COVID-19
Return to School Update
7/9/2020

Rebecca Sunenshine, MD, FIDSA - Medical Director, Disease Control

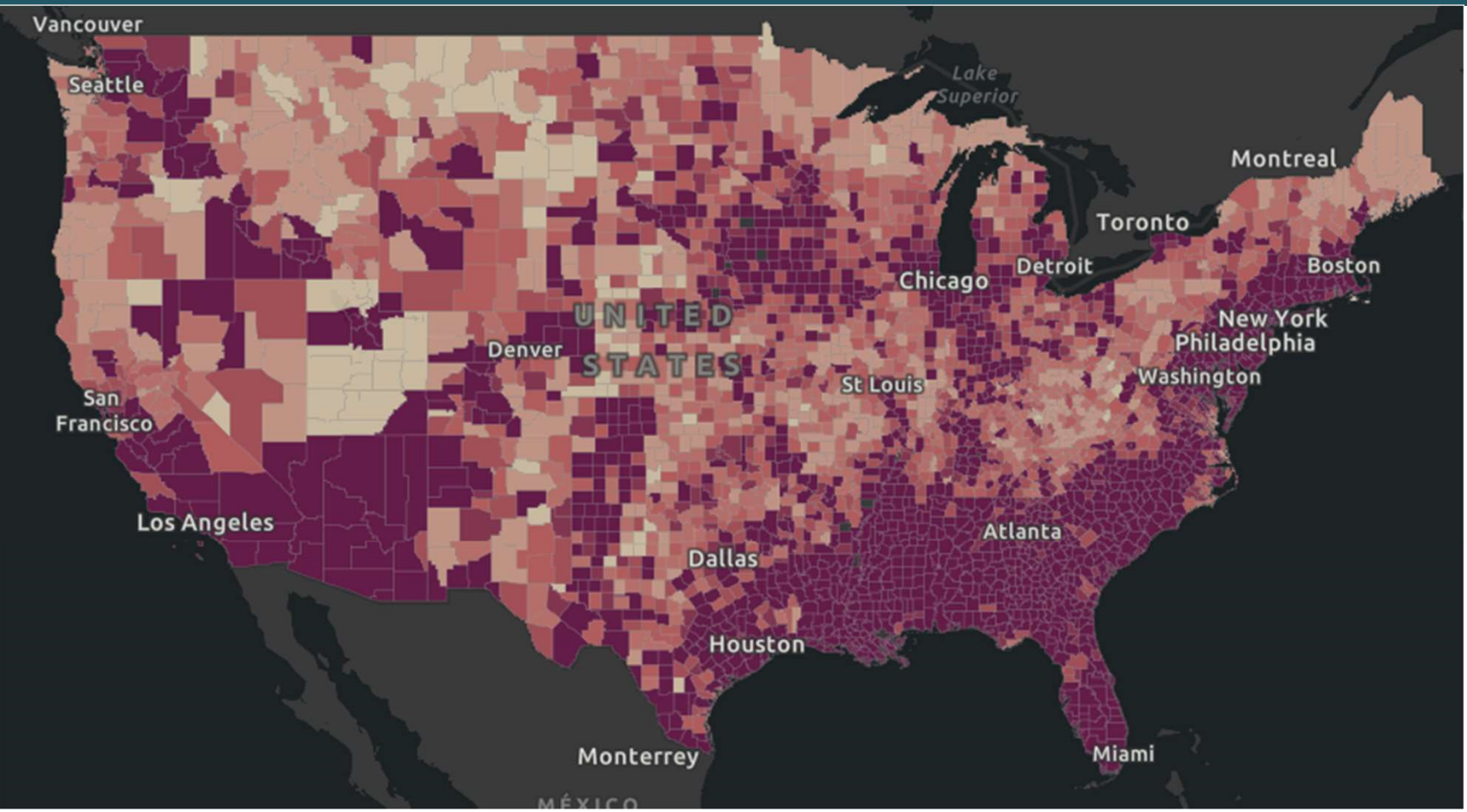
Maricopa County Department of Public Health

COVID-19- more than just a disease

- Today, physical health components of COVID-19
- Many other aspects of COVID-19 that impact the school community such as
  - Mental Health
  - Food insecurity
  - Safety/Abuse/Neglect
- Please let us know how we can support you with these pieces of COVID-19
- A few Resources
  - FindHelpPhoenix.org/EncuentraAyudaPhoenix.org - Free and almost free community resources
  - AZ 211
  - Mental Health Technology Transfer Center Network – funded by SAMHSA



