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dph.ga.gov

#### 7/21/2020

Department of Public Health (DPH) Guidance for University System of Georgia (USG) Institutions of Higher Education (IHE)

#### Introduction

This document is intended for use by institutions of higher education (IHE's) within the State of Georgia as those IHE's respond to the COVID19 pandemic. Unless otherwise specified, this guidance represents recommended best practices intended to assist IHE's and their employees and students. Questions about this document may be directed to your DPH regional point of contact.

The document is organized as follows.

- A. Communicating with Public Health: DPH and IHE Points of Contact
- B. <u>International Students</u>
- C. Reporting Test Results (if IHE conducts testing directly or through a third-party)
- D. Response to a Positive or Presumed Positive Case

Appendix A – DPH and USG IHE Point of Contact Lists

<u>Appendix B – Registering for SendSS System</u>

Appendix C – IHE Positive Case Notification Form and Contact Notification Forms

<u>Appendix D – Communications for Cases</u>

Appendix E – Breakdown of DPH vs. IHE responsibilities

## A. Communicating with Public Health

To make communication easier between IHE's and the district health department, we request that every IHE select an "IHE COVID19 point of contact (POC)" that will coordinate with district and state public health departments for contact tracing and guidance. Additionally, each health district will have a specific "DPH IHE POC" that IHE's can communicate with. A list of DPH IHE POC's can be found in Appendix A. The counties assigned to each DPH region can be found at https://dph.georgia.gov/publichealth-districts. We recognize that some institutions may have sites that are located in more than one DPH region; in those instances, we would ask that the campus reach out to the DPH IHE POC for their respective campus site. For example, an institution with campuses in both Bulloch County and Chatham County would contact either DPH Region 9-2 or DPH Region 9-1, respectively, based on where the student / employee was assigned.

#### B. International Students

DPH recommends that all students that are traveling from a country with widespread transmission as defined by <u>CDC</u> should be quarantined for 14 days and follow the same guidance <u>as close contact</u> <u>quarantine</u>.

## C. Reporting Test Results (IHE's providing testing directly or through a third-party)

- 1) If your student, faculty, and staff tests are being run in-house, then all testing results need to be reported to DPH (including negatives)
  - a) Positive test results should be repCorted through the Case Report Form in the State Electronic Notifiable Disease Surveillance System (SendSS). Instructions on registering for and reporting to SendSS can be found in <a href="Appendix B">Appendix B</a>.
  - b) Negative results can be reported through Electronic Laboratory Records (ELR). If your lab does not report through ELR, then send an email to the DPH epidemiology team <u>at contactpublichealth@dph.ga.gov</u> to get reporting set up.
- 2) If your student, faculty, and staff tests are being run at a third-party laboratory, they should be reporting these results (both negative and positive) to DPH. Please verify with your lab that they are reporting results to CDC. If they are not, please contact the DPH epidemiology team <a href="mailto:atcompatible.com">at contactpublichealth@dph.ga.gov</a> to set up an account in the reporting system.
  - a) If your students, faculty, and staff are being tested at a DPH testing site, you will not need to report those test results to DPH.
- 3) DPH document about <u>interpreting test results</u> is linked here and should be provided to test participants (particularly to those with a negative test result).

## D. Response to Positive or Presumed Positive Case (all IHE's)

- 1) **IHE and/or DPH** advises positive or sick individuals of <u>DPH's home isolation criteria</u>. They may not return to school until they fulfill <u>DPH's Return to School Guidance</u>.
- 2) **IHE** ensures that students, faculty, staff, or others with a continuing presence on campus (such as contractors, scholars in residence, etc.) know they should not come to school if they are sick, and should notify IHE officials if they become sick with COVID-19 <u>symptoms</u>, test positive for COVID-19, or have been <u>exposed</u> to someone with COVID-19 symptoms or a confirmed or suspected case.
  - a) IHE's should immediately separate students, faculty, and staff with COVID-19 symptoms (such as fever, cough, or shortness of breath). Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow CDC Guidance for caring for oneself and others who are sick. IHEs may follow CDC's Guidance for Shared or Congregate Housing for those that live in IHE housing.
  - b) IHE's should implement the IHE isolation/quarantine plan to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. IHE healthcare providers should use <a href="Standard and Transmission-Based Precautions">Standard and Transmission-Based Precautions</a> when caring for sick people. See: <a href="What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection">What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection.</a>
  - c) Care should be taken to not expose others to the infected individual during transport as outlined in the CDC guidance: <u>safely transporting anyone who is sick to their home.</u> If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.
- 3) **IHE's** should close off areas that were used by the sick person and do not use these areas until after cleaning and disinfecting.
  - a) Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure <u>safe and correct use</u> and storage of <u>cleaning and disinfection products</u>, including storing products securely away from children.
- 4) The IHE COVID19 point of contact should notify their DPH IHE POC at the district health department
  - a) If the IHE identified (tested) the case, the IHE COVID19 point of contact and/or designees will need to take the following steps:
    - i) Report the case to Georgia Department of Public Health.
      - (1) DPH will need to receive 2 notifications: the short notification form found in <u>Appendix C</u> and the full case report form in <u>Sendss.</u>
      - (2) The short notification form should be completely filled out and emailed to your DPH IHE POC in an encrypted email along with the excel close contact line list also found in <u>Appendix C</u>. Institutions may send via fax if the material cannot be sent via encrypted email.
      - (3) The complete case report form should be submitted directly through Sendss.
      - (4) Appendix C also contains a few other (optional) contact tracing forms that can be helpful in your internal investigations.
      - (5) Make sure the case knows that DPH will also reach out to them to perform a more thorough case interview and investigation and their cooperation is critical.
    - ii) Conduct an initial case interview of the positive / presumed positive individual.

