

# Millard School District Covid-19 Guidance for Staff

Welcome to the 2020-21 School Year! We begin this year at a time unlike any we have ever known. Our world is in the middle of a struggle with a virus that has turned our educational setting, our economy, and most aspects of our society in a direction we could not have imagined six months ago. We continue to adapt and to adjust as we reset priorities and objectives. Very plainly, for an institution that has always listed student achievement as its highest priority, we now clearly state those previously understated priorities which have always superseded student achievement, but went without saying. We now state very clearly that our priorities are:

1. The health and safety of our students and staff.
2. The emotional and mental health of our students and staff.
3. Student Achievement.

The first two priorities have always been there, and have always been critical to the third, but in our world our protocols and reassurances must be clearly stated in order to foster achievement.

The over-arching principle in all discussions of health must be unequivocally understood by all students and staff... that is this,

**If you are sick, STAY HOME!**

This is the greatest safeguard we can have for all our students and staff and is the best course of action to keep our schools open.

This means that attendance policies must be relaxed and individuals must be responsible to make wise decisions in order to accomplish academic objectives. We want students and staff in school. Face-to-face instruction time is gold to us. We learned in the spring how valuable each moment of face-to-face interaction could be. In order to allow this to occur, we take one step back to take two steps forward. We encourage students and staff who are ill, to not come to school in order to safeguard the continued operation of our schools and allow the face-to-face time. We believe and expect our attendance will be much lower than usual.

In order to assist our students in moving forward through this we have required all teachers to post a course syllabus on one of our lesson management systems, either Google Classroom or Canvas in grades K-6, and Canvas in grades 7-12. We are grateful educators had the 60 paid hours to accomplish this over the summer. Hopefully, everyone is well along in this requirement by now and will be ready for the students when they arrive. We feel this is critical to the ability of parents and students who are

at home to understand the scope and sequence of the instruction provided in the classroom.

You are also reminded that we have further instructed all teachers to provide a video component to all core instruction in grades K-6 and for all subjects in grades 7-12, in order to assist those students who are at home due to illness, or who are required to miss class because of activities or school related programs to progress along with students who are in class.

With these steps, we hope it will become the practice of parents to monitor the health of their students closely each day, and have them work from home on days that there is concern about symptoms. We have provided the following guidance from the CDC to assist parents in knowing how to monitor their students. We provide it here to all staff to know what will be expected of parents and schools.

## Daily Home Screening for Students

Parents: Please complete this short check each morning before your child leaves for school. Please report your child's information to the school if symptoms require absence.

### SECTION 1: Symptoms

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth;
- Sore throat;
- New** uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline);
- Diarrhea, vomiting, or abdominal pain; or
- New onset of severe headache, especially with a fever.

### SECTION 2: Close Contact/Potential Exposure

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19: OR
- Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to SARS-CoV-2; OR

- ❑ Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the [Community Mitigation Framework](#)
- ❑ Live in areas of high community transmission (as described in the [Community Mitigation Framework](#)) while the school remains open

### *Return-to-School Policies*

If the student/parent/caregiver answers YES to any question in Section 1 but NO to any questions in Section 2, the student would be excused from school until symptom-free for 24 hours without fever reducing medications.

If the student or parent or caregiver answers YES to any question in Section 1 and YES to any question in Section 2, the student should be referred for evaluation by their healthcare provider and possible testing. Such students and families are strongly encouraged to contact Central Utah Public Health for guidance on appropriate steps.

The phone numbers for CUPH are as follows:

In Fillmore – 435-743-5723 and

In Delta – 435-864-3612.

Central Utah Public Health officials and/or healthcare providers will determine when [viral testing](#) for SARS-CoV-2 is appropriate. Millard School District will not require testing results as a part of return to school. Students who have received a negative test result will be allowed to return to school once their symptoms have otherwise improved in accordance with existing school illness management policies.

Students diagnosed with COVID-19 or who answer YES to any question in Section 1 and YES to any question in Section 2 without negative test results should stay home, isolate themselves from others, monitor their health, and follow directions from their state or local health department. Students and their families are advised that the local health department may contact the family for contact tracing. If contacted, families should notify the contract tracer that the student attended school.

Students diagnosed with COVID-19 or who answer YES to any component of Section 1 AND YES to any component of Section 2 without negative test results should be permitted to return to school in line with current CDC "[When Can I Be Around Others](#)" guidelines (e.g., 3 days with no fever, 10 days after other symptoms have ended). A negative test or doctor's note will not be required for return. Questions regarding return to school should be jointly decided in consultation with parents or caregivers, school personnel, and the student's healthcare provider.

If we are expecting parents and students to follow this guidance, they must trust us that we will make instruction for those who follow the guidance to stay home, as seamless as possible! Students who are excluded from school will be afforded the opportunity, as soon as feasible, when they are well enough to participate in classwork, to make up any missed classwork without penalty in order to reduce mental or physical anxieties about missed academic opportunities. *Procedures and practices that penalize absence and affect grades must be reconsidered with health and wellness goals given priority.*

## Limitations of Symptom Screenings as Part of a School Reopening Strategy

There have been many questions regarding the screening of students and staff at the school. Staff members will be asked to self-monitor for symptoms and to remain at home when appropriate. If the symptoms allow, the teacher would still be invited to record instruction from their home to be used by the substitute to assist in classroom instruction. Just as we are expecting greater student absenteeism, we also anticipate higher staff absenteeism as we work to keep illness out of our schools.