National View from Johns Hopkins

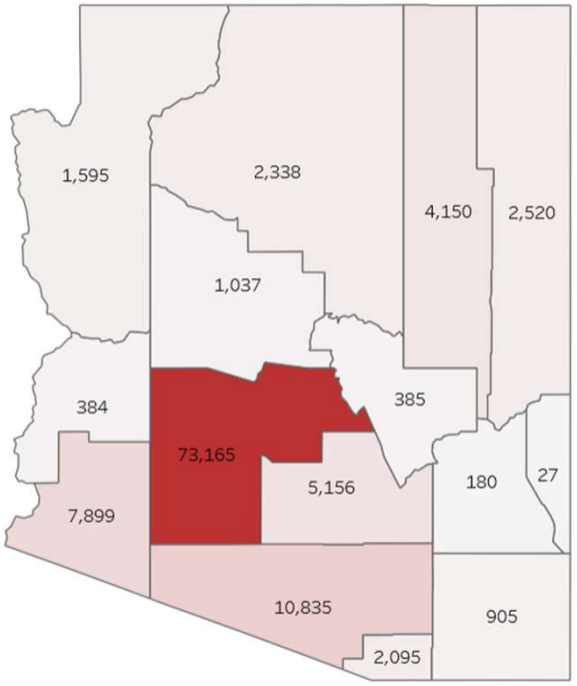


Data updated: 7/09/20

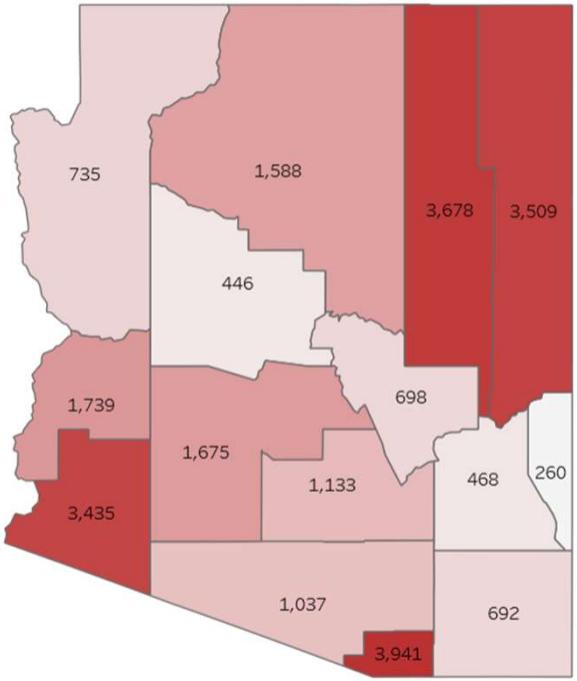
COVID-19 in Arizona

- 112,671 Cases in Arizona
  - Confirmed and probable
- 2,038 deaths in Arizona

Case Counts



Case Rates
per 100,000 population



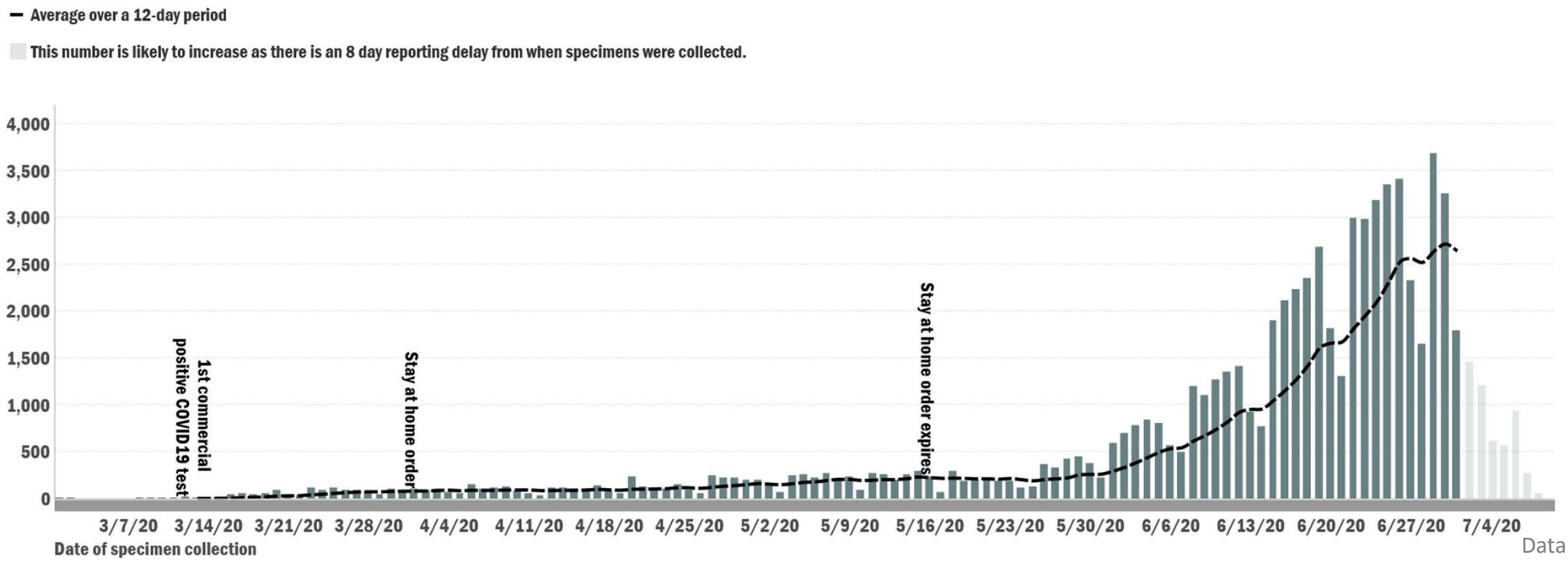
Data updated: 7/09/20

COVID-19 in Maricopa County

- 72,677 cases in Maricopa with 2723 in the last 24 hours
  - 3,033 (4%) hospitalized
  - 654 (1%) ICU
  - 969 (1%) deaths
  - 346 LTC facilities with at least 1 case
    - 2,937 total LTC facility cases

