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சுகாதார அமைச்சு
Ministry of Health

මගේ අංකය)
எனது இல) FHB/SH/Covid-19/Let/2020
My No.)

ඔබේ අංකය)
உமது இல)
Your No.)

දිනය)
திகதி) 2021.11. 18
Date)

All Provincial Directors of Health Services,
All Regional Directors of Health Services,
Director NIHS,
Chief Medical Officer of Health- CMC,
All Medical Officers of Health,
All School Medical Officers,

Management following detection of a suspected/confirmed case of COVID-19 in the school setting

This is further to the guidelines issued on preparedness and response for COVID-19 outbreak in the school setting on 29th April 2020 and guidelines for re-opening of schools dated 20.11.2020 by Director General of Health Services.

1. General guidance

Ensure that the school authorities are adhering to the instructions given by the circular no ED/01/21/07/03-2020-III dated 2021-01-04 by Ministry of Education.

All schools should make arrangements to screen and identify children/staff members/other visitors for features suggestive of COVID-19 (cough, fever, sore throat, anosmia, difficulty in breathing, diarrhoea) at entry point to school or within the premises. All schools should have a sick room/isolation room to keep identified children/staff members away from the rest of the school.

2. Encountering a student/staff member with symptoms suspicious of COVID-19 at school setting

2.1 Isolate student/staff member in the sick room/isolation room in the school.

The place has to be safe and well ventilated. The child/staff member should wear a face mask. Show empathy and approach with kindness towards the child/staff member and avoid creating stigma.

2.2 Inform parent/guardian if it is a child and get them to the school if possible.

2.3 The education sector has been informed to communicate with the relevant Medical Officer of Health (MOH)/ PHI regarding the symptomatic child/staff member.

2.4 MOH should follow the Management flow chart for suspected COVID-19 patient in School setting (Refer Annex I –and Annex III for allocated Paediatricians for Education zones).

2.4 MOH of the area should coordinate and arrange Rapid antigen testing for COVID-19 for patients with symptoms, or the school authorities could bring the suspected patient to the nearest hospital for a rapid antigen test.

2.5 If the student needs hospitalization, always accompany with the parent/guardian/teacher.

3. If a student/staff member found to have confirmed COVID-19

- 3.1 The situation should be handled by the area (of the school) Medical Officer of Health and SPHI/PHI. Education sector has been informed to communicate with the relevant Medical Officer of Health (MOH)/ PHI regarding the Covid 19 confirmed child/staff member.
- 3.2 MOH/PHI should take a detailed contact history of the child – from a parent/guardian and class teacher and from the child if possible.
- 3.3 Exposure period, vaccination status and close contacts should be identified, as if for any other COVID-19 confirmed patient.
- 3.4 **ONLY** the close contacts need to be home quarantined for 10 days if vaccinated (if not vaccinated the quarantine period would be 14 days) after risk assessment by the MOH/SPHI/PHI of the area. The decision should be informed to parents/guardians by the school/health authorities. (Refer Annex II -Algorithm of exit strategy for close contacts of Covid 19 School children/Staff members)
- 3.5 At the end of quarantine, exit PCR/RAT should be arranged according to current recommendations (only for individuals returning after 10 days).
- 3.6 MOH/PHI should share the list of close contacts with relevant MOH of the area of the child's residence, if the child resides in an outside area.
- 3.7 The immediate environment of the index patient (furniture, toilets, other equipment, floor, staircase railings, etc.) should be cleaned appropriately to prevent infection transmission.
- 3.8 Strengthen the infection prevention and control measures in the school.
- 3.9 If the school has a satisfactory plan to respond and detect any emergency situation early, regular functions of the school can be resumed in consultation with the area MOH.

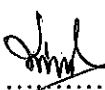
4. If children/staff members become first contacts of a COVID-19 positive patient out- side the school (e.g. at the residence)

- 4.1 Children or the staff member has to be quarantined for a minimum of 14 days if the exposed person is vaccinated (21 days, if not vaccinated). They should not come to school during the quarantine period (Refer Annex II-Algorithm of exit strategy for close contacts of Covid 19 School children/Staff members).
- 4.2 At the end of quarantine, exit PCR/RAT should be arranged according to current recommendations (only for individuals returning after 14 days- which will be arranged at the resident MOH area).
- 4.3 If a quarantined child is required to sit for an essential exam, alternate arrangement should be made to sit for the examination.
- 4.4 Maintain a register for quarantined children/staff members at the school.
- 4.5 Avoid stigma and discrimination for quarantined children when they return to school.

