

# ALISA

Attached sub 1) of the deliberation n. 432 of 27.11.2020

Protocol of the activities of the Prevention Department for the SARS-Cov2 cases and outbreak management in the context of education services in infancy and professional formation (leFP)  
Updated to November 19, 2020

## **Premise:**

The outlined path is dedicated to the SARS-Cov2 cases and outbreak management among students between the age of 0 to 19, and the teaching and non-teaching staff of education services in infancy, schools of every order and degree and educational and personal training courses (leFP).

## **State-of-the-art of planned actions:**

- The referents have been identified among the Prevention Department of AASSLL, supplemented with staff gained through the Enhancement Plan of Territorial Assistance (D.G.R. 705/2020).
- The communication channel has been activated between the referents for schools of Prevention Department and the COVID school referents in the area of competence through the Regional School Office.
- A mailbox and/or a telephonic number are active for communications between the Referents of Prevention Department and COVID school referents.

## **Handling of the suspected/confirmed case:**

The PLS/MMG (Free choice pediatricians/General practitioners) contacted by the family/school staff loads the request for the test on POLISS as:

“New Covid alert”

- Classification: “Students and School staff”
- Reported problem: “Symptomatic/asymptomatic person for suspect Covid” or “antigenico positive test performed individually from the patient” or “close contact with a positive case to molecular test.”
- “Dedicated laboratory” or “GSAT” picking modality, that have to be used for the delivery to those laboratories dedicated to Schools or GSAT. The GSAT modality can be requested from PLS/MMG if considered appropriate, in relation to the clinical situation detected.

The requests inserted as “Students and school staff” with “Dedicated laboratory” picking modality will not be seen in the lists of work of the Prevention Department, that usually covers the role of operation center, but they will be taken by CUP that contacts by phone (in an hour) the users, with the aim of giving an appointment in one of the laboratories dedicated to schools.

The requests inserted as “Students and school staff” with “GSAT” picking modality will be handled likewise to other reports but with a different classification.

Please note that those laboratories dedicated to schools are bookable for students and school staff.

For example:

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- A student, close contact to a positive parent, must be reported in this classification and can have access to the dedicated laboratory or GSAT;
- A parent, close contact to a positive son, cannot access to the dedicated laboratory and must have been reported with the classification "other population".

In case of impossibility to contact the PLS, if necessary, the test will be required from the pediatrician of the hospital services of reference.

New cases will be available on POLISS inside the list of work of confirmed and identifiable cases through the new given classification ("Students and school staff").

The proper framing into school setting is directly attributable to the correct insert modality of the report and the specific classification (for ex. They could not be immediately taken on charge into the school history those reports classified as "other population").

The Prevention Department is activated only in the presence of at least one confirmed case among the students or teaching and non-teaching staff of school:

- In case of positivity to the molecular test, The Prevention Department will contact the family providing any relevant information for the management of the case, issuing the order of the beginning of the isolation for the confirmed case,
- The Department health team, in collaboration with the school's referent, starts the search of contacts within school (class attended by the confirmed case, students from other classes, teaching staff, etc.)
- For the search of out-of-school contacts, the health team may avail himself of the collaboration of parents/tutors/family in case of minors.

According to the latest national indications:

- An asymptomatic COVID positive person must repeat the molecular test after 10 days of isolation since being test positively, and can interrupt his isolation if the test results negative.
- A symptomatic COVID positive person, after a period of at least 10 days of isolation since the beginning of the symptoms, must be molecularly tested and if negative he can terminate his isolation on condition that symptoms have disappeared in the past 3 days;
- Persons that have no more symptoms but keep being tested positive to SARS-Cov-2 (long-term positive), in case of absence of symptoms for at least one week (except for ageusia/dysgeusia and anosmia that can last even after healing) can interrupt their isolation after 21 days since the presence of symptoms.