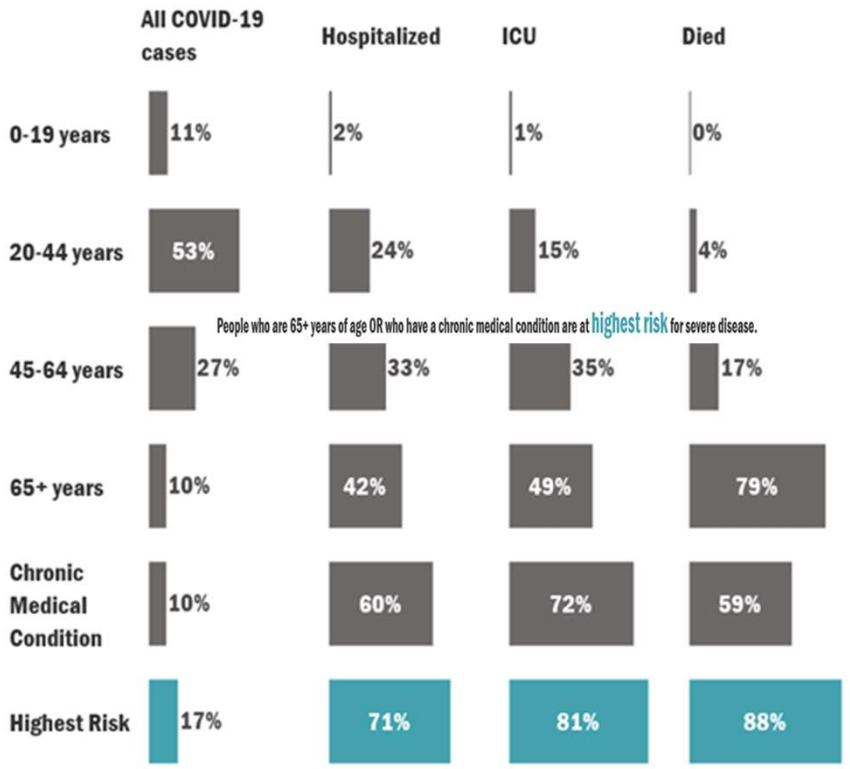
Maricopa County Cases by Date

The number of people diagnosed with COVID-19 in Maricopa County is steadily increasing. The increase in cases reported to Public Health supports an increase in community spread of COVID-19.



Data updated: 7/09/20

People who are 65+ OR have a chronic medical condition are at highest risk for severe disease



* This is a rapidly-evolving situation. The Maricopa County case count might vary slightly from that of ADHS depending on the time of day data were downloaded. This breakdown includes all cases to date in the outbreak (1/22/2020 - present).
†Changes in numbers represent cases reported to Public Health in the last 24 hours. Daily counts will fluctuate due to variances in reporting systems. Public Health reviews all case data received to ensure accuracy.
‡ This count includes all cases ever hospitalized or admitted to the ICU during their illness. These numbers are lower than the actual numbers due to a lag in reporting.

Change in Age Group Proportions

- Since social distancing relaxed in mid-May:
  - Median age has 49→35 years
  - >50% cases are in the 20-44 year-old age group (previously 33%)
  - Cases in children have more than doubled (5% to 11%)
  - Cases 65 and older represent 10% of cases, compared with 20% before the stay-at-home order
- Smaller proportion of cases being hospitalized and admitted to the ICU although total number hospitalized has increased
- Most likely reason: younger people are more likely to be exposed going to work and with daily activities

What about COVID-19 in kids?

- Kids are equally likely to be exposed to COVID-19
- Kids may be less likely to get infected with COVID-19
- Kids are less likely to develop symptoms with COVID-19
- **Healthy kids** are much less likely to have severe disease
- Kids with chronic medical conditions are at higher risk for severe disease
- Kids can spread COVID-19 to adults

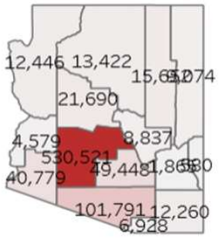


Maricopa County positive PCR rate

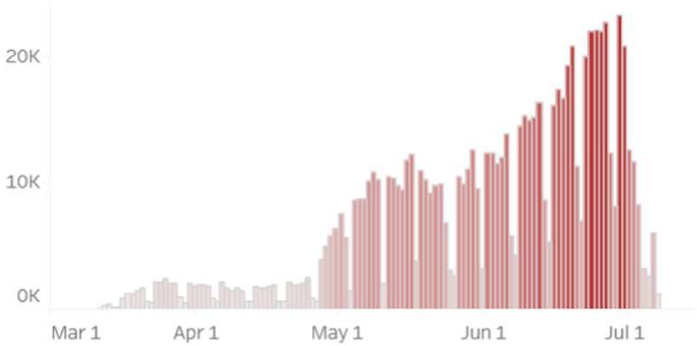
All tests completed for COVID-19	All tests reported yesterday in Arizona	Total % Positive COVID-19 All Tests
841,282	14,193	11.5%

