When a Suspected Case of COVID-19 is found in Schools

If a student or staff is suspected to be a case of COVID-19, the Heads of School will follow the guidelines in the flowchart below:

**FLOWCHART FOR OPERATING PROCEDURES IN CASE OF A SUSPECTED COVID-19 CASE IN SCHOOLS**

- **Immediate actions**
  - Isolate child in designated isolation room
  - Ensure child wears mask and gloves
  - Contact responsible party
  - Inform responsible party to come fetch child to seek immediate medical help.

- **Administrative actions**
  - *Inform by phone:*
    - nearest flu clinic / Regional Public hospital
    - Zone Director/ECCEA Regional Office/ PSEA
  - Fill in Format No 1 "Suspected cases for COVID-19" for students/pupils or Format No 2 for staff
  - Fax Format No 1 (or 2) to relevant authorities

- **Follow up actions**
  - Ascertain pupil/student has been taken to seek medical help.
  - Ensure that the isolation room and classrooms have been disinfected.
• Any pupil/student (or staff) showing symptoms of a suspected case of novel coronavirus (covid19) [refer to symptoms in flowchart above] should be isolated promptly in a room separate from other pupils/students. The responsible party is to be contacted immediately by phone so that he can fetch his ward from school as soon as possible. In such cases, the name of the pupil/student, of his responsible party, [or staff] home address, home phone and mobile numbers to be sent immediately to the nearest Flu clinic at Regional Health Hospital, to Zone Directorate and ECCEA Regional Office, [Formats No.1 or No.2] as the case may be.

• When a suspected or confirmed case of COVID-19 is found in schools, schools should strengthen the disinfection measures of the school premises, and remind all members of the schools to step up all preventive sanitary and hygienic measures. Cleaning staff should wear appropriate PPE including mask, latex gloves (mandatory), disposable gown, eye protection (goggle/face shield) and cap (as and when necessary).

• Schools have to disinfect all the possibly soiled areas, surfaces and utilities, wipe with diluted household bleach, leave for 15-30 minutes, rinse with water and wipe dry afterwards.
Annex 1 - checklist for flowchart on handling a suspected COVID-19 case

<table>
<thead>
<tr>
<th>SN</th>
<th>Immediate actions taken by Heads of schools</th>
<th>Checkbox</th>
<th>Remarks if any</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Check whether symptoms are consistent with case definition in flowchart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Isolate pupil/student in designated isolation room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Ensure child/pupil wears face masks and gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Inform Responsible party by phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Inform relevant authorities by phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>nearest flu clinic at Regional Public Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a SSRNH hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Dr A. G. Jeetoo hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Flacq hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d J. Nehru hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Victoria hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Zone directors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Rodrigues Commission for Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Agalega Central Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>a ECCEA Regional Office (for pre primary schools)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b PSEA (for Private Secondary Schools)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Others:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>Fill in Format for &quot;Suspected COVID-19 case&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Format No 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Format No 2 for staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td>Fax Format 1 or 2 to relevant authorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Ascertain pupil/student was taken to seek medical help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Disinfection of isolation room and classrooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Report on health status of pupil/student</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex 2 – Format No 1

Suspected case of Covid19 in a pupil/student

One copy of this document to be kept in school. One copy to be faxed to nearest Regional Hospital, Zone Directorate ECCEA Regional office as the case may be. In case there are two or more pupils/students, the Head of school will fax a covering letter listing the names of pupils/students (from youngest to oldest) and their respective class.

1. Name of school......................................................... Zone..............
2. Address of school........................................................................................................
3. Phone No (s)................................. Fax: ....................................
4. Name of Head of School..................................................Email address
5. Pupil/Student showing the following symptom(s) Please tick one or more items as appropriate:

   (a) Fever [   ] (b) Headache [   ] (c) Cough [   ]
   (d) Aching muscles or joints [   ] (e) Breathing difficulties [   ] (f) Other -

   If other, please specify which other symptoms..............................................................

6. Date and time of occurrence of symptoms.................................................................
7. If attended any health facility?  Yes [   ] No [   ]
   if yes, Name of facility.......................... ..............
8. Name of student in block letters..................................................................................
   a. Other names of pupil/ student ..............................................................
   b. Did she/he travel recently? Yes [   ] No [   ]
   c. Gender: Male [   ] Female [   ]
   d. Did she/he come in contact with a confirmed case? Yes [   ] No [   ]
      Unknown [   ]
9. Full name of Responsible Party.................................................................
10. Home address.............................................................................................................
    Office............................................................

12. Action taken at school [ please fill in the blanks and/or tick as appropriate]:

<table>
<thead>
<tr>
<th>SN</th>
<th>ACTION</th>
<th>CHECKBOX</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Responsible party informed at .................. hours</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Isolation of pupil/student to a separate room at ........ hours</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Taken at home by Resp party at ..........</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Nearest flu clinic at Regional Hospital (Name of Hospital):...................... informed</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Zone Directorate/ ECCEA Regional Office informed</td>
<td></td>
</tr>
</tbody>
</table>

13. Date................................. Signature of Head of school ...............
Annex 3- Format No 2

Suspected case of Covid19 in staff

One copy of this document to be kept in school. One copy to be faxed to nearest Regional Hospital, Zone Directorate and ECCEA Regional Office as the case may be.

1. Name of school………………………………………………. Zone…………………
2. Address of school…………………………………………………………………………
3. Phone No (s)…………………… Fax: ………………………
4. Name of Head of School……………………………………………Email Address………………………………
5. Staff showing the following symptom(s) Please tick one or more items as appropriate:
   - Fever [   ]
   - Headache [   ]
   - Cough [   ]
   - Aching muscles or joints [   ]
   - Breathing difficulties [   ]
   - Other [   ]
   If other, please specify which other symptoms……………………………………………………………

6. Date and time of occurrence of symptoms ………………………………………………….
7. If attended any health facility?  Yes [   ] No [   ]
   If yes, Name of facility…………………………….
8. Name of staff in block letters………………………………………………….
    a. Other names of staff………………………………………………….
    b. Did she/he travel recently? Yes [   ] No [   ]
    c. Gender: Male [   ] Female
    d. Did she/he come in contact with a confirmed case? Yes [   ] No [   ]
    e. Age group: 21-30 [   ] 31-40 [   ] 41-50 [   ] 51+ [   ]

9. Name of emergency contact…………………………………………………….
10. Home address…………………………………………………………………………
11. Contact No. of emergency contact: Home …………………. Mobile……………………
    Office…………………………….

12. Action taken at school [ please fill in the blanks and/or tick as appropriate]:

<table>
<thead>
<tr>
<th>SN</th>
<th>ACTION</th>
<th>CHECK IN</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Isolation of staff in a separate room at ....... hours</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Left school at ...............</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Nearest flu clinic at Regional Hospital (Name of Hospital): ......................... informed</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Zone Directorate and ECCEA Regional Office</td>
<td></td>
</tr>
</tbody>
</table>

Date:.......................... Signature of Head of school .........................
Annex 4 – Case definitions of a suspected case of COVID-19 as per WHO

Case definition of a suspected case of novel coronavirus 2019 as per WHO

Suspect case

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND/OR a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

OR

C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Contact

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;

2. Direct physical contact with a probable or confirmed case;

3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment (PPE);

OR

4. Other situations as indicated by local risk assessments.

Note: Contact may also take place with persons who are asymptomatic but later turn out to be confirmed cases. The period of contact with such a person is measured as the 2 days before, as well as the 14 continuous days after, the date on which the sample which led to confirmation was taken.