- (1) If during your interview you identify close school contacts (defined as an individual who was within 6 feet of the case for 15 min in a school setting such as a classroom, dorm, etc. regardless of whether a face covering was worn), inform them that they have had close contact with a person diagnosed with COVID-19, and they should stay home or in their designated quarantine living quarters and self-monitor for symptoms. For identification of close contacts, note that but there may be certain circumstances warranting flexibility in the definition (timeframe or proximity), depending on the risk assessment conducted by DPH or District staff during the case investigation. They should follow DPH's guidance for quarantine and should not return to school until meeting DPH's return to school guidance. Close contacts identified in the IHE's initial case interview should be reported to DPH in the provided line list in Appendix C.
- (2) Reach out to facility coordinators of common use areas that may have been exposed such as gyms, pools, dorms, and dining facilities to coordinate appropriate cleaning and disinfection and confirm that appropriate prevention measures were and continue to be used.
- (3) To assist public health with their investigation, please try to include all of the following that are relevant. Please note that not all persons on these lists may be considered close contacts and subject to quarantine. However, these lists will assist public health in making this decision:
  - (a) List of classes (and seating arrangements/seating charts if available) the case attended within two days of being symptomatic or two days of a positive test result if asymptomatic and a list of other attendees of those classes including students, teachers, and support staff.
  - (b) If case worked on campus, provide supervisor information and the list of employees who worked physically close to the case to include those assigned to that employee's department and others who worked in the same physical location.
  - (c) Optional documents and contact information that could be helpful:
    - (i) Attendance rosters for classes that the positive case attended 2 days before symptom onset (or test date, if asymptomatic) until case started isolation
    - (ii) Lab sign-in for labs or other in-person, on-campus activities (e.g. studios, theater, etc.) that the positive case attended 2 days before symptom onset (or test date, if asymptomatic) until case started isolation
    - (iii) List of dorm/suite mates
    - (iv) Student club membership and club roster if in-person club meetings attended by positive case 2 days before symptom onset (or test date, if asymptomatic) until case started isolation
    - (v) Student athlete team and coach roster
    - (vi) For faculty/staff, employee calendar for in-person meetings attended by positive case 2 days before symptom onset (or test date, if asymptomatic) until case started isolation.
- (4) Additional information and communications for cases and contacts can be found in <a href="Appendix D">Appendix D</a>. Additionally, the CDC has provided guidance on conducting contact notification at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing-resources.html">https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing-resources.html</a>.
- b) If public health was notified of the case from outside the IHE, the **DPH IHE POC** will reach out to the IHE COVID19 POC.

- The IHE COVID19 POC and/or designee should ensure steps two and three above are followed.
- ii) **DPH** will initiate follow-on contact tracing usually within 24-48 hours; however, the **IHE COVID19 POC** may choose to conduct its own case interview and reach out to close contacts as outlined in 4) a) ii) above. In this instance, the IHE COVID19 POC should coordinate with the DPH IHE POC as a part of this process to both keep them informed of the IHE's efforts and to minimize any duplication of effort.
- 5) A document that lays out some situations and the actions and timelines for those situations can be found in Appendix E.

# Appendix A DPH IHE POC list

District	Name	Phone	Email Address	Fax
		Number		Number
District 1- 1	Melissa Hunter	706-295- 6658	Melissa.Hunter@dph.ga.gov	706-802- 5342
	Tiffany Addison	706-295- 6659	Tiffany.addison@dph.ga.gov	
District 1- 2	Sherry Gregory	706-529- 5752 ext.12191	sherry.gregory@dph.ga.gov	706-529- 5752
	Ashley Deverell	706-529- 5752 ext. 11220	ashley.deverell@dph.ga.gov	
District 2- 0	Marie Brown	770-535- 5864	marie.brown@dph.ga.gov	770-535- 5848
	Ndubuisi Anyalechi	678-717- 4910	Ndubuisi.Anyalechi@dph.ga.gov	
District 3- 1	Rachel Franklin	770-514- 2468	rachel.franklin@dph.ga.gov	770- 514- 2313
	Deanna Crosby	770-514- 2384	deanna.crosby@dph.ga.gov	
District 3- 2	Juliana Prieto	404-906- 5855	juliana.prieto@fultoncountyga.gov	404-612- 3696
	Sasha Smith	470-568- 9130	Sasha.smith@dph.ga.gov	
District 3-	Olatanwa Adewale	678-610- 7193	olatanwa.adewale@dph.ga.gov	770-892- 9148
	Tiffany Fuller	678-832- 7193	Tiffany.fuller@dph.ga.gov	
District 3- 4	Alana Sulka	678-442- 6918	Alana.Sulka@GNRHealth.com	770-339- 5971
	Brittany Carter	678-451- 7755	Brittany.Carter@gnrhealth.com	
District 3- 5	Otto Ike	404-508- 7851	Otto.lke@dph.ga.gov	404-508- 7813
	Marisa Kanemitsu	470-598- 6278	Marisa.Kanemitsu@dph.ga.gov	