All tests by county

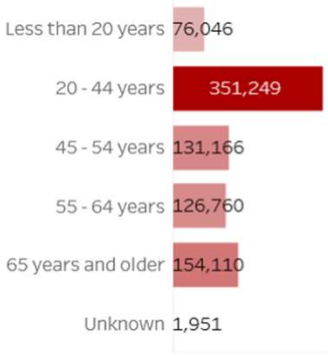
Select a county to filter the data.



All tests by date of collection



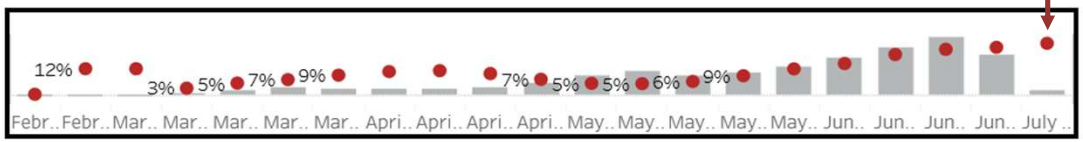
All Testing by Age Group



COVID-19 tests completed and percent positive by week

Percent positive is defined as number of people with a positive test result, out of all people with COVID-19 testing completed in AZ.

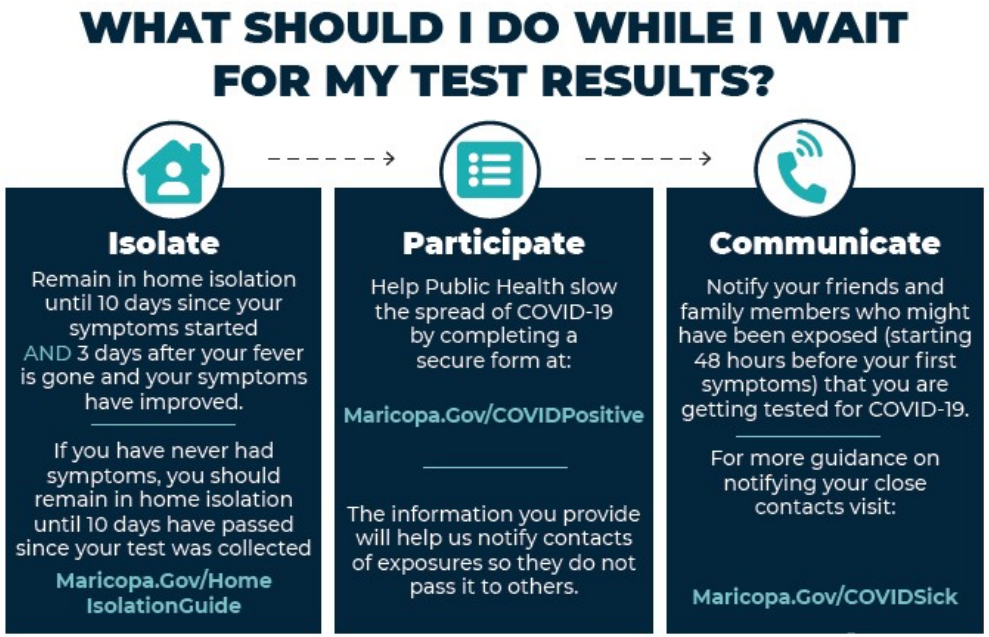
Total % Positive COVID-19 PCR Tests	Total % Positive COVID-19 Serology Tests
13.9%	3.5%

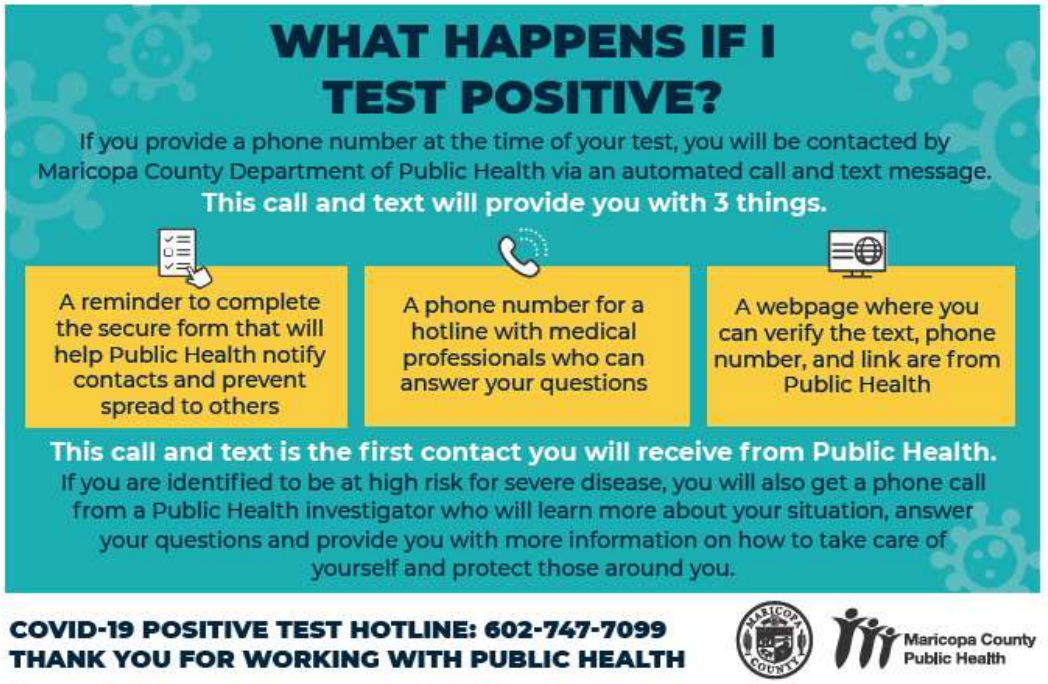




Data updated: 7/09/20

What to Expect After COVID-19 Testing





Symptoms of COVID-19

Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

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

This list does not include all possible symptoms. **CDC will continue to update this list** as we learn more about COVID-19.

CDC - School Reopening Tool



The purpose of this tool is to assist administrators in making (re)opening decisions regarding K-12 schools during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?

- ✓ Will reopening be consistent with applicable state and local orders?
- ✓ Is the school ready to protect children and employees at higher risk for severe illness?
- ✓ Are you able to screen students and employees upon arrival for symptoms and history of exposure?

ANY NO → DO NOT OPEN

ALL YES →

Are recommended health and safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible
- ✓ Intensify cleaning, disinfection, and ventilation
- ✓ Encourage social distancing through increased spacing, small groups and limited mixing between groups, if feasible
- ✓ Train all employees on health and safety protocols

ANY NO → MEET SAFEGUARDS FIRST

ALL YES →

Is ongoing monitoring in place?

- ✓ Develop and implement procedures to check for signs and symptoms of students and employees daily upon arrival, as feasible
- ✓ Encourage anyone who is sick to stay home
- ✓ Plan for if students or employees get sick
- ✓ Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures
- ✓ Monitor student and employee absences and have flexible leave policies and practices
- ✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

ANY NO → MEET SAFEGUARDS FIRST

ALL YES → OPEN AND MONITOR

cdc.gov/coronavirus

How do you start school safely?

Physical Distancing

REQUIRED:

- Minimize opportunities for sustained exposure (10 minutes or more) by ensuring at least 6 feet of distance between people whenever possible
- Use floor markings and other visual cues to indicate proper physical distancing
  - In waiting and reception areas
  - In hallways, cafeterias, and other areas people may congregate
  - Restrooms and locker rooms
- Have staff monitor arrival and dismissal to discourage congregating
- Provide frequent reminders for students and staff to stay at least 6 feet apart from one another when feasible

Physical Distancing in Schools

REQUIRED

- Limit nonessential visitors and activities involving external groups or organizations
- Discontinue activities that involve bringing together large groups of people
  - Assemblies, in-person field trips, large groups using playground equipment simultaneously, etc.
  - Incorporate virtual events such as parent/family meetings, and assemblies where possible
- Discontinue the use of any self-service food or beverage distribution in the cafeteria
  - Meals and/or snacks served at school should be individually packaged and served directly to students
  - Milk or juice may be available separately and should also be served directly to students
- Arrange desks or seating so that students are separated by 6 feet and facing in the same direction when feasible. If it is not possible to arrange seating 6 feet apart, have all students sit facing the same direction or use physical barriers between students

Physical Distancing in Schools

RECOMMENDED:

- Small cohort groups of 10 or fewer people that stay together as much as possible during the day, and from day to day.
- Limit mixing between cohort groups as much as possible (e.g. during recess, lunch in cafeteria, arrival and dismissal, etc.) except what is necessary for educational purposes.
- Cohorting does not eliminate the need to comply with other mitigation strategies (masking, handwashing, physical distancing, staying home when sick, etc.)
- Sports and PE - Follow the recommendations outlined in CDC's Considerations for Youth Sports

Maricopa County Mask Regulation

- Board of Supervisors order requires all persons age 6 and over in Maricopa County must wear face coverings while in:
  - Indoor public areas
  - Outdoor public areas when physical distancing cannot be maintained
  - Public transportation
- Updates:
  - Exempt when not feasible (such as during exercise)
  - Required while on outdoor patios of commercial establishments
  - Required while congregating in communal outdoor spaces
- For full details, exemptions, and enforcement, please see the official regulation: https://www.maricopa.gov/DocumentCenter/View/61316/Regulations-on-Face-Coverings

