Many infections aren't identified by public health agencies since
 - People with asymptomatic or mild cases may not get tested; and
 - People are increasingly using at-home tests and, generally, don't report the results to public health agencies.

Revised Case Investigation and Contact Tracing Approach in Rhode Island

Rhode Island is focusing case investigation (CI) and contact tracing (CT) response efforts on high-risk populations and outbreak detection for the next 3-4 months. The approach should be revisited if the pandemic shifts to a less contagious variant.

NEW!

In line with national recommendations, Rhode Island is

- Conducting **case interviews for high-risk populations** including
 - People age 60 and older;
 - Unvaccinated people statewide; and
 - People age 45 and older in high-density communities (HDCs).
- Concentrating interviews on **risk communications** and **linking cases to treatment** and other supports;
- Maintaining robust **outbreak surveillance and response** in priority settings, such as pre K-12, child care, and congregate care settings; and
- **Leveraging technology** to automate case and contact notification and data collection.

Revised Case Investigation/Contact Tracing Approach and Impact on Pre K-12 Schools

NEW!

The revised approach will allow schools to **reallocate resources for symptomatic testing**. Schools should ensure symptom screening, maintain testing programs, promote vaccination, and **notify RIDOH when there are outbreaks**. Reduced data collection will result in fewer data, insights, and reports about **COVID-19** in schools.

Case Investigation

School populations will no longer be prioritized for case investigations.

- LEAs and schools have access to information about cases in real time through the Pre K-12 Quarantine and Isolation portal.
- Less data collection about places of exposure and contacts will result in fewer insights into spread.

Contact Tracing

RIDOH will not require schools to identify or notify contacts.

- Everyone in the classroom/group with someone with COVID-19 will be considered a contact.
 - If they're asymptomatic, then they can attend school.

Outbreak Management

School settings are prioritized for outbreak surveillance and response.

- School testing programs remain central to surveillance and outbreak detection.
- Schools should notify RIDOH about outbreaks, and RIDOH will provide urgent support for the response.

Strategies to Mitigate Risk When Contact Tracing Is Limited

NEW!

RIDOH recommends that schools

- Send a letter notifying parents of potential classroom exposure, and
 - Implement Test to Stay or Monitor to Stay school-based quarantine programs;
 - Recommend that exposed individuals wear the best mask available; and
 - Recommend or offer testing for exposed individuals.
- Increase screening testing at school;
- Implement symptom screening for students and staff;
- Encourage everyone to stay home and get tested if they have symptoms; and
- Promote vaccination as the most powerful tool to keep everyone healthy and safe and to return to normal activities.

NEW!

COVID-19 Best Practice

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Public Health Guidance: Best Practice for COVID-19

COVID-19 is now a preventable, treatable disease. However, while the virus is still in our communities, layered prevention strategies include

NEW!

- Staying up to date with vaccination, including boosters. COVID-19 vaccines in the US are safe and effective, helping to prevent serious illness, hospitalization, and death;
- Symptom monitoring. People should stay home when they have symptoms;
- Testing as recommended;
- Optimizing ventilation. Good air circulation inside buildings, schools, and homes reduces the spread of COVID-19. Improving ventilation in facilities with indoor activities can reduce the spread of COVID-19, especially during winter when many windows may be closed; and
- Universal indoor masking when the risk is high. Mask-wearing protects the person wearing the mask and people around them.

CDC-Informed Triggers for Assessing COVID-19 Community Risk Levels

NEW!