**In the three cases mentioned above the Prevention Department shall issue the termination order of isolation.**

## **Identification and management of the contacts**

### **Establishment of close contact:**

A contact of a COVID-19 case is a subject that has had contact with a COVID-19 confirmed case (table 1) within a period of the previous 48 hours up to 14 days after the onset of symptoms.

For asymptomatic cases, consider the 48 hours prior to sampling and the 14 subsequent days.

Table 2 shows the exposure risk classification in the specific educational context defined by ECDC (European Center for disease prevention and control).

In the specific school context, the followings must always be subject to assessment for the identification of close contacts:

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- Students from the same class of the confirmed case which have not been absent in the 48 hours before the onset of symptoms until the isolation of the confirmed case
- Teachers/educators that have worked in the same class of the confirmed case in the 48 hours before the onset of symptoms until the isolation of the confirmed case
- Students of a class where the confirmed case (teacher or educator) has carried out activities in presence in the 48 hours before the onset of symptoms until the isolation.

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Table 1. Classification of contacts by exposure level

## High-risk exposure

(close contact)

A subject:

- Who had a direct contact with a COVID-19 case within two meters distance for more than 15 minutes;
- Who had physical contact with a COVID-19 case;
- Who had an unprotected direct contact with secretion of a COVID-19 case (ex. Cough);
- Who was in a closed area (ex. Home, meeting room, hospital waiting room, etc.) where a COVID-19 case was present for more than 15 minutes;
- Who was seated at a distance of two places (in any direction) from a COVID-19 case, fellow travelers or support staff and crew members in service in the section of the plane where the case was sitting (if the severity of the symptoms or the movements of the case indicate a greater exposure, all the passengers seated in the section or all the passengers can be considered close contacts);
- An healthcare professional or another person providing assistance to a COVID-19 case, someone who works in a laboratory who handles samples of COVID-19 cases, without the recommended PPE or their misuse.

## Low-risk exposure

A subject:

- Who had a “face to face” contact with a COVID-19 case within two meters distance for less than 15 minutes;
- Who has travelled with a COVID-19 case in any means of transport; \*
- An healthcare professional or another person providing assistance to a COVID-19 case, or someone who works in a laboratory and has processed COVID-19 cases samples, who was wearing the PPE correctly.

\*except plane

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Table 2. Classification of contacts by exposure level in schools

## High-risk exposition

(close contact)

- Face to face contact with a COVID-19 confirmed case (distance of less than 2 meters for more than 15 minutes);
- Physical contact with a COVID-19 confirmed case;
- Unprotected direct contact with the secretion of a COVID-19 case;
- Permanence for more than 15 minutes in a closed area with a COVID-19 confirmed case (ex. Home, school class, canteen, waiting room, etc.)
- Travel for more than 15 minutes with a COVID-19 confirmed case in any means of transport.

## Low-risk exposition

- Face to face contact with a COVID-19 confirmed case (distance of less than 2 meters for less than 15 minutes);
- Permanence for less than 15 minutes in a closed area with a COVID-19 confirmed case ;
- Travel for less than 15 minutes with a COVID-19 confirmed case in any means of transport.

## Contacts management

- Normally, in case of contact with a positive diagnosed person it is necessary to observe a period of 14 days of isolation since the last exposition, or a quarantine of 10 days since the last exposition with a negative molecular or antigenic test on the 10<sup>th</sup> day.
- Anyway, following a “non negative” result (positive, uncertain, not determined..) of the rapid antigen test, the student/operator must be quickly submitted to the molecular test for the detection of SARS-Cov-2.
- The quarantine period planned for cohabiting contacts must be considered finished after 10 days since recovery of the positive cohabitant if the contact will be tested negative, or without any test after 14 days since the recovery of the positive cohabitant.

