



ST. FRANCIS COLLEGE

COVID-19 RESPONSE PROTOCOLS

Written based on CDC (Centers for Disease Control and Prevention - USA) and with the medical guidance of Dr. Eduardo Malouf and team.

All pupils and staff are to be tested for COVID on a weekly basis. Only RT-PCR or RT-LAMP tests are accepted (as per CDC recommendations).

If...

A pupil or teacher (index case) has a positive COVID test result.

Then...**The index case:**

- Must remain in quarantine for 10 days from either first symptom or positive test date collection.
- Can return to school on two conditions:
 - ◆ BOTH 10 days from when symptoms started or test date
 - ◆ AND has no symptoms in last 3 days

Household members of the index case:

- Must also quarantine but for 14 days.
- Should take a COVID test on the 14th day of isolation.
- Household members have continuous contact with the index case and therefore need to observe a longer quarantine as it is not possible to determine last contact with the index case.

The index case's respective bubble:

- Closes and goes online for 7 days + test (to be handed into school)
- Should watch closely for symptoms during isolation. The members of the bubble could become a new index case.
- Household members of pupils in the bubble do not need to observe quarantine.

All other teachers/pupils who were in contact with the pupil shall be interviewed for contact tracing and placed in 10-day isolation if classified as high risk contact.

If a pupil or teacher has COVID-19 related symptoms and therefore is a suspected case

The pupil or staff in question will be advised to look for health services, and remain in home isolation for 7 days while being investigated.

- If the doctor dismisses the diagnosis of COVID-19 and sends a certificate, we will trust the doctor's diagnosis.
- If the doctor confirms COVID-19 pupils or staff will be allowed back in school under these conditions:
 - ◆ 7 days isolation is observed (we will not accept external doctor's recommendations to return to school before this period).
 - ◆ Symptoms have clearly improved 72 hours before the end of the 7 day period.
 - ◆ Two negative test results within a 48 hour period if symptoms are severe.

The respective bubble:

- Will be closed whilst the pupil or staff in question investigates with medical guidance whether they have COVID-19 or not.

- ◆ Should the result be positive, the bubble closes as specified in the scenario above.
- ◆ Should the result and diagnosis be negative the bubble opens again immediately.

A pupil or staff member resides with someone who tested positive

- Home contact is the most dangerous situation as household members are in continuous contact so there is no way to know when possible infection happened.
- Even if the pupil or staff member tested negative for COVID-19 but resides with a positive case, they should remain in isolation at home for 14 days taking a test on the fourteenth day to return after a negative result.
- A negative test before 14 days does not allow the isolation to end.

A family chooses not to take part in the mendelics testing system

- Families can take any other RT-LAMP or RT-PCR COVID test and should bring it into school on the day it is due PRINTED (no test results will be accepted via email).
- Mendelics testing is strongly encouraged as it helps centralise results and thus be most efficient.

There is a major outbreak

It will be analysed by the medical team individually and could cause a larger school closure. The medical team will share with the community reasons for any larger school closure decisions.

A pupil and family travels abroad

- Pupils and staff members must **stay home and self-quarantine** for a full 7 days after travel before returning to school. You may feel well and not have any symptoms, but you can be contagious without symptoms and spread the virus to others. Please remember that all pupils must be tested before returning to school.

WHAT IS A SUSPECTED CASE?

A suspected case is characterized by at least two of the following signs and symptoms (symptoms highlighted in **yellow** are highly suspect and should be considered for isolation even in the absence of other symptoms until medical evaluation):

- Fever
- Chills
- Shortness of breath
- Sore throat
- Cough
- Loss the sense of smell and / or taste
- Headache
- Body ache
- Runny nose
- Diarrhea (for an unknown cause/etiology)

WHAT IS DIRECT CONTACT?

Contact can be classified in two categories:

- High risk - Any person who had close contact with the case, suspected or confirmed:
 - ◆ for more than 15 minutes within a 24 hour period (not necessarily consecutively)
 - ◆ with less than 2 meter distance in a closed environment OR had direct physical contact with the index case (1 hug is enough!) OR with his/her secretions.
- Low risk - Any person who had no physical contact with the index case and was able to remain 2 meters away from them (wearing a mask of course!).