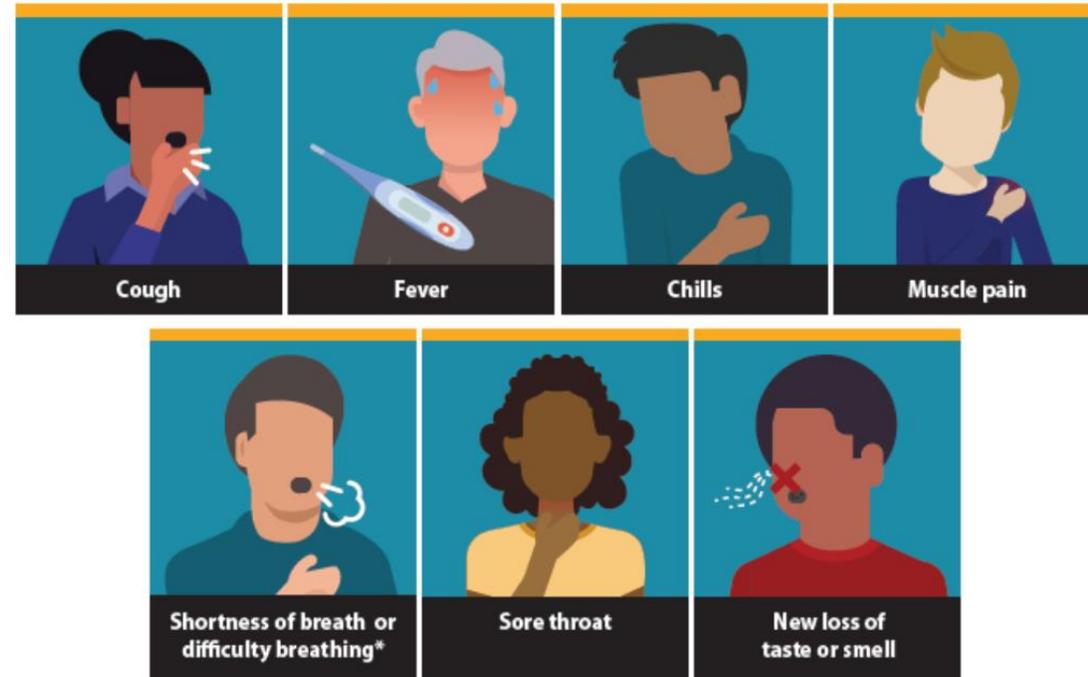
COVID-19 Community Levels – Use the Highest Level that Applies to Your Community

COVID-19 Indicators		Low	Medium	High
Fewer than 200 New COVID-19 Cases Per 100,000 people in the past 7 days	New COVID-19 admissions per 100,000 population (7-day total)	☐ <10.0	☐ 10.0-19.9	☐ ≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	☐ <10.0%	☐ 10.0-14.9%	☐ ≥15.0%
200 or more New COVID-19 Cases Per 100,000 people in the past 7 days	New COVID-19 admissions per 100,000 population (7-day total)	☐ NA	☐ <10.0	☐ ≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	☐ NA	☐ <10.0%	☐ ≥10.0%

COVID-19 Fundamentals

Symptoms of COVID-19

- Fever or chills;
- Cough (new);
- Shortness of breath or difficulty breathing;
- Fatigue;
- Muscle or body aches;
- Headache;
- Sore throat;
- New loss of taste or smell;
- Congestion or runny nose (new);
- Nausea or vomiting; or
- Diarrhea.



Include COVID-19 Symptom Management into Existing Illness Policies

Option A

Anyone with new onset of one symptom of COVID-19 must isolate, go home, and get tested.

Option B

Same clinical criteria from 2020-2021 school year:
Individuals with **one major** or **two minor** symptoms of COVID-19 must isolate, go home, and get tested.

**If choosing Option B, anyone with one minor COVID-19 symptom may remain in school. Schools may continue to send home anyone with one symptom such as fever, vomiting, or diarrhea according to regular school policy.*

- *Note: COVID-19 policies should be included in existing school illness policies. For example, if someone has a fever or is vomiting, they should be sent home if it is in existing illness policies, even if it's not included in the COVID-19 policy.*
- *Note: Schools maintain the ability to choose the best COVID-19 symptom policy based on community and school-wide transmission rates and other relevant factors.*

Use Case Clinical Criteria When Assessing Symptoms

Any ONE major symptom:
PROBABLE

- Cough (new)
- Shortness of breath or difficulty breathing
- New loss of taste or smell

Any TWO minor symptoms:
PROBABLE

- Fever or Chills
- Muscle or body aches
- Headaches
- Sore throat
- Fatigue
- Congestion or runny nose (new)
- Nausea or vomiting
- Diarrhea

Testing and Returning to School and **Extracurricular Activities** After COVID-19 Symptoms