Face Coverings - Required

Schools are indoor public areas

- Students, staff and visitors
  - Indoor or outdoor
  - When inside school buildings
  - Anywhere on school grounds
  - At school-related activities
  - School buses and public transportation
- Wear face covering over mouth and nose
- Practice face covering hygiene





Face Coverings – Options and Exemptions

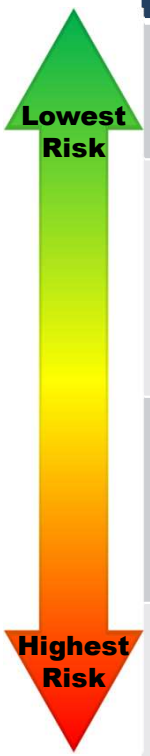
- Provide cloth face coverings to staff and students if possible
- Make disposable or reusable face coverings available to those who do not have one when entering campus
- Exemptions from wearing a face mask
  - Medical or behavioral condition or disability
  - Actively eating or drinking
  - Strenuously exercising or swimming
  - Hearing loss
  - Children under two (2) years of age should not wear a face covering

Face Coverings - Special Considerations

- Medical or behavioral condition or disability
- Hearing loss
- Face Shields
  - CDC **does not** recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings.



Return to School Risk Decisions



Campus Structure	Social Distancing	Face Coverings	Grouping Students	Transportation	Meal Service	Hygiene & Sharing
All on-line Instruction	Students remain at home for instruction	Students at home and wear face coverings in public	Students remain at home for instruction	Students stay home and require no transportation	Students at home do not utilize school cafeteria	Students stay home and conduct proper handwashing/sanitizing
All on-line instruction with transition to on-campus instruction when less community transmission	Students remain at least 6 feet apart	All students, staff and visitors wear face coverings at all times with strict enforcement of mask use	Small groups of students stay together and with the same teacher all day, each day (cohort)	Students and staff on bus maintain 6 feet distance apart at all times	Students and staff eat in classroom or small groups with 6 feet distancing while served/eating	Hand washing/sanitizing conducted throughout the day. No sharing of items. Cleaning of high-touch surfaces throughout the day.
Some students on-line and some students on campus from beginning of school year	Students not distanced 6 feet apart. Use of plexiglass or similar dividers	Students and staff wear face coverings with moderate enforcement	Students are in larger groups with limited mixing between groups	Students and staff on bus maintain 6 feet distance apart at all times. Family units allowed to remain within 6 feet.	Students and staff eat in larger groups and maintain 6 feet distancing while served/eating	Hand washing/sanitizing conducted throughout the day. No sharing of items. Clean campus at beginning and end of day only.
All students on campus at beginning of school year	Students not distanced 6 feet apart. No dividers used	Face covering wear requirement not enforced for students, staff and visitors	Students are in large groups and mix between groups	Students on bus not distanced 6 feet apart	Students eat in large groups, mix between groups and are not distanced 6 feet apart	Limited hand washing/sanitizing. Items shared between students without cleaning. Campus only cleaned once per day



Reporting Process

- COVID-19 is not reportable by schools in rule
- We are working with ADHS to develop a reporting process that is not too burdensome for schools but allows public health to support schools when outbreaks occur
- We request that schools report 2 or more confirmed COVID-19 cases in students/staff with symptom onset within 14 days with no known connection (not household members)
- Developing a schools team at MCDPH – more to follow

Reporting COVID-19 Disease

- Public health will only know that a case is a student or staff person when the person is interviewed
  - This could be 3-5 days after the test comes back positive
  - Cases receive a text within 24 hours of positive lab receipt
- Make sure you have policies for self-reporting COVID-19
- The school nurse or health aide will be notified of exposures in school
- Students/staff with symptoms will be excluded for 10 days after their last positive test and 72 hours of no fever and improving symptoms
- Those without symptoms will be excluded for 10 days after positive test

What about household members of cases?

- Students or staff who live in a home with someone who was diagnosed with COVID-19 will be excluded for 14 days from the last exposure
- The school should not be closed if there is someone in the school who is a household contact of a case

MCDPH COVID-19 Isolation Guidance Algorithm

(Last updated 7/8/20)

Has the patient had any symptoms consistent with COVID-19?*

YES

Is the patient previously symptomatic, now asymptomatic, and being retested at the end of their isolation period?

YES

Did the patient test positive for COVID-19 by a PCR or antigen test?

YES

Isolation Guidance

Stay at home or under isolation precautions until at least 10 days have passed since the date of the first positive COVID-19 test collection (as long as the patient has remained asymptomatic).^

^ If the patient was retested at the end of their isolation period, they can elect to come out of isolation before the 10-day mark, if they have 2 sequential negative PCR tests ≥24 hours apart

NO

Did the patient test positive for COVID19 by a serology (IgM or IgG) only?