All High risk factor contacts must observe a 10 day isolation and close observation of symptoms as described in the scenarios above.

SCHOOL PROCEDURE PROTOCOLS (SUMMARY)

WEAR A MASK AT ALL TIMES, CLEAN HANDS WELL AND OFTEN, KEEP AT LEAST 2 METERS DISTANCE AT ALL TIMES.

Upon entrance

- Temperature check. No one is allowed on campus with a temperature of 37.5c or above.
- MASK USE IS MANDATORY for all over 3 years old, except for special needs.

Testing

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Classrooms

- Tables distanced by 1 meter
- No materials other than consumables and essentials on a strict cleaning regime.
- No sharing of materials unless they can be cleaned in between uses (single use)
- 20 mins cleaning period needed between the use of specific rooms by different bubble groups.
- Clearly demarcated areas for teachers and pupil tables and chairs. Teachers who are able to remain in their area keeping a 2 meter distance from pupils do not need to isolate should there be an index case in a class they teach
- When air conditioner is ON in the classroom, all windows must stay open.

Snacks or lunches

- Snacks will be provided to Early Years and Primary pupils in their classrooms. Snacks will be distributed to Secondary pupils in the open areas.
- Lunch will be served in the cafeteria keeping 1 meter distance per person.
- Distancing will be rigorously observed due to higher risk factor as pupils remove masks.
- Menu published on the school's website.

Bathrooms

- Assigned cubicles for each bubble

Corridors

- Arrows set for direction. Pupils should follow signage and keep distance.
- Stairs assigned for either going up or down (Except buildings A and C where arrows should be followed instead).
- No elevators used for pupils (except for special needs). Elevator use, only 4 people allowed at a time.

Meetings

- ALL teacher and parent meetings happen online only.

Q&A'S - ANSWERED BY DR. EDUARDO MALOUF AND TEAM

Why should we test everyone every week?

Modeling studies show that periodic testing is effective in identifying outbreaks. Testing once a week with results in less than 24 hours is the most cost-effective.

Over 50% of cases of COVID-19 in children are asymptomatic. The asymptomatic person transmits the disease.

The test is able to identify COVID before symptoms appear and isolate the person in the most contagious phase.

The systematic test identifies an outbreak that would pass below the radar if based only on symptoms.

Is Mendelics a reliable lab and what is the RT-LAMP test being applied? Can we trust the results?

Mendelics is one of the few laboratories in Brazil with accreditation in the USA and Europe.

The saliva test proved to be better than the nasal secretion and is harmless.

The loss of sensitivity in the LAMP in relation to the PCR is compensated by the speed of the result. Eventual false negatives tend to have a lower viral load.

Specificity is very high (Above 99.8%).

Should a pupil or staff who tests positive in our weekly rounds retest? If so, when? If the retest comes back negative how should we proceed?

There is no need to repeat the test. In case of conflicting results, the positive result prevails. Statistically, a negative result is much more likely to be wrong than a positive one. This does not depend on the laboratory, but it is related to the technique used (RT-LAMP).

If a pupil or staff had COVID before and have an IGG result showing they are immune to the virus should they retest?

It depends. We should not test asymptomatic people in the first 3 months after COVID-19. This is independent of the presence of antibodies. After 3 months, we should resume testing. Although the presence of an antibody indicates some protection, we do not yet know how long this protection lasts or even how it would behave in the face of new variants of the virus. It is possible that people who have had COVID or who have been vaccinated can carry the virus for a few days and transmit the disease without showing symptoms. The immunity acquired in COVID-19 is unlikely to be a sterile immunity.

FAMILIES' RESPONSIBILITIES

We expect everyone to keep to their responsibilities in order to maintain a safe and healthy environment for all.

Families must:

- Report suspected cases of pupils AND household members (COVID related symptoms) to the school **immediately**.
- Report a confirmed positive case of pupils AND household members (COVID related symptoms) to the school **immediately**.
- Avoid gatherings and joining of pupils who are in multiple bubbles.
- Test pupils weekly using the school organised Mendelics testing system or any other RT-PCR or RT-LAMP COVID test.
- Be honest and submit the saliva of the child in question (not someone else's) and if not using Mendelics be truthful in the results brought to school.



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