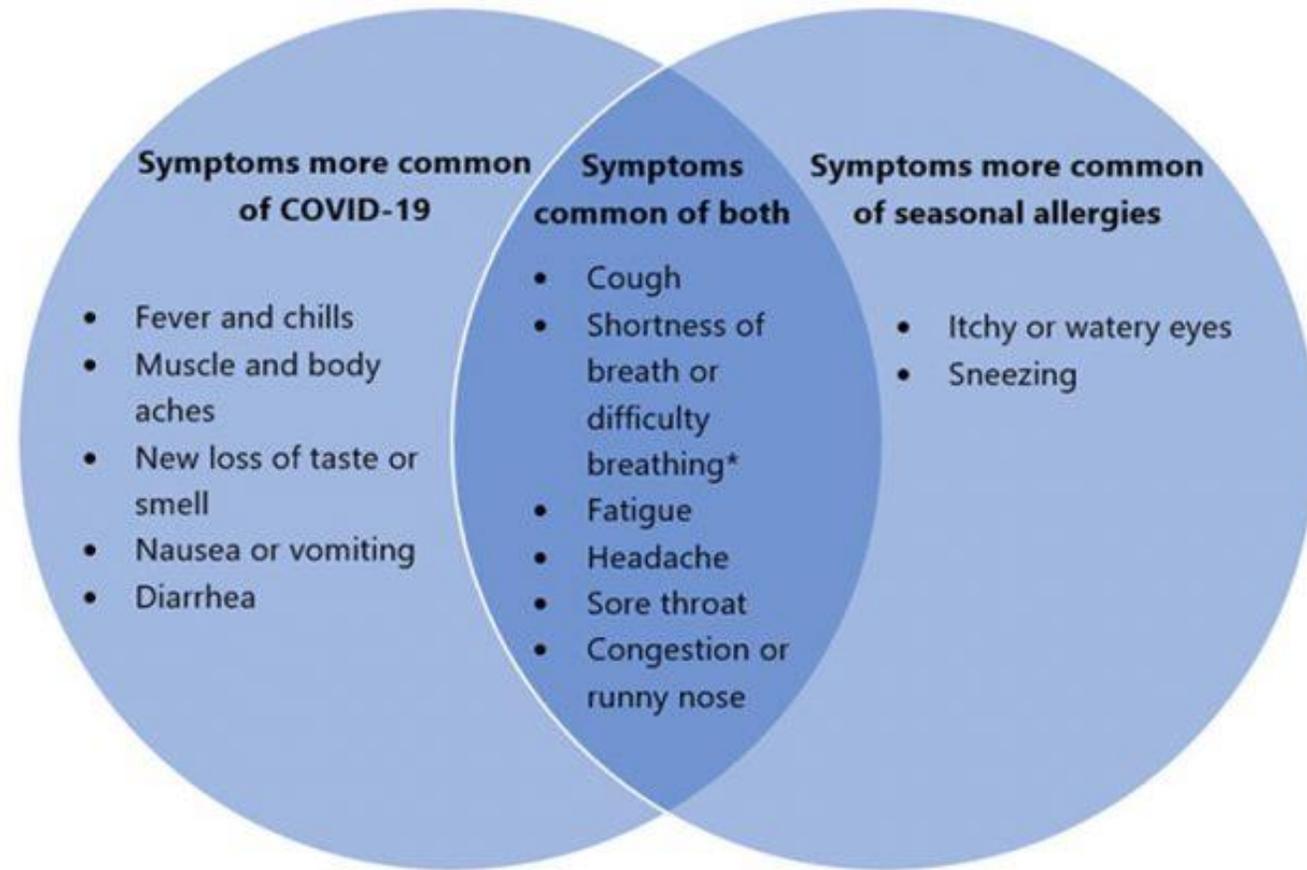
Schools should determine the policy for when students are staff who had symptoms return to school and extracurricular activities. RIDOH recommends schools consider that

- If someone gets a positive COVID-19 test result, then the individual must follow isolation guidelines before returning to school.
- If someone gets a negative antigen test result, then a confirmatory lab-processed PCR test is recommended.
 - If the PCR test can't be obtained, schools may choose to accept a negative antigen test result.
- Some symptoms may be caused by seasonal allergies or other chronic illness and may continue for longer periods of time. In this case, a student should be permitted to return to school if their PCR **or antigen** test result is negative and they have been fever-free for 24 hours without the use of fever-reducing medicine.
- *Find more information about COVID-19 symptoms and allergies on Slide 17.

COVID-19 and Allergies, Asthma, or Chronic Health Conditions

If a student or staff has new onset of COVID-19 symptoms that require staying home or dismissal from school, they should stay home and get tested.