YES

Enhanced Precautions

- Consider getting a PCR test to help determine if the patient is currently infected or was previously exposed.
- Wear a cloth face covering when outside of the home

NO

Isolation Guidance

No isolation needed

NO

Did the patient test positive for COVID-19 by a PCR, antigen or serology (IgM or IgG) test?**

****If the patient is awaiting test results, they should isolate. Follow guidance below based on the results**

YES

Isolation Guidance

Stay at home or **under isolation** until **ALL** the following have been met:

- No fever** for at least 3 days (72 hours)
- All other symptoms* improving for at least 3 days (72 hours)
- At least 10 days have passed since symptoms first appeared***

**Without the use of fever-reducing medications

***If the date of symptom onset is unknown, then use the date of COVID-19 test collection.

NO or NOT TESTED

Isolation Guidance

Stay at home or **under isolation** until **ALL** the following have been met:

- No fever** for at least 3 days (72 hours)
- All other symptoms* improving for at least 3 days (72 hours)

**Without the use of fever-reducing medications

NO

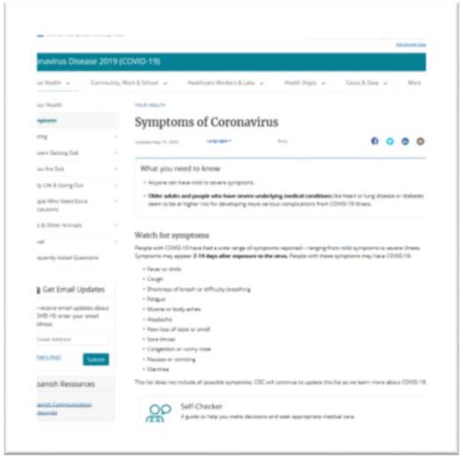
Isolation Guidance

No isolation needed

***Symptoms consistent with COVID-19**

Fever or chills, cough, shortness of breath, difficulty breathing, fatigue, body/muscle aches, headache, new loss of taste/smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea

CLICK this box to link to CDC website for most updated symptoms list



Please see the CDC website for updated COVID-19 symptom guidance

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

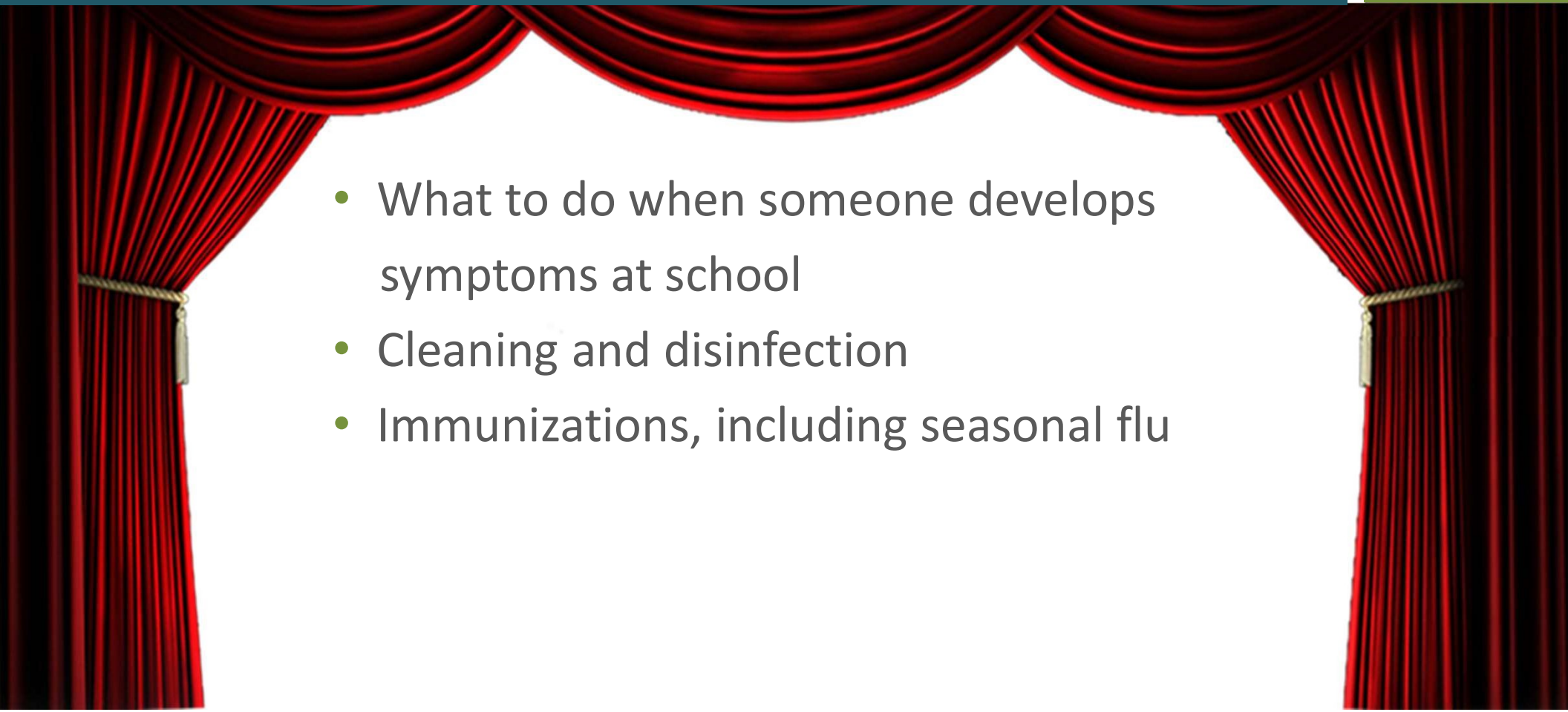
Scenarios in ADES Guidance

- Scenario 1: All Students in Physical Buildings from the Start of the School Year (none to minimal spread)
- Scenario 2: Some Students in Physical Buildings and Some Students Distance Learning from the Start of the School Year (minimal to moderate spread)
- Scenario 3: All Students Distance Learning from the Start of the School Year, with the Option of Returning to Physical Buildings when Appropriate (substantial spread)
- Scenario 4: Intermittent Distance Learning throughout the School Year Based on Emergency Closures as Defined by Local and State Health Departments

Behaviors that Reduce Spread - Things that Schools Should Encourage

- ✓ Staying home when appropriate - either when sick or when they have close contacts with COVID-19
- ✓ Hand hygiene and respiratory etiquette
- ✓ Cloth face coverings
- ✓ Having adequate supplies such as soap, hand sanitizer, etc.
- ✓ Posting signs and messages, having regular announcements, using messaging for all of the above

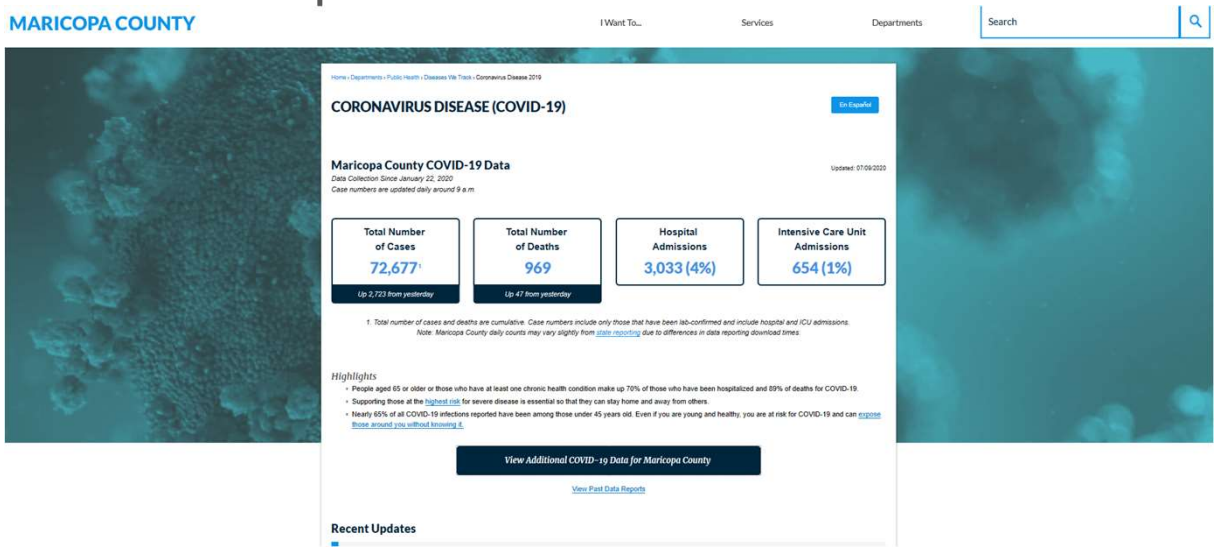
Coming Soon...



- What to do when someone develops symptoms at school
- Cleaning and disinfection
- Immunizations, including seasonal flu

Questions?

- Please visit Maricopa.gov/coronavirus
- Public Hotline: 1-844-542-8201 or 211
  - SchoolHealth@maricopa.gov
  - This webinar will be posted to our website



Difference between N95 Respirators, Surgical Masks & Cloth Masks

	N95 Respirator 	Surgical Mask 	Cloth Mask 
Testing & Approval	Evaluated, tested and approved by NIOSH as per the requirements in 42 CFR Part 84	Cleared by the U.S. Food and Drug Administration (FDA)	No regulation
Intended Use & Purpose	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols)	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays pf bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	For anyone to use in non-healthcare settings to assist in preventing the spread of infectious droplets by asymptomatic individuals.
Face Seal Fit	Tight-fitting	Loose-fitting	Loose-fitting/Variable
Fit Testing Requirement	Yes	No	No
User Seal Check	Yes. Requires each time the respirator is donned (put on)	No	No
Filtration	Filters out at least 95% of airborne particles including large and small particles	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection
Leakage	When properly fitted and donned, minimal leakage occurs around the edges of the respirator when user inhales	Leakage occurs around the edges of the mask when the user inhales	Leakage occurs around the edges of the mask and through the mask material when the user inhales. Some leakage may occur through and around the mask when the user exhales.
Use limitations	Ideally discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.	Disposable. Discard after each patient encounter.	Those who should NOT wear a mask: - Children under 2 years or younger - Anyone with a disability or illness the prevents the use of a mask NOT for use in Healthcare settings