## Activities of the school referent

- Provides the list of classmates of the confirmed case, indicating the ones present during the potential exposition period
- Provides the list of educators/teachers who have taught in the classroom of the case during the potential exposition period
- Provides useful information for contact tracing from the Prevention Department through the absence/presence register
- Indicates eventual students/operators with difficulties
- Sends the communication of quarantine prescription to families and school staff identified as close contacts to implement school-related measures (ex. Closure of a class), suggesting the contact with their MMG/PLS

## Activities of the healthcare professional of the Prevention Department

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- Prescribes quarantine and active surveillance to the latest exposition with the confirmed case to students and schools staff considered close contacts;
- Arranges the organization for the tests for the students selected as close contacts when required by the decision-making algorithm and if any symptoms occur during quarantine. In the light of the national agreement of 30/10/2020 the Pediatrician at free choice will be able to use antigen rapid test on asymptomatic subjects in support of Prevention Department;
- A contact that develops symptoms, even mild symptoms, during quarantine, becomes a suspicion and must be handled like one (including a test to confirm the diagnosis)

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## Decision-making algorithms

In case of an increased local virus circulation or impact, it will be necessary to activate additional investigation and control measures on the basis of defined and common criteria on the regional territory.

The criteria in support of further intervention to contain the diffusion in schools (tests for contacts, closing of school, etc.) will be based on decision-making algorithms due to local epidemiologic trend (weekly incidence per municipality) or regional (incidence of new cases, Rt, contact tracing ability, pressure on territorial/hospital system, etc.) and of the epidemiological picture of the institute.

As suggested by the ISS, a few indirect indicators could be considered ("Covid alarm"), as the number of absences in school setting, potential expression of a high number of sick students/staff, or the presence of confirmed cases without any known transmission chain, that could underlie an high circulation of the virus with the presence of a high number of asymptomatic persons.

## Possible scenarios:

- Scenario 1. Presence of at least one COVID-19 confirmed case in a scholastic institute, without evidence of transmission supported within the community and without any "Covid alarm".

Sanitary actions will be coherent with the national dispositions to date in force (isolation of the confirmed case until recovery, contact-tracing and contacts' quarantine, etc.)

- Scenario 2. Presence of at least one COVID-19 confirmed case in a scholastic institute, with the presence of "Covid alarm" and with evidence of sustained transmission.

Sanitary action will be incremented with more identification and control of the infection.

The staff of the Prevention Department/scholastic team will:

1. Test all close contacts individuated since that moment and eventually in quarantine
2. Individuate and test the suspected cases among absent students and school staff even from other classes.

The sampling for molecular or antigenic testing on asymptomatic persons can be effectuated:

- By mobile sanitary equipment inside the school institute, in single classes, with the consent of parents/tutors for minors
- At ambulatories dedicated to schools (including school staff)
- By drive-through modality in case of adults or collaborating minors
- At home if it's impossible to go to one of the above.

- Scenario 3. Absence of confirmed cases with the presence of "Covid alarm"

School referent may alert the Prevention Department referent if he detects a condition of "Covid alarm" (ex. Many absences among students, etc.).

The Prevention Department staff will decide if:

1. Carry out an epidemiological investigation with the aim to individuate eventual suspicious cases among absent students and school staff.
2. Subject to a diagnostic test the absent student and school staff that falls in the definition of suspicious case.
3. In case of one or more positivity to molecular tests, we will proceed with the action of public sanity described in Scenario 2.

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Maximum care is recommended in dealing the path of a fragile student/operator, arranging ad hoc interventions if necessary (for example precautionary quarantine, etc.)

## **SELF-CERTIFICATION FOR THE STUDENT RETURN TO SCHOOL IN THE CONTEXT OF EDUCATION SERVICES IN INFANCY, SCHOOL OF EVERY ORDER AND DEGREE, AND IN EDUCATION AND TRAINING PATHWAYS (IeFP)**

### **IN CASE OF STUDENT ABSENCE DUE TO QUARANTINE**

The undersigned \_\_\_\_\_ born in \_\_\_\_\_ the day \_\_\_\_\_

Resident in \_\_\_\_\_ C.F. \_\_\_\_\_

As a parent (or holder of parental responsibility) of \_\_\_\_\_

Born in \_\_\_\_\_ the day \_\_\_\_\_

Resident in \_\_\_\_\_ C.F. \_\_\_\_\_

Absent from \_\_\_\_\_ to \_\_\_\_\_,

### **DECLARES THAT**

in accordance with the applicable legislation and aware that anyone who makes false statements is punished under the Criminal Code and special laws on the subject, pursuant to and for the purposes of art. 46 D.P. R n. 445/2000):