- If the PCR **or antigen** test result is negative and symptoms are consistent with allergies, asthma, or other chronic health conditions, then the individual may return to school/sports after being fever-free for 24 hours without the use of fever-reducing medicine.
- If the individual has a **new additional COVID-19 symptom** or **sudden change or worsening** of runny nose, nasal congestion, or another symptom, then they should
 - Be sent home;
 - Get medical advice; and
 - Get tested, as required, to return to school/sports.



Infectious Period and Isolation Timelines

What Is the Infectious Period for COVID-19?

- **Symptomatic Cases**

- Two calendar days prior to symptom onset until 10 days after symptom onset.

- **Asymptomatic Cases**

- Two calendar days prior to testing (the date the swabbing was conducted) until 10 days after the date of testing.

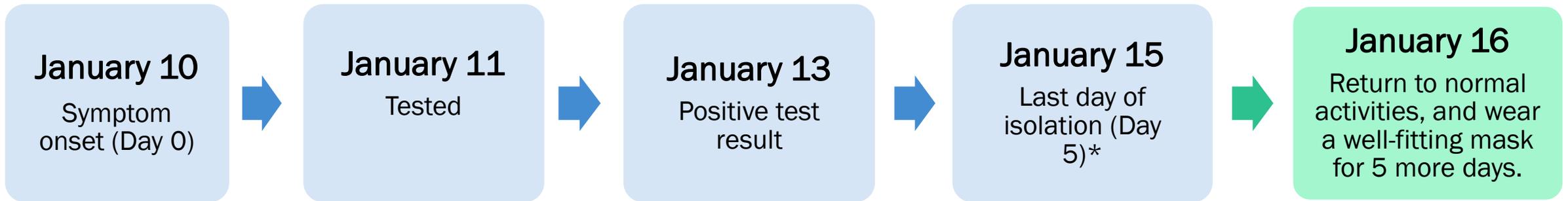
Isolation

- **Isolation** is for the **ill** or **infected**
 - Separate individuals who are infected with COVID-19 from other people.
 - Stay home and isolate from household members as much as possible.
- The duration of isolation depends on whether the individual is
 - Symptomatic or asymptomatic; or
 - Immunocompromised.

Isolation for Symptomatic Individuals

People who have, or develop, symptoms should isolate at home for at least 5 days from when symptoms first appeared, and **wear a well-fitting mask for 5 more days**, if

- They are fever-free for at least 24 hours without use of fever-reducing medicine; and
- Other COVID-19 symptoms have improved or are improving.
 - Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation
- If a mask is unable to be worn, the individual must isolate for a full 10 days.

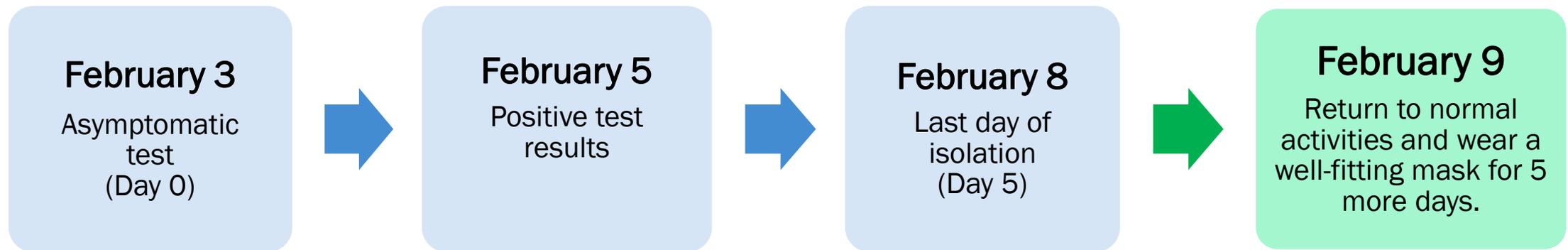


*People who develop **new symptoms consistent with COVID-19** within 90 days after COVID-19 infection should get a medical evaluation by a professional healthcare provider.

Isolation for Asymptomatic Individuals

People who **don't have symptoms and test positive for COVID-19** should isolate at home for at least 5 days from the date they were tested, and wear a well-fitting mask for 5 more days.

- If symptoms develop during isolation, follow [guidance for isolation for symptomatic individuals](#) on Slide 21.
- If the individual is unable to wear a mask, they should isolate for a full 10 days.



Isolation Guidance – Immunocompromised

People who are severely ill with COVID-19, including those who were hospitalized or required intensive care or ventilation support, and people with compromised immune systems might need to isolate at home longer.

- CDC recommends an isolation period of at least 10, and up to 20 days, for people who were severely ill with COVID-19 and for people with weakened immune systems.
 - Consult with your healthcare provider about when you can resume being around other people.
- **People who are immunocompromised should talk to their healthcare provider about the potential for reduced immune responses to COVID-19 vaccines and the need to continue to follow current prevention measures including**
 - Wearing a well-fitting mask, staying 6 feet apart from others they don't live with, and avoiding crowds and poorly ventilated indoor spaces until advised otherwise by their healthcare provider.
 - Close contacts of immunocompromised people should get all recommended COVID-19 vaccine and booster doses.

Close Contacts and Quarantine

Definition of Close Contacts and Quarantine

Close contact

- An individual who has been within six feet of an infected person (with or without a face mask) for 15 minutes or more in a 24-hour period in either an indoor or outdoor setting regardless of vaccination status:
 - i.e., three five-minute interactions during the day; or
- An individual who has had unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 in either an indoor or outdoor setting:
 - i.e., an infected person coughed directly in someone's face.

Quarantine

- Quarantine keeps close contacts, someone who may have been exposed to someone with COVID-19, away from others.
 - Close contacts should stay home/participate in school-based quarantine programs, wear a well-fitting mask for 10 days, and monitor for symptoms.
 - Last date of exposure is considered Day 0 for quarantine.

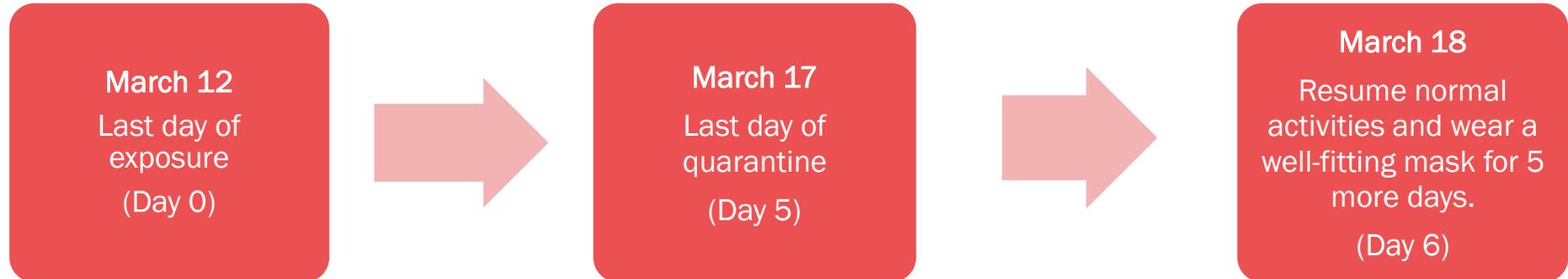
Travel Quarantine Guidance

- While there is no law requiring quarantine after travel, RIDOH strongly recommends that schools following CDC guidance on travel quarantine as the best public health practice.
 - Find more information in RIDOH's [travel information portal](#).

Quarantine Guidance

CDC and RIDOH recommend that people quarantine at home for at least 5 days from the last day of exposure to someone with COVID-19, and continue to wear a high-quality, well-fitting mask for 5 more days. Schools may choose to implement a stricter quarantine policy if they so choose.

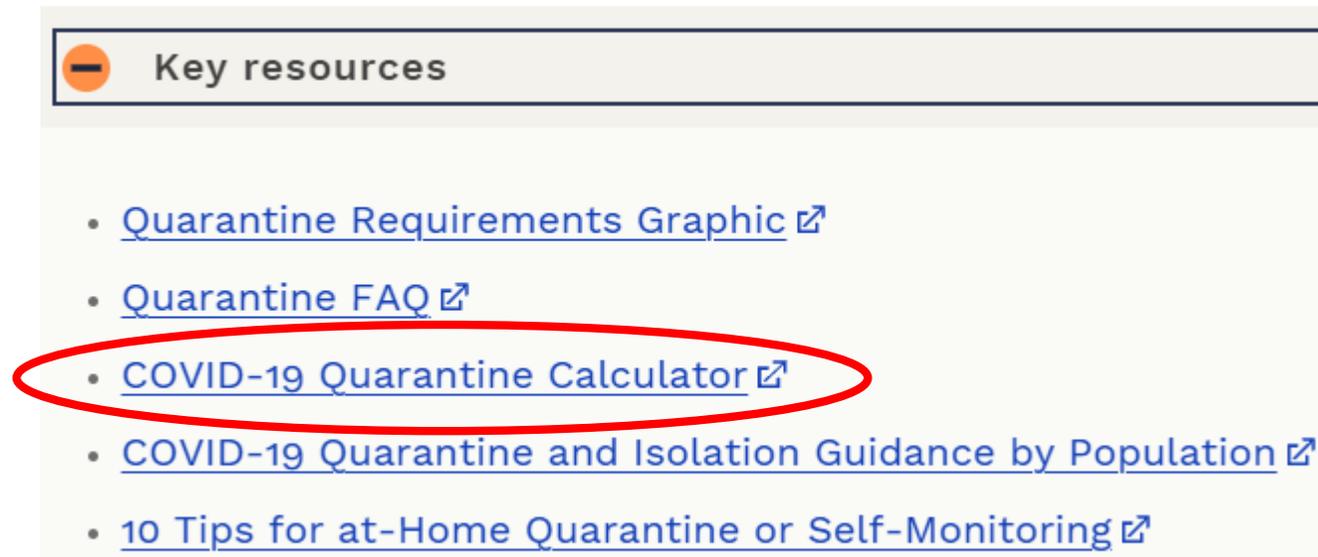
- **5-Day Quarantine**



- People identified as close contacts are exempt from quarantine if they
 - Are [up-to-date on their vaccines](#);
 - Have tested positive for COVID-19 in the past 90 days;
- Individuals exempt from quarantine should wear a mask for 10 full days after exposure.

Calculating Quarantine Duration Options

- Need help determining end of quarantine dates?
- RIDOH has created a [COVID-19 Close Contact Quarantine Calculator](#):
 - Click this link, then scroll down and click on *Key resources* drop down to download the calculator.



People Who ARE Up to Date with COVID-19 Vaccine

People are [up to date](#) with COVID-19 vaccination if they are

- Age **12 or older** and have received all [recommended vaccine doses](#), including [boosters](#);
- Age **5 to 11** and have completed the two-dose Pfizer vaccine primary series; or
- People age **5 and older** who are [moderately or severe immunocompromised](#) and have received three doses as part of the primary vaccine series, and a booster dose when eligible.

People who ARE [up to date with COVID-19 vaccination](#) are exempt from quarantine if they don't have symptoms.

We also recommend that they

- Take additional precautions by wearing a well-fitting mask when around others at home and in person and
 - Avoid people who are immunocompromised or at high risk for severe disease, nursing homes, and other high-risk settings;
 - If possible, stay away from people you live with, especially people who are at higher risk for getting very sick from COVID-19;
 - Avoid [travel](#) for 10 days; and
 - Watch for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms.

People Who Are NOT Up to Date with COVID-19 Vaccine

All people who aren't [up to date with COVID-19 vaccination](#) may be directed to quarantine for at least 5 days, and wear a well-fitting mask for 5 more days; and

- Get tested on day 5 or later, if possible; and
- Take additional precautions by wearing a well-fitting mask when around others at home and in person and
 - Avoid people who are immunocompromised or at high risk for severe disease, nursing homes, and other high-risk settings;
 - If possible, stay away from people you live with, especially people who are at higher risk for getting very sick from COVID-19;
 - Avoid [travel](#) for 10 days; and
 - Watch for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms.
- If they are unable to wear a well-fitting mask, they must quarantine at home for 10 days.

Monitor to Stay

Monitor to Stay is a modified quarantine strategy for students and staff who are unvaccinated/not up-to-date with vaccination and have been exposed to someone with COVID-19 outside their household.

Students and staff may attend school and participate in school-related extracurricular activities in person during their 5-day quarantine period if they

- Screen for all symptoms of COVID-19 daily and attest that they're asymptomatic (using the school's protocol);
- Wear a well-fitting mask at school; and
- Quarantine at home when they're not at school and school-related extracurricular activities.
- If students or staff have/develop any one symptom of COVID-19, they aren't eligible for the Monitor to Stay quarantine program and must stay home, isolate, and get tested.
 - Once their symptoms are resolving and they've been fever-free for 24 hours, they can resume Monitor to Stay /return to school with a negative PCR or antigen test result.
- If students or staff are unable to wear a mask, they shouldn't participate in the Monitor to Stay program.