**We will not be conducting screening of students as they arrive at school or in any large scale manner.** Symptom screenings are not helpful in identifying individuals with SARS-CoV-2 infection who are asymptomatic or pre-symptomatic (they have not developed signs or symptoms yet but will later). Others may have symptoms that are so mild, they may not notice them. In fact, children are more likely than adults to be asymptomatic or to have only mild symptoms. The exact percentage of children with SARS-COV-2 infection who are asymptomatic is still unknown, but recent large studies have suggested around 16% of children with SARS-CoV-2 infection do not develop symptoms. This means that even when schools have symptom screenings in place, some students with SARS-CoV-2 infection, who can potentially transmit the virus to others, will not be identified.

**Symptom screenings will identify only that a person may have an illness, not that the illness is COVID-19.** Many of the symptoms of COVID-19 are also common in other childhood illnesses like the common cold, the flu, or seasonal allergies. The table below illustrates some of the overlap between the symptoms of COVID-19 and other common illnesses.

Table. Many symptoms of COVID-19 are also present in common illnesses

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies
Fever or chills	X		X		
Cough		X	X	X	X

Table. Many symptoms of COVID-19 are also present in common illnesses

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies
Sore throat	X	X	X		X
Shortness of breath or difficulty breathing				X	
Fatigue		X	X	X	X
Nausea or Vomiting	X		X		
Diarrhea	X		X		
Congestion or Runny Nose		X	X		X
Muscle or body aches	X	X	X		

Note: The table above does not include all COVID-19 symptoms

The overlap between COVID-19 symptoms with other common illnesses means that many people with symptoms of COVID-19 may actually be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. For example, it is common for young children to have up to eight respiratory illnesses or “colds” every year. Although COVID-19 and illnesses like colds or the flu have similar symptoms, they are different disease processes.

Some studies have tried to identify which symptoms may best predict whether an individual has COVID-19, although these studies have primarily focused on those over 18-years-old. In children, fever has been the most frequently reported symptom. However, fever is common in many other illnesses, and temperatures can be taken improperly and falsely interpreted as fever. Additionally, there is no symptom or set of symptoms that only occurs in children diagnosed with COVID-19.

Additionally, students with chronic conditions like asthma or allergies may have symptoms like cough or nasal congestion without having any infection at all. As a result, symptom screenings have the potential to exclude some students from school repeatedly even though they do not have COVID-19 or any contagious illness. This in turn may worsen disparities in students who already miss school frequently because of chronic medical conditions.

**Students who are sick with contagious illnesses should not attend school, but most illnesses do not require the same level or length of isolation that COVID-19 does. Excluding students from school for longer than what is called for in existing procedures (e.g., fever free without medication for 24-**

**hours) based on COVID-19 symptoms alone risks repeated, long-term unnecessary student absence.**

**Symptom screenings alone are inadequate to reduce SARS-CoV-2**

**transmission** because of the limitations mentioned. Even when symptom screenings are implemented, [other mitigation strategies](#) (such as promoting healthy behaviors, maintaining healthy environments, maintaining healthy operations, and preparing for when someone gets sick) are still needed to help protect students, teachers, and staff from COVID-19.

**The exact level of effectiveness of symptom screening in schools is not**

**known at this time.** While screening may reduce some SARS-COV-2 transmission in schools, transmission may still occur because of asymptomatic, pre-symptomatic, and mildly symptomatic students. Additionally, because symptom screenings will likely identify individuals who have symptoms that are unrelated to COVID-19 and, at times, unrelated to any infectious illness, students may be inappropriately excluded from school, which may cause unintended harm. It is because of these limitations that CDC does not currently recommend that universal symptom screenings be conducted at schools.

## School Isolation Protocols

Because we will not be conducting general screenings, it becomes critical that all school personnel understand and recognize symptoms as well as our School Isolation Protocols. Some students may develop symptoms of infectious illness while at school. Schools should take action to isolate students who develop these symptoms from other students and staff.

- Students who develop any of the symptoms in Section 1 while at school should be placed in the school's designated wellness room, an isolation area separate from staff and other students:
  - School staff (e.g., workers, teacher aides, school health staff) who interact with a student who becomes ill while at school should use [Standard and Transmission-Based Precautions](#) when caring for sick people.
  - Students who are sick should go home or to a healthcare facility depending on how severe their symptoms are, and follow [CDC guidance for caring for oneself and others](#) who are sick.
- Students identified at school who develop any of the symptoms in Section 1 AND answer YES to any of the questions in Section 2 should be placed in an isolation area separate from staff and other students (e.g., a nurse's office) and then sent home or to a healthcare facility if symptoms indicate a need for further evaluation:

- If a school needs to call an ambulance or bring a student to the hospital, they should first alert the healthcare staff that the student may have been exposed to someone with COVID-19.
- After the student is placed in an isolation area, school staff who work in the isolation area should follow CDC's [Considerations for Cleaning and Disinfecting your Building or Facility](#).
- Please be mindful of appropriate safeguards to ensure that students are isolated in a non-threatening manner, within the line of sight of adults, and for very short periods of time. Also please be reminded of all student confidentiality requirements as outlined in district policy.

We have attached to this document the various CDC guidance documents that are referenced in this document. Please study them as you are able in order to safeguard yourselves and your students.

We are thrilled to be able to resume instruction within our classes. While many things will look different, those most important will be the same - students who are entrusted to skilled and caring individuals who will do their best to care for the needs of all students, whether those needs be physical, emotional, or academic. We hope to provide our instruction in a setting free from worries and interruptions. The support of our parents, students, and staff in following the steps outlined in this document will take us a long way down that road. Thank you for your support in this pursuit!

Attachments:

[Community Mitigation Framework](#)

[viral testing](#)

["When Can I Be Around Others"](#)

[other mitigation strategies](#)

[Standard and Transmission-Based Precautions](#)

[CDC guidance for caring for oneself and others](#)

[Considerations for Cleaning and Disinfecting your Building or Facility](#)