- to be aware of the measures to contain the contagion in force today;
- the student has respected and finished the quarantine isolation period afforded by the ASL Prevention Department, during which he did NOT show any symptoms attributable to COVID-19 infection (fever > 37.5 OR respiratory symptoms OR gastroenteric symptoms);
- the student had not had any contact with subjects that have resulted COVID-19 positive within the family group;

i.e.

he has been in contact with subjects that have resulted COVID-19 positive but he has respected the quarantine isolation period provided for the contact cohabiting with positive subjects\*

\*the quarantine isolation period provided for contact cohabiting with positive subjects is considered finished after 10 days since the healing of the cohabitant if the contact results negative to test (molecular or antigenico), **or**, without any test, after 14 days since the healing of the cohabitant.

After hearing the Pediatrician/general practitioner Dr. \_\_\_\_\_

To whom quarantine procedures have been reported,

**ASKS THE READMISSION OF THE STUDENT AT THE SCHOOL/EDUCATION SERVICE FOR CHILDREN.**

Date

The parent/holder of  
Parental responsibility



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Attached sub) 3 of the Deliberation n. 432 of 27.11.2020

*Self-declaration of the parent/holder of the parental responsibility of a student living with serious or autoimmune pathology*

The undersigned \_\_\_\_\_ born in \_\_\_\_\_ the day \_\_\_\_\_, resident in \_\_\_\_\_ C.F. \_\_\_\_\_

## **DECLARES AS A PARENT/HOLDER OF PARENTAL RESPONSIBILITY OF THE STUDENT**

in accordance with the applicable legislation and aware that anyone who makes false statements is punished under the Criminal Code and special laws on the subject, pursuant to and for the purposes of art. 46 D.P. R n. 445/2000) that:

- WITHIN THE FAMILY NUCLEUS **COHABITS** SUFFERING FROM A **PATOLOGY AS ATTACHED MEDICAL CERTIFICATE** as \_\_\_\_\_ (parent/brother/sister/etc.) of the student \_\_\_\_\_ born in \_\_\_\_\_ the day \_\_\_\_\_ resident in \_\_\_\_\_ C.F. \_\_\_\_\_

**THEREFORE REQUIRES THAT THE STUDENT \_\_\_\_\_  
CAN BENEFIT FROM INTEGRATED DIGITAL EDUCATION**

Date \_\_\_\_\_

The parent/holder of  
Parental responsibility

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*Medical attestation of serious pathology or autoimmune disease for family members of student in order to request for integrated digital education*

At the request of the person concerned, this is to certify that

Surname \_\_\_\_\_ First name \_\_\_\_\_

Is affected by:

- Oncology pathology
- Primary or secondary immunodeficiency
- Cystic fibrosis
- Suspicious pathologies to immunodepressor treatments
- Other serious diseases (specify) \_\_\_\_\_

Date

doctor's signature

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## Attached sub) 4 to the Deliberation n. 432 of 27.11.2020

*Medical attestation of for the protection of the right of study of students and students with serious diseases or immunosuppressed in order to benefit of forms of Integrated Digital Teaching (Ordinance of the Ministry of Education n.134 of October 9, 2020)*

This is to certify that:

Surname \_\_\_\_\_ First name \_\_\_\_\_

Is affected by:

- Oncology pathology
- Primary or secondary immunodeficiency
- Cystic fibrosis
- Suspicious pathologies to immunodepressor treatments
- Other serious diseases (presence of a particularly high risk of contagion, unable to attend school lessons in presence)

\_\_\_\_\_ (specify)

The clinical picture represents a state of fragility so serious that demonstrates the impossibility of attending lessons in presence at the school institution

Date

Doctor's signature