Test to Stay

Test to Stay is a modified quarantine strategy for students and staff who are unvaccinated/not up-to-date with vaccination, don't have symptoms, and have been exposed to someone with COVID-19 outside their household.

Students and staff may attend school and participate in school-related extracurricular activities in person during their 5-day quarantine period if they

- Don't have symptoms;
- Get a negative COVID-19 test result (using the school's protocol) for up to 5 days after exposure;
- Wear a well-fitting mask at school; and
- Quarantine at home when they're not at school and school-related extracurricular activities.
- If students or staff test positive, they should isolate at home and follow isolation guidance.
- If students or staff have/develop any one symptom of COVID-19, they aren't eligible for the Test to Stay quarantine program and must stay home, isolate, and get tested.
- If students or staff are unable to wear a mask, they shouldn't participate in the Test to Stay program.

Isolation and Quarantine for Household Members

Isolation Within the Household

A person in isolation is considered separated from others while in isolation within the household if

- The isolated person stays in the house but stays in their own bedroom at all times and uses a separate bathroom and does not share any common areas with others in the household.
 - If a separate bathroom is not available, special care should be taken to disinfect the shared bathroom in between each use. If the bathroom is disinfected between each use, the infected person is considered to be isolating within the household.
- The isolated person stays in the house but on a completely separate floor or living area at all times (i.e., separate apartment within the house).
- Either the isolated person or the other household members temporarily move out of the household while the case is in isolation.

Quarantine for Household Contacts

Quarantine for household contacts who CANNOT separate

- Household members who **aren't exempt** must quarantine while the infected individual is in isolation, then start their own 5-day quarantine
 - Last day of isolation for the case is the last day or exposure (Day 0) for the household members.
 - End of isolation is 5 days after symptom onset or swab date if asymptomatic, AND
 - Fever-free for 24 hours without fever-reducing medication, AND symptoms are resolving
 - If on day 5, the symptom criteria are not met, the case should continue to isolate.
- If possible, get tested on day 5; and
- Continue to wear a high-quality, well-fitting mask for 5 additional days.

Quarantine for household contacts who CAN separate

- Household members who aren't exempt should start their 5-day quarantine from the date of last exposure to the infected household member (called Day 0).
- Day 0 is the last day the household member and the infected household member shared living space;
 - Spent time together in the same rooms; and
 - Were closer than six feet for more than 15 minutes or more during a 24-hour period.

Quarantine of Household Contacts with Ongoing Exposure

- As long as the case has been fever-free without using fever-reducing medicine for 24 hours and there has been an improvement in symptoms, the household members can begin their quarantine on day 6 of the cases isolation.
- If symptoms have not yet improved, household members need to wait to begin their quarantine until symptoms are improving.
- Last day of isolation would be the day symptom criteria are met
 - For example, symptoms are resolving on day 7, then day 7 would be the end of isolation and the household member would start quarantine on day 8.

COVID-19 Vaccination

COVID-19 Vaccine Quick Tips

- COVID-19 vaccines in the US are safe, highly effective against serious illness, and may prevent you from being infected with COVID-19.
- A person cannot get COVID-19 from COVID-19 vaccines.
- Please visit RIDOH's website for other Frequently Asked Questions about the Vaccine [COVID-19 Vaccine FAQs | RI COVID-19 Information Portal](#).
- Everyone age 12 and older should get a booster dose in order to be up to date with their vaccination. You are considered up to date with vaccination immediately after receiving your booster dose.
 - A booster dose is a dose of vaccine dose given to someone who has built up protection after vaccination, but that protection is decreasing over time.
- If you are [moderately or severely immunocompromised](#) please talk to your healthcare provider about your medical condition, and whether getting an additional primary shot is appropriate for you.

Testing for COVID-19

How to Get a COVID-19 Test

NEW!

There are many ways to get a COVID-19 test. Find the location most convenient for you at covid.ri.gov/testing.

School communities are encouraged to get tested as needed through

- A school nurse;
- Health Care Provider, Primary Care Provider, and Pediatrician;
- [Respiratory Clinics or Urgent Care Centers](#);
- [Retail Pharmacies \(e.g., CVS, Walgreens, etc.\)](#);
- Self-tests administered at home; or
- State-run sites if the person has symptoms or has been identified as a close contact.