District 4-	Ashton Harris	706-302- 9938	ashton.harris@dph.ga.gov	706-845- 4294
	Amy Fenn	706-298- 7712	Amy.fenn@dph.ga.gov	
District 5-	Jennifer Stokes	478-275- 6571	jennifer.stokes@dph.ga.gov	478-609- 0246
	Jodi Bazemore	478-275- 6545	Jodi.bazemore@dph.ga.gov	478-275- 6575
District 5- 2	Amber Erickson	478-972- 6067	amber.erickson@dph.ga.gov	478- 751- 6074
	Bill Johnson	478-973- 6054	Bill.johnson@dph.ga.gov	
District 6- 0	Joy Miller	706-667- 4263	joy.miller@dph.ga.gov	706- 667- 4792
	Peyton Durflinger	706-667- 4264	Peyton.durflinger@dph.ga.gov	
District 7-	Josephine Gosa	706-321- 6238	josephine.gosa@dph.ga.gov	
	Brandi Nelson	706-321- 6260	Brandi.nelson@dph.ga.gov	706-321- 6155
District 8-	Kenneth Lowery	229-249- 2796	kenneth.lowery@dph.ga.gov	229-333- 7822
	Stephanie Hagans	229-259- 2067	Stephanie.hagans@dph.ga.gov	
District 8- 2	Jacqueline Jenkins	229-352- 4275	jacqueline.jenkins@dph.ga.gov	229- 430- 7853
	Torrey Knight	229-352- 4275, ext. 6520	Torrey.knight@dph.ga.gov	
District 9-	Meredith Avery	912-644- 5215	Meredith.Avery@dph.ga.gov	912-335- 8794
	Elizabeth Goff	912-644- 5222	Elizabeth.goff@dph.ga.gov	
District 9- 2	Trevor Thomas	912-285- 6022	Trevor.Thomas@dph.ga.gov	912-338- 5309
	Sierra Towery	912-557- 7902	Sierra.Towery@dph.ga.gov	912-557- 7954

District 10-0	Olivia Echols	706-621- 8877	Olivia.Echols@dph.ga.gov	706-369- 5640
	Robert Hamilton	706-202- 2824	Robert.hamilton@dph.ga.gov	

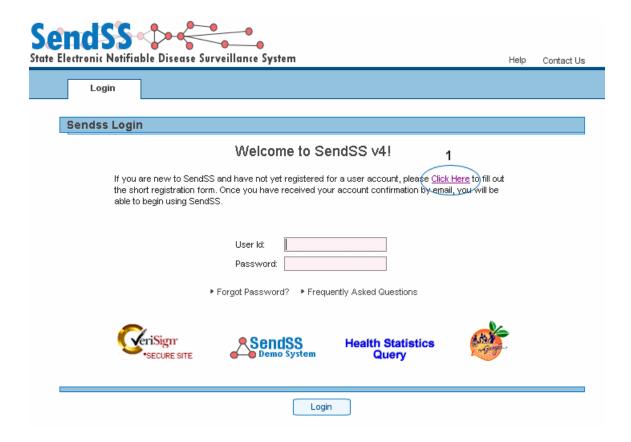
## USG IHE COVID19 points of contact

Institution	Name	E-Mail
Augusta University	Dr. Robert Dollinger	rdollinger@augusta.edu
Augusta University	Francis Toole	ftoole@augusta.edu
Ga. State University	Dr. Ijeoma Azonobi	<u>iazonobi@gsu.edu</u>
Ga. Tech.	Dr. Benjamin Holton	benjamin.holton@health.gatech.edu
UGA	Dr. Garth Russo	grusso@uhs.uga.edu
Georgia Southern Univ.	Holly Johns, RN	hjohns@georgiasouthern.edu
Kennesaw State Univ.	Andy Altizer	aaltize1@kennesaw.edu
Univ. of West Ga.	Dr. Eric Heine	eheine@westga.edu
Valdosta State Univ.	Jeanine Boddie-LaVan	jyboddielavan@valdosta.edu
Albany State Univ.	Dr. Vicki Phillips	vicki.phillips@asurams.edu
Clayton State Univ.	Polly Parks	PollyParks@clayton.edu
Columbus St. Univ.	Chip Reese	reese_chip@columbusstate.edu
FVSU	Richard Riley	richard.riley@fvsu.edu
FVSU	Dr. Paul Jones	jonesp@fvsu.edu
Ga. College	Britt McRae	britt.mcrae@gcsu.edu
Ga. Southwestern	Dr. Laura Boren	<u>Laura.boren@gsw.edu</u>
Middle Ga. State Univ.	Dr. Tara Underwood	tara.underwood@mga.edu
Savannah St. Univ.	Elaine Campbell	campbelle@savannahstate.edu
Savailliali St. Olliv.	Kimberly Ballard-Washington	washingtonk@savannahstate.edu
Univ. of North Ga.	Greg Williams	greg.williams@ung.edu
ABAC	Carmen Counts	ccounts@abac.edu
Atlanta Met.	Marcus Hill	mhill@atlm.edu
College of Coastal Ga.	Phyllis Broadwell	pbroadwell@ccga.edu
Dalton State College	Cheryl Owens	cwowens@daltonstate.edu
East Ga. State College	Mary Smith	mcsmith@ega.edu
Ga. Gwinnett College	Terrance Schneider	tschneid@ggc.edu
Ga. Highlands College	Terri Cavender	tcavende@highlands.edu
Ga. Fightands College	Ginni Siler	gsiler@highlands.edu
Gordon State College	Alice Turner	alicet@gordonstate.edu
dordon state conege	Alicia Dorton	aliciad@gordonstate.edu
South Ga. State College	Maria King	maria.king@sgsc.edu
South Ga. State College	Jaime Carter	jaime.carter@sgsc.edu

