Recommendations for Handling a Confirmed Case of COVID-19

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

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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).

- Reportable Disease Rule (www.health.state.mn.us/diseases/reportable/rule/index.html)

It is also strongly recommended that schools, child care, youth programs, and camps develop policies for notifying MDH about positive cases, management of case follow-up, and notification of exposed persons in alignment with public health guidance. This document outlines recommendations 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/close contact exposure: A close contact is ANY person who lives with someone who tests positive for COVID-19 or who has spent a total of 15 minutes or more in a 24-hour period within 6 feet of anyone who has COVID-19. The definition of a close contact applies regardless of whether either person was wearing a mask.

- Staff should take into consideration types of activities and interactions, the amount of time spent together, the setting, and other key considerations, such as whether the person was actively coughing and/or sneezing.

Contact tracing: Talking with people who are infected with COVID-19 to learn who had close contact with them and then telling close contacts they may have been infected. Contact tracing is a key element in stopping or limiting the spread of COVID-19. For more information on contact tracing at MDH, visit Case Investigation and Contact Tracing: COVID-19 (www.health.state.mn.us/diseases/coronavirus/tracing.html).

Exposed: This means coming in contact with the virus. The virus is thought to spread when someone who is infected coughs, sneezes, or exhales. This is why people should stay at least 6 feet from each other.
Incubation period: This is the time from close contact with the virus to development of infection. For COVID-19, this period ranges from two to 14 days.

Infectious period: This is 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, and 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 at least 10 days after.

Isolation: Isolation is 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.

Quarantine: Quarantine is 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 see if they will develop COVID-19. This prevents someone who does not yet know if they have the disease from spreading it to others if it turns out they have it.

Transmission: This is the term used to describe when an illness spreads between people.

**Recommendations for handling positive cases of 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.

**Resource:** [What to Do if You Have COVID-19](http://www.health.state.mn.us/diseases/coronavirus/case.pdf)

**Reporting a positive case**

The person responsible for coordinating COVID-19 concerns and reporting is encouraged to make a report to MDH of each child, youth, or staff member who receives a positive test result using this form: [COVID-19 Case Reporting Form for K-12 Schools, Childcares, Youth Camps, and Sports Programs](redcap.health.state.mn.us/redcap/surveys/?s=KKWLDH3ARC). 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.

Schools and programs do not need to submit a report for parents who have received a positive test result, unless the parent works at the school or program.

At a minimum and when available, include the name, date of birth, and phone number of the person who tested positive for COVID-19.

The submission form will ask for other information, including:
- Contact information for the facility or program’s designated person.
- Facility or program name, address, city, ZIP code, phone, and type of program or child care.
- Whether the report involves a sport affiliated with a school, club or both.
- The full name, date of birth and phone number of the person who tested positive for COVID-19.
- The number of students, participants, and staff identified as close contacts.
- Whether the COVID-19 positive person has symptoms and the symptom onset date (this is the date the case first started experiencing symptoms).
- The date the COVID-19 positive person was tested (this is the date the person took the test, NOT the date the test result came back).
- Whether the person who is positive worked or attended the school, child care, youth program, or camp while they were infectious.
- Whether MDH assistance is requested and the type of follow-up requested (e.g., assistance on following up with cases and close contacts).

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

Contact tracing: recommendations for identifying close contacts

Identification and quarantine of close contacts plays an important role in reducing the risk of continued viral spread by breaking chains of transmission and preventing further spread of COVID-19 in the school, child care, youth program or camp setting.

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) (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/contact-tracing.html).

To identify close contacts, gather and review the participant or staff member’s activity. 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.

Many factors can influence COVID-19 exposure risk, including how closely and for how long a person was exposed, vaccination status, prior COVID-19 infection, whether activities involved increased exhalation or crowding, and whether the person lives or spends time in a congregate living setting.
RECOMMENDATIONS FOR HANDLING A CONFIRMED CASE OF COVID-19

- It is recommended that participants and staff who recently had close contact with a person with COVID-19 stay home from the program and all other activities until they meet criteria to return. More information on what constitutes a close contact, who should quarantine, and when to return is available at: Close Contacts and Tracing: COVID-19 (www.health.state.mn.us/diseases/coronavirus/close.html).

**Note:** A positive parent of a child typically represents a minimal direct exposure risk within a program, as long as the parent has not spent significant time within the setting (for example, beyond routine pick-up and drop-off). If the parent spends an extended amount of time in the setting on a daily or recurrent basis, MDH or local public health may recommend that they be included in exposure assessments because they may represent an exposure risk to others if they are infectious.