COVID-19 Test Scheduling for State Sites

Testing availability at State-run sites will be scaled back over the next few months.

Schedule online at portal.ri.gov or call 401-222-8022.

- Hours for state-run testing sites as of March 7, 2022
 - Monday to Friday, 9:00 a.m. – 5:00 p.m.; and
 - Saturday and Sunday, 9:00 a.m. – 1:00 p.m.

Find a Test site near you here:

docs.google.com/spreadsheets/d/1ZPU7c3QYweLDNa2TyCng_L5TC33CT_4xJrG_EI_QrxSU/edit#gid=0

Who can be scheduled for a test through this service?

- Anyone associated with Pre K-12 schools (students, staff, coaches, etc.) and child care who is
 - Symptomatic; or
 - A close contact of a person who tested positive for COVID-19.

How Can I Access Test Results?

- If you were recently tested for COVID-19 in the State of Rhode Island, you can access a record of your test result at portal.ri.gov/results.
- What you must have to access your test results
 - Name (**as provided** to the appointment line or portal)
 - Date of birth; and
 - Date of testing appointment.
- ***Note: You need to include a valid cell phone number or email address when you schedule the appointment in order to access results in the portal.***
- The [COVID-19 Test Result Portal User Guide](#) is available if you need assistance.
- If you were tested at a medical office, retail pharmacy, your workplace, or in school, contact the location where you were tested for a copy of your result if you cannot access your results through the portal.

Reporting Antigen Test Results

- Report the results of all Point of Care (POC) or antigen tests (enter positive, negative, and invalid results for all) using the RIDOH Point of Care Results Reporting Portal at portal.ri.gov/reportcovidresult. Do not enter self-tests.
- Report all testing and consent-related information on a weekly basis to RIDOH POCs: ridoh.covid19K12testing@health.ri.gov and back2school@ride.ri.gov

Use of COVID-19 Self-Tests

- Self-tests may be useful [in certain scenarios](#), such as
 - Before indoor gatherings, particularly with those at higher risk of illness;
 - When symptomatic;
 - When possibly exposed to someone positive for COVID-19; and
 - Before and after domestic travel if documentation of a negative test result is not required.
- Self-tests may meet some international travel requirements to and/or from the US:
 - For outbound travel, check the destination country's requirements.
 - Self-tests are only permitted for travel into the US [only](#) if the test has an online digital component where the swab is monitored and the test kit is monitored while awaiting and interpreting the result.
- Find more information about what to do when using a self-test at home at portal.ri.gov/s/self-test.

Follow-up of Self-Test Results

- RIDOH will not conduct case investigation and contact tracing based on self-reported positive results from self-tests.
- RIDOH will not provide a letter for missed work or school due to isolation based on a positive self-test result. **If a letter is required, get another test at a testing site or by a healthcare provider.**
- RIDOH will not provide documentation of infection within the past 90 days based on a positive self-test result.
- Individuals who are isolating or quarantining based on the result of a positive self-test who need assistance or support during can call 401-222-8022 to request services.

Guidance for Sports

Sports Come With an Inherent Risk of Exposure to COVID-19

RIDOH recommends utilizing a testing program for higher-risk sports.

- Parents, students, and coaches should understand the risk associated with playing sports.
 - High contact sports, like wrestling, hockey, soccer, and football confer a higher risk for transmission.
 - Indoor sports confer a higher risk of transmission than outdoor sports.

Close contacts in sports may be different and can depend on

- **The physical closeness of players**
 - When playing most team sports, six feet of distance cannot be maintained; and
 - Athletes often have face-to-face contact with other players; and
- **The level of intensity of activity**
 - Activities that are high intensity or require a high level of exertion (such as full competition) present a higher level of risk for getting and spreading COVID-19.

Sports—Missing Practice/Games/Tryouts Because Symptomatic

- Athletes should not attend practices, games, or tryouts if they have *any* symptoms of COVID-19, even if the symptom(s) is mild and they feel well enough to play.
 - Athletes should not be penalized for missing tryouts, practices, or games due to COVID-19 symptoms, isolation, or quarantine.
 - Tryouts should be extended for symptomatic athletes or athletes on isolation/quarantine in accordance with athletic department rules.