## Appendix B

## **Registering for SendSS**

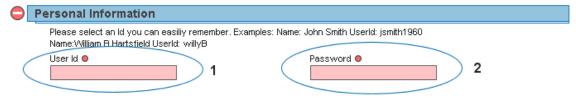
## **Registration procedure**



In order to register for access to SENDSS you will first need to fill in a registration form. This can be accessed by pressing "Click Here" as shown above [1].

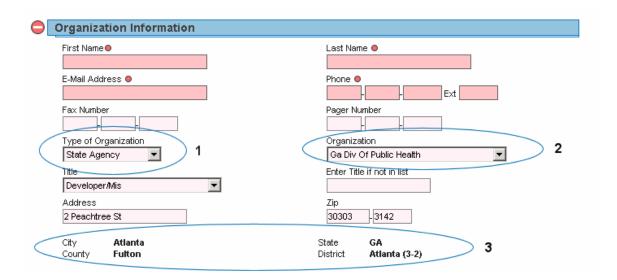
The home page can be accessed with the following URL and is best viewed using Microsoft Internet Explorer Version 6.x.x. <a href="https://sendss.state.ga.us">https://sendss.state.ga.us</a>

#### Registration Form

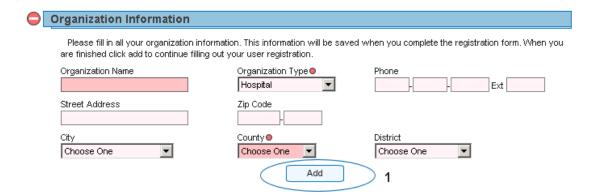


- Remember to use a userid that is easily remembered
- Fill out Password Information

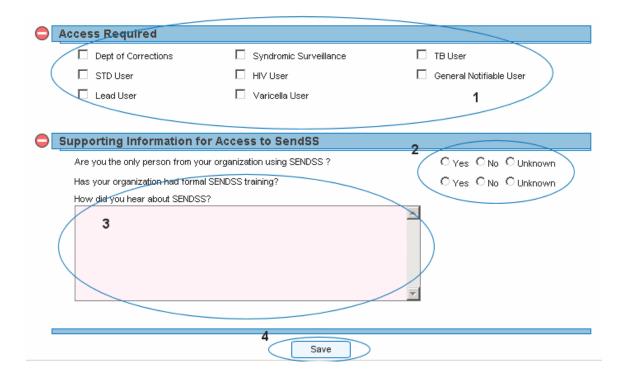
## **Registration Form (Continued)**



- 1. Select the type of organization you will be entering cases for.
- Select the name of your organization. If you cannot find your organization select "Enter a New Organization" from the select box and the section will change and appear as below.
- City, County, State, and District are not editable once an organization is entered into SendSS. If all the information for this section does not appear when you select an organization, you will be asked to provide it the first time you log in to SendSS.



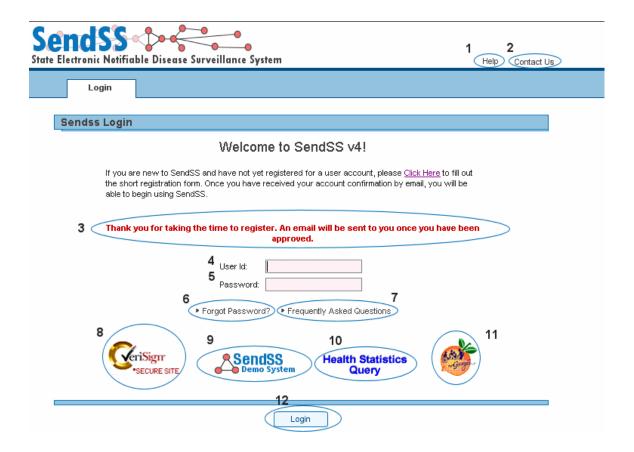
1. This section appears if a new user needs to enter an organization for which SendSS does not have a current user. Please fill in all information and press "Add". Then continue filling out the registration form.



- 1. Select the type of access you will require from SendSS from section 1.
- 2. Please answer the questions in section 2.
- 3. Enter any comments is this section

4. Press "Save" to complete your registration.

## Signing In



### **Key to features**

- 1. Help A link to documentation and manual for SendSS version 4.0
- 2. Contact Us Send an internal message
- Warnings and Messages Text will appear in red to alert users of failed logins or other relevant messages such as successful registration.
- 4. User Id Enter the user id you chose when registering
- 5. Password Enter the password you chose when registering. This password must be reset every 3 months. After 3 months SendSS will allow 3 grace logins before locking your account. You will be prompted to change you password at this time.
- 6. Forgot Password Click here to request your password
- 7. Frequently Asked Questions –
- 8. VeriSign -- The certificate authority utilized by SENDSS is Verisign. Clicking on the graphic will display the validity of the SSL certificate.
- 9. Sendss Demo System -- Clicking on this image will take you to the Demonstration site. A separate registration is required to access this site
- 10. Health Statistics Query -- This link will take you to the Notifiable Disease Query
- 11. Georgia Peach Click this image to access the Georgia State Epidemiology Web site.

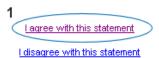
## **SENDSS - Disclaimer**

#### **Sendss Privacy Statement**

This system will allow persons authorized by DHR to access protected health information about individuals for reporting and treatment purposes. This information is entitled to significant privacy protections under federal and state law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits a covered entity to use and disclose protected health information without written authorization if the use or disclosure is for treatment, payment, or health care operations. However, HIPAA requires covered entities to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information. The disclosure of this information to unauthorized persons or for unauthorized purposes is prohibited without the written consent of the person who is the subject of the information, unless specifically permitted by federal or state law. Unauthorized disclosures of this information may result in significant criminal or civil penalties, as well as punishment up to and including the termination of employment. Failure to properly logout of SENDSS can result in an unauthorized disclosure. Any unauthorized disclosures will be investigated promptly and thoroughly prosecuted.

Agreeing with the Privacy Statement confirms your status as an authorized SENDSS user who is accessing the database only for reporting and treatment purposes. Agreeing with the Privacy Statement also confirms that as an authorized SENDSS user you will reasonably safeguard protected health information from any use or disclosure that is in violation of the Privacy Statement or state and federal law.

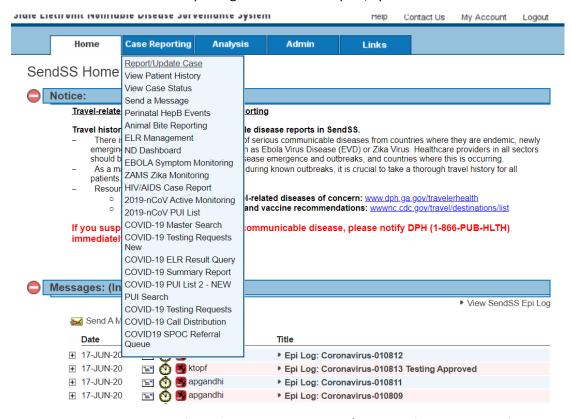
Source: HIPAA, 45 CFR §§ 164,502, 164,506, 164,530.



Before you can enter the system, you must accept the Privacy Statement [1]. Selecting "I disagree with this statement" will terminate your login and return you to the login page.

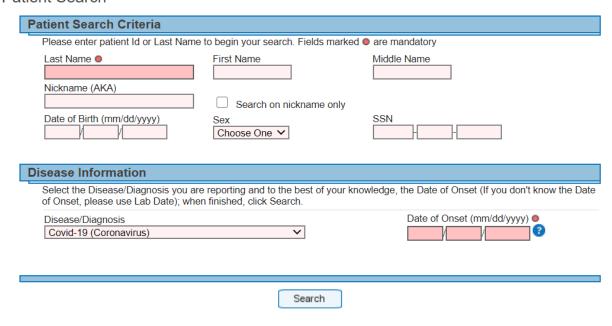
#### Reporting a case to DPH through SendSS

1. Hover over the case reporting tab and select report/update case



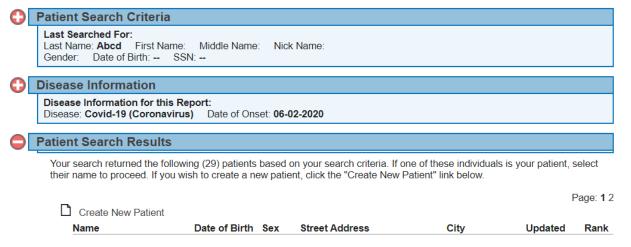
2. Type in the required fields for last name, disease/diagnosis (select Covid-19), and the date of onset (this would be symptom onset or test date, if asymptomatic). Then select search.