**Recommendations for classroom or program setup**

If a classroom or program is arranged in a way that allows participants and staff to be less than 6 feet apart, MDH recommends that only those within a 6-foot radius be considered close contacts. MDH recommends that documentation of seating assignments be maintained to support the identification of close contacts.

- This recommendation only applies when participants remain stationary (e.g., seated at desks) and staff remain 6 feet away from participants.
- If participants are allowed to move freely throughout the classroom without maintaining a 6-foot distance from participants, staff, and teachers, or if documentation of seating arrangements are not available, MDH may recommend that all participants and staff be considered close contacts.
- For questions about classroom set up and specific exposures in a classroom, please contact MDH at health.schoolcc.followup@state.mn.us.

**Considerations for groups or cohorts**

Consider whether participants and staff were kept together as a group or cohort throughout attendance, including classrooms, lunch or meal times, recess or outdoor activities, parent pick-up and drop-off, transportation, or sports participation. If participants together consistently as a group that does not intermix with other groups, close contacts could be limited to only members of the group, based on the recommendations for identifying close contacts above.

**Considerations for cafeterias or lunchrooms**

MDH recommends that social distancing practices and documentation of seating assignments be maintained for meal times to support the identification of close contacts.

- All people within a 6-foot radius of a person who tested positive should be considered close contacts if seating is clearly documented. If seating assignments are not documented, MDH may recommend that all members of the table be considered close contacts.
- If participants are distanced more than 6 feet apart while eating, MDH does not recommend that anyone be considered close contacts.
Considerations for transportation

MDH recommends that schools and programs maintain documentation of seating arrangements and ensure that riders maintain those arrangements throughout the ride. These practices can limit the number of close contacts and assist with identification of close contacts.

When consistently seated at least 6 feet away from all riders, MDH does not recommend that drivers be considered a close contact of a person who is positive for COVID-19. If the driver was within 6 feet of the ill person for a cumulative total of 15 minutes or more while the person was infectious, MDH recommends that the driver be considered a close contact.

MDH recommends that riders (children and staff) who were in the same row, two rows ahead, and two rows behind a COVID-19 positive person for 15 minutes or more throughout a 24-hour period be considered close contacts. However, this recommendation may not apply if:

1. Riders are not in their assigned seat (i.e., moving about the bus to socialize with others) for the entire ride (roundtrip if applicable) and specific close contacts are unable to be determined; or
2. There is no documentation or other ability to confirm seating assignments.

If either of the above considerations are true, then MDH may recommend that all riders be considered close contacts of the person who is positive for COVID-19. For more guidance on specific exposures, please contact MDH at health.schoolcc.followup@state.mn.us.

Recommendations for quarantine of close contacts

- A 14-day quarantine is the safest recommendation for people who have been exposed to COVID-19.
  - In some circumstances, a shortened quarantine period of 7 or 10 days may be possible.
  - Fully vaccinated people and those who have had COVID-19 within the past 90-days may not need to quarantine in many situations.
  - Programs are encouraged to determine when it is appropriate to use a shortened quarantine period, and to consider vaccination and previous COVID-19 infection in developing quarantine policies.

- MDH recommends that close contacts stay away from school, child care, or any other activities outside their home while in their quarantine period. Staying home during the quarantine period and monitoring for symptoms is important because it can take between two to 14 days for someone who has been exposed to COVID-19 to get sick.

- People in quarantine who test positive for COVID-19 should stay home and separate from others for a minimum of 10 days from the start of symptoms (Day 0), OR from the date they tested positive (Day 0) if they do not have symptoms, and until at least 24 hours have passed with no fever (without the aid of medication) and their symptoms improve.

  More information on the importance of quarantine is available at CDC: When to Quarantine (www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html).

### Recommendations for COVID-19 exposure notification

- It is strongly recommended that programs 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 state and federal law. Programs should also consider providing a general notification to families and staff who were not identified to be a close contact of the person.

- MDH has developed template letters for notifying close contacts and making general program notifications; these templates can be accessed at [COVID-19 Notification Letter Templates for Schools, Child Care, and Youth Programs](https://www.health.state.mn.us/diseases/coronavirus/schools/letters/). Template letters are available, with translations in Hmong, Karen, Russian, Somali, Spanish, and Vietnamese.

**Privacy notice:** To protect the privacy of the person who has tested positive for COVID-19, any notification should avoid using any information that may identify the person. When using these templates, be sure to customize them by including the pertinent information related to the case (e.g., the program name, dates, and contact information).

### Additional resources

- [Recommended COVID-19 Decision Tree for People in Schools, Youth Programs, and Child Care Programs](https://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf)