

Best Practices for Handling a Confirmed Case of COVID-19

INFORMATION FOR SCHOOLS, CHILD CARE, YOUTH PROGRAMS, AND CAMPS

9/1/2021

Minnesota Rule 4605.7070 requires any person in charge of any institution, school, child care facility, or camp to report cases of COVID-19 to the Minnesota Department of Health (MDH).

- [Office of Revisor of Statutes Minnesota Administrative Rules 4605.7070 \(www.revisor.mn.gov/rules/4605.7070/\)](http://www.revisor.mn.gov/rules/4605.7070/)
- [Reportable Infectious Diseases: Reportable Diseases A-Z \(www.health.state.mn.us/diseases/reportable/disease.html\)](http://www.health.state.mn.us/diseases/reportable/disease.html)

Use the [COVID-19 Case Report Form for K-12 Schools, Childcares, and Youth Programming \(Camps, Sports, Extracurricular Activities\)](https://redcap.health.state.mn.us/redcap/surveys/?s=YLH94XW7YKD9WDE9) (<https://redcap.health.state.mn.us/redcap/surveys/?s=YLH94XW7YKD9WDE9>) to report each child, youth, or staff member who receives a positive test result. This is a secure system to report information, such as names, addresses, and phone numbers. At a minimum and when available, include the name, date of birth, and phone number of the person who tested positive for COVID-19.

Schools, child care, youth programs, and camps are strongly encouraged to develop policies and protocols for notifying MDH about positive cases, management of case follow-up, and notification of exposed persons in alignment with public health guidance. This document follows recommendations from Centers for Disease Control and Prevention (CDC) to reduce the risk of transmission and limit exposures.

Key terms

Case: a person who has tested positive for COVID-19.

Case investigation: the steps taken by a trained health worker when calling a person who tests positive for COVID-19 to ask about their symptoms, how they may have been infected, and who they may have infected.

Close contact: someone who was within 6 feet of an infected person (laboratory-confirmed) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes). An infected person can spread SARS-CoV-2, the virus that causes

COVID-19, starting from two days before they have any symptoms (or for asymptomatic patients, two days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

- Exception: In the K-12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

This exception **does not apply** to teachers, staff, or other adults in the indoor classroom setting.

Incubation period: the time it takes to develop infection after exposure to a virus. For COVID-19, this period ranges from two to 14 days.

Infectious period: the period of time a person with COVID-19 can spread the virus to others. It includes the two days before a person has symptoms through at least 10 days after symptoms start. For a person without symptoms, the infectious period is two days before the date the person tests positive for COVID-19 and until at least 10 days after. A person may be infectious with COVID-19 for longer if they are immunocompromised or have severe illness.

Isolation: when a person who tests positive for COVID-19 stays at home and away from others, even those living in the same home. This prevents them from spreading the disease to others. The isolation period for COVID-19 is at least 10 days from start of symptoms, or from the test date if the person has no symptoms, and until 24 hours without fever, without using medicine that reduces fever, and until symptoms have improved. The period could be longer if a person's symptoms do not improve, or the person is immunocompromised.

Quarantine: when a person who is a close contact of someone with COVID-19 stays at home and away from others for up to 14 days to avoid spreading COVID-19 during the incubation period when they could become ill.

Facility response to people who test positive for COVID-19

It is recommended that schools, child care, youth programs, and camps designate a staff person responsible for responding to COVID-19 concerns and coordinating with local health authorities regarding positive COVID-19 cases. Ensure all families and staff know who this person is and how to contact them.

Isolation for people who test positive for COVID-19

People who test positive for COVID-19 should stay at home until all three of these things are true:

- They feel better. Their cough, shortness of breath, or other symptoms are better; and,
- It has been 10 days since they first felt sick or tested positive; and,
- They have had no fever for at least 24 hours, without using medicine that lowers fever.

The Hennepin County Infectious Disease Manual is a guide for infectious disease identification and prevention. It now includes COVID-19. This resource can provide more information related to exclusion of children and staff who have a lab-confirmed positive test for COVID-19 or who have been exposed to COVID-19.

- [Hennepin County Infectious Diseases Manual \(www.hennepin.us/daycaremanual\)](http://www.hennepin.us/daycaremanual)
- [COVID-19 \(SARS-CoV-2\), school health/child care provider fact sheet \(www.hennepin.us/-/media/hennepinus/residents/health-medical/infectious-diseases-fact-sheets/covid-19-provider-technical-fact-sheet.pdf\)](http://www.hennepin.us/-/media/hennepinus/residents/health-medical/infectious-diseases-fact-sheets/covid-19-provider-technical-fact-sheet.pdf)

Reporting a positive case to MDH

Per Minnesota Rule 4605.7070, any person in charge of any institution, school, child care facility, or camp must report cases of COVID-19 to MDH.

Use the [COVID-19 Case Report Form for K-12 Schools, Childcares, Youth Programming \(Camps, Sports, Extracurricular Activities\)](https://redcap.health.state.mn.us/redcap/surveys/?s=YLH94XW7YKD9WDE9) (https://redcap.health.state.mn.us/redcap/surveys/?s=YLH94XW7YKD9WDE9) to report each child, youth, or staff member who receives a positive test result. This is a secure system to report information, such as names, addresses, and phone numbers.

- Fill out the report as completely as possible. Please, however, submit the form even if you do not know all the information or if you are working with local public health, tribal health, or licensing.
- At a minimum and when available, include the name, date of birth, and the phone number of the person who tested positive for COVID-19.

K-12 schools, child care, youth programs, and camps may contact MDH with questions about case reporting at health.schoolcc.followup@state.mn.us.

Identifying close contacts

Identification and quarantine of close contacts plays an important role in minimizing the spread of COVID-19.

MDH's recommendations for contact tracing in school, child care, youth program, and camp settings are based on [CDC: Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education \(IHEs\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/contact-tracing.html) (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/contact-tracing.html).

To identify close contacts, schools should gather and review the participant's or staff member's activity at the facility during the time they were infectious. This review should look back two days prior to the date symptoms started, or two days prior to the date of the positive test if there are no symptoms. Close contacts include anyone who was within 6 feet of an infected person for a total of 15 minutes or more in a 24-hour period.

Exception: In the K–12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

This exception **does not apply** to teachers, staff, or other adults in the indoor classroom setting.

Note: A parent, guardian, or other caregiver of a child who is a confirmed case typically represents minimal risk to a program, as long as the parent has not spent significant time within the setting (for example, only routine pickup and drop-off). If the parent was in the facility for an extended period of time while infectious (e.g., volunteering in a classroom), MDH or local public health may recommend contact tracing be performed around the parent case to identify close contacts.

Recommendations for quarantine of close contacts

- Close contacts who are not fully vaccinated should quarantine. They should also be tested for COVID-19 immediately, and again three to five days after exposure to the confirmed case if the first test is negative.
 - A 14-day quarantine is the safest recommendation for people who have been exposed to COVID-19.
 - Programs may choose to evaluate the use of a shortened quarantine period of seven or 10 days and should consider vaccination and previous COVID-19 infection in developing quarantine policies. For information about shortened quarantine periods, refer to the Quarantine Guidance for COVID-19 in the additional resources section below.
- Close contacts who are fully vaccinated should get tested three to five days after exposure, even if they do not have symptoms. They should also wear a mask indoors in public for 14 days following exposure or until their test result is negative. They should isolate for 10 days if their test result is positive.
- Close contacts who have had COVID-19 within the past 90 days should monitor for symptoms and stay home if sick, but do not need to quarantine or test in many situations. For more information, refer to the Close Contacts and Tracing guidance in the additional resources section below.

Additional resources:

- [Recommended COVID-19 Decision Tree for People in Schools, Youth Programs, and Child Care Programs \(www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf)
- [What to Do if You Have COVID-19 \(www.health.state.mn.us/diseases/coronavirus/case.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/case.pdf)
- [Close Contacts and Tracing \(www.health.state.mn.us/diseases/coronavirus/close.html\)](http://www.health.state.mn.us/diseases/coronavirus/close.html)
- [Quarantine Guidance for COVID-19 \(www.health.state.mn.us/diseases/coronavirus/quarguide.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/quarguide.pdf)
- [CDC: Quarantine and Isolation \(www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html\)](http://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html)

- [CDC: Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education \(IHEs\) \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/contact-tracing.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/contact-tracing.html)
- [CDC: When You've Been Fully Vaccinated \(www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html\)](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html)

Recommendations for COVID-19 exposure notification

It is best practice for programs to develop a process to notify all identified close contacts of their exposure to a person with confirmed COVID-19, while maintaining confidentiality in accordance with applicable state and federal law.

MDH has developed template letters for notifying close contacts and making general program notifications. These templates are at [COVID-19 Notification Letter Templates for Schools, Child Care, and Youth Programs \(www.health.state.mn.us/diseases/coronavirus/schools/letters/\)](https://www.health.state.mn.us/diseases/coronavirus/schools/letters/).



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Contact health.communications@state.mn.us to request an alternate format.