#### Patient Search



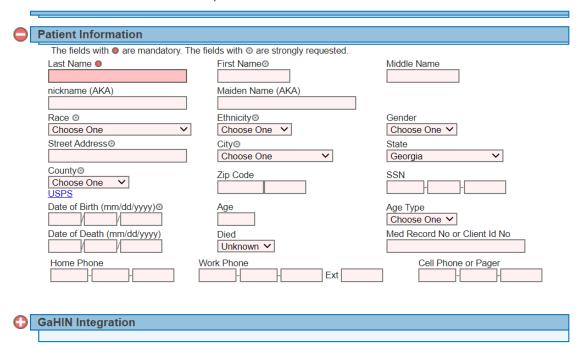
3. You will see a list of cases with similar names and onset dates. If this is the first time this case is being reported, they should not be in this list. If this is the first report, then click on "create new patient"

Patient Search Results: Following patients located

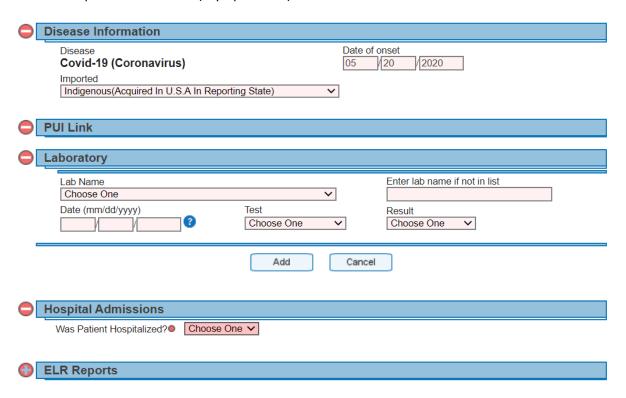


- 4. Please fill out as much information as possible as this will help with our case investigation and contact tracing.
- 5. Please use their current residence address (dorm or off campus housing for students)

General Notifiable Disease Report Form



6. Select indigenous if acquired in GA and date of onset as symptom onset (symptomatic) or test sample collection date (asymptomatic)

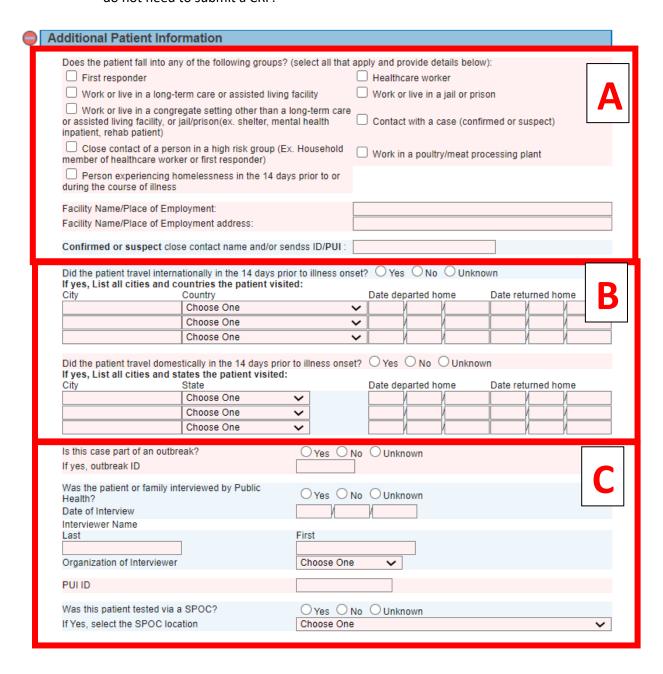


7. Please fill out as much clinical information as possible (some of this information will only be known by a treating physician)

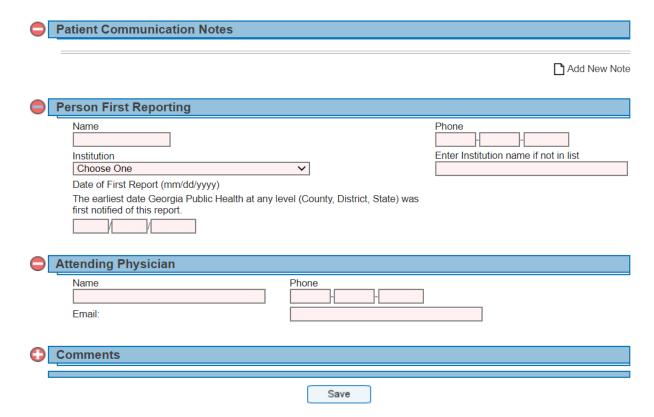
Clinical Information	
Illness onset date: (mm/dd/yyyy)	
During this illness, did the patient experience any of the f Fever Chills Repeated shaking with chills Muscle aches (myalgia) Headache New loss of taste or smell Sore throat Cough (new onset or worsening of chronic cough) Shortness of breath (dyspnea) Nausea or vomiting Abdominal pain Diarrhea (>=3 loose/looser stools in 24 hr period)	Yes         No         Unknown           Yes         No         Unknown
Other	○ Yes ○ No ○ Unknown ○ Yes ○ No ○ Unknown
If Other, Please specify	
Check all complications that occured during the acute illness:  Pnuemonia (Clinical Or Radiographic)  Croup  Encephalopathy/Encephalitis  Reye Syndrome  Intubation  None	Acute Repiratory Disease Syndrome (Ards) Bronchiolitis Shock Sepsis/Multi-Organ Failure Icu Admission Other
Does the patient have any pre-existing medical conditions?  If yes, select all that apply:  Chronic Lung Disease (Asthma/Emphysema/Copd)  Cardiovascular Disease  Chronic Liver Disease  Neurologic/Neurodevelopmental  Currently Pregnant  Former Smoker  If Other, please specify:	Yes No Unknown  Diabetes Mellitus Chronic Renal Disease Immunocompromised Condition Other Chronic Diseases Current Smoker Other
Does this patient have any lab-confirmed co-infection?  If yes, select all that apply:  Influenza A  Rsv  Parainfluenza (1-4)  Rhinovirus/Enterovirus  M. Pneumoniae  Other	Yes No Unknown  Influenza B  H. Metapneumovirus  Adenovirus  Coronavirus (Not Covid-19, Includes Oc43, 229e, Hku1, NI63)  C. Pneumoniae
If Other, please specify:	

#### 8. Please fill out all relevant sections

- a. Box A: Please fill out this whole section. Select congregate living for persons who are living in dorms. If a case had contact with another confirmed or suspect case, please list the contact case's name.
- b. Box B: Please list all travel.
- c. Box C: You will not need to fill out this section. If the case was tested at a DPH SPOC, you do not need to submit a CRF.



9. Please fil out all the reported information and include attending physician information if the patient is under the care of a physician.



## **Appendix C**

## **Institute of Higher Education Positive COVID19 Case Notification Form**

Case Name:				
Case Date of Birt	h:			
School Street Add	dress:			
City:		State:		Zipcode:
Home Street Add	lress (if differe	nt than scho	ol address):	
City:		State:		Zipcode:
Phone Number:				
Email Address:				
Sex: ☐ Male	□Female	Race:		Ethnicity:
Date test sample	collected:			
Date test results	received:			
Did case experier	nce symptoms	? □Yes [	☐ No Date o	f symptom onset:
Treating Physicia	n (if applicable	e):		
Physician street a	address:			
City:		State:		Zipcode:
Physician Phone	Number:			
Physician Email:				

Please email this completed form along with a completed excel line list to the DPH IHE POC for your district found in <u>Appendix A</u> of the IHE Guidance Document.

Feel free to use the next 3 forms to assist you in any school close contact investigations, these do not need to be submitted to public health.

#### **ACTIVITY HISTORY BEGINNING TWO DAYS BEFORE SYMPTOM ONSET**

Please list all activities, places visited, and travel you participated in starting 48 hours before your first symptom FROM: THROUGH: today's date:

	AM	PM	Notes
	Events/Locations	Events/Locations	
2 days before illness			
onset			
MM/DD/YYYY			
1 day before illness			
onset			
MM/DD/YYYY			
Date of illness onset:			
MM/ DD/ YYY			
1 day after			
illness onset			
MM/DD/YYYY			
2 days after illness			
onset MM/DD/YYYY			
3 days after illness			
onset			
MM/DD/YYYY			
A days often ille as			
4 days after illness			
onset			
MM/DD/YYYY			
5 days after illness			
onset MM/DD/YYYY			
6 days after illness			
onset			
MM/DD/YYYY			
7 days after illness			
onset			
MM/DD/YYYY			
, 2 3/ 1 1 1			
Repeat form for 8+			
days			
			1

#### Household Contacts

#### Period of exposure of identified contact to the confirmed case

From: two days before illness onset in confirmed case: Through: today's date:

A household contact is anyone who stayed overnight for at least one night in a household with the case-patient during the period of exposure. How many people in total resided in the household during this period including you? \_\_ people. (please list below):

Name	Phone Number	Relationship to case-patient	Sex (M/F/O/U)	Age	Date of last exposure (MM/DD/YYYY)

Close Contacts								
	Period of exposure of i	dentified contact to the	e confirmed case	•				
I	From: two days before i	Ilness onset: Throu	ugh: today's date	):				
Did you have close contact (e.g. physical contact, being in the same indoor environment with anyone other than your household								
members during this period? □Yes	(Please list below) □No	(go to next question)	Unknown					
Name	Location of Contact	Description of Contact	Phone Number (if known)	Sex (M/F/O/U)	Age	Date of last exposure (MM/DD/YYYY)		

## **Appendix D**

#### **Communications for cases**

If you are diagnosed with COVID-19, a case investigator from the health department might call you to check-in on your health, discuss who you've been in contact with, and ask you to stay at home to self-isolate.

- Unless you give permission, your name will not be revealed to those you came in contact with, even if they ask.
- The health department will ask you to stay at home and self-isolate.
  - Self-isolation means staying at home in a specific room away from other people and pets, and using a separate bathroom, if possible.
  - Self-isolation is critical to protecting those who you live with as well as your community.
  - Self-isolation helps slow the spread of COVID-19 and can help keep your friends and neighbors healthy.
  - If you need support or assistance while self-isolating, then your health department or community organizations may be able to provide assistance.
  - Seek medical care if symptoms become severe. Severe symptoms include trouble breathing, persistent pain or pressure in the chest, confusion, inability to wake or stay awake, or bluish lips or face.

Isolation Guidance: <a href="https://dph.georgia.gov/document/document/quarantine-guidance-what-do-if-you-are-sick-covid-19/download">https://dph.georgia.gov/document/document/quarantine-guidance-what-do-if-you-are-sick-covid-19/download</a>

Answer the call: https://youtu.be/8LANQADjaEY

Return to School Guidance: <a href="https://dph.georgia.gov/document/document/return-school-guidance/download">https://dph.georgia.gov/document/document/return-school-guidance/download</a>

CDC Steps when sick: <a href="https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html">https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html</a>

CDC 10 things to do when sick: https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf

CDC case Investigation workflow: <a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf</a>

#### **Communications for Close Contacts**

If you have been in close contact with someone with COVID-19, a contact tracer from the health department might call to inform you that you've been exposed. They will ask you to stay at home and self-quarantine.

- Close contact generally means you were within 6 feet of a person with COVID-19 for a period of 15 minutes (no matter whether a mask was worn or not), but there may be certain circumstances warranting flexibility in this timeframe or proximity, depending on the risk assessment conducted by DPH or District staff during the case investigation.
- You should stay at home and self-quarantine for 14 days, starting from the most recent day that
  you were possibly exposed to COVID-19. The contact tracer will inform you of the dates of your
  self-quarantine.
  - Self-quarantine means staying home, monitoring yourself, and maintaining social distancing (at least 6 feet from others at all times). You should remain in a specific room separate from other non-exposed people and pets in your home, and use a separate bathroom, if possible.
  - If you need to be around other people or animals in or outside of the home, wear a cloth face covering. This will help protect the people around you.
  - If you need support or assistance with self-quarantine, then your health department or community organizations may be able to provide assistance.
  - Self-quarantine helps slow the spread of COVID-19 and can help keep your friends and neighbors healthy.
- You should monitor yourself for any symptoms of COVID-19 and notify your health department
  if you develop symptoms. Seek medical care if symptoms become severe. Severe symptoms
  include trouble breathing, persistent pain or pressure in the chest, confusion, inability to wake
  or stay awake, or bluish lips or face.

Quarantine Guidance: <a href="https://dph.georgia.gov/document/document/quarantine-guidance-what-do-if-you-were-exposed-someone-novel-coronavirus-covid/download">https://dph.georgia.gov/document/document/quarantine-guidance-what-do-if-you-were-exposed-someone-novel-coronavirus-covid/download</a>

Answer the call: https://youtu.be/8LANQADjaEY

CDC contact tracing: <a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf</a>

Return to School Guidance: <a href="https://dph.georgia.gov/document/document/return-school-guidance/download">https://dph.georgia.gov/document/document/return-school-guidance/download</a>

Contact Tracing FAQ: https://dph.georgia.gov/document/document/contacttracingfaq3pdf/download

#### Other resources:

https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html

https://dph.georgia.gov/document/document/youve-tested-positive-what-should-you-do/download

https://dph.georgia.gov/document/document/contact-tracing-box-it/download

https://dph.georgia.gov/document/document/covid-19-handwashing-poster/download

## **Appendix E**

## Situations and Actions

Situation	Action	Timing	DPH	IHE
IHE individual	Referred for	Immediate	X	X
is symptomatic.	testing through			
	DPH, IHE, or			
	other provider.			
IHE individual	DPH/ other	ASAP consistent	X	
tests positive at	provider notifies	with standard		
DPH site or	individual of	DPH/other		
through other	positive test	provider		
provider.	results.	protocols.		
IHE individual	IHE individual	ASAP consistent		X
tests positive at	with positive test	with standard		
IHE site.	notified of	DPH protocols.		
TTTD: 1::1 1	results by IHE.	ACAD	37	37
IHE individual	DPH POC	ASAP	X	X
tests positive at	notifies IHE			
DPH testing site.	POC.	ACAD		V
IHE individual	IHE COVID19 POC fills out	ASAP		X
tests positive at	short form and			
IHE testing site.	line list and			
	emails them to			
	DPH POC. IHE			
	COVID19 POC			
	officially reports			
	case in the case			
	report form in			
	Sendss.			
IHE locations	IHE COVID19	Immediate		X
require	POC coordinates			
disinfection due	with campus			
to positive test	facility group to			
result.	ensure			
	implementation			
	of infection			
	protocols.			
IHE individual	If employee,	Immediate		X
who has tested	send home or to			
positive has	follow-on			
presence on	medical care as			
campus.	needed. If			
	student,			
	preferred course			
	of action is to			
	send home (or to			
	follow-on			

	medical care if needed). Alternate course of action is student selfisolates on-			
	campus			
	consistent with			
	campus plans.			
IHE individual	IHE COVID19	ASAP		X
present on	POC provides			
campus between	standard set of			
2 days before	information to			
symptom onset	DPH IHE POC			
(or test date, if	for contact			
asymptomatic)	tracing.			
and isolation				
date.				
IHE individual	DPH conducts	ASAP	X	
subject to	contact tracing;			
contact tracing.	provides			
	update/ status			
	report to IHE			
	COVID19 POC.			