5. Decision to close down a school due to a COVID-19 related issue

Decision to close down the school should be taken only after proper risk assessment by local health (MOH/RE/CCP/RDHS) and education teams after consultation with relevant National level health authorities (Epidemiology Unit – 0112695112/0112681548 or School Health Unit – FHB - 0112692746). Concurrence should be obtained from the Director General of Health Services for the final decision.

You are requested to immediately communicate the content of this guideline to all relevant authorities.

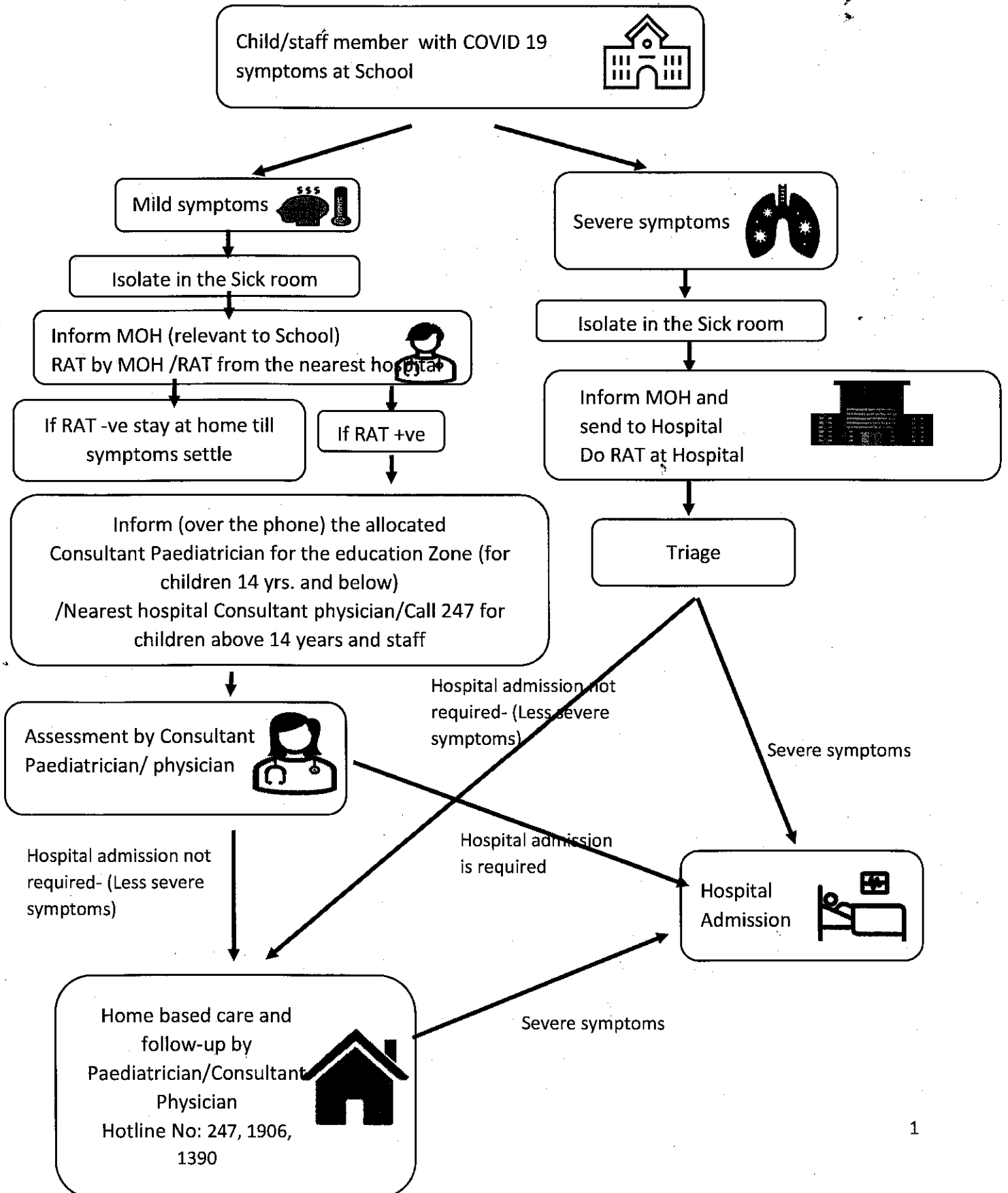

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Dr. Asela Gunawardena
Director General of Health Services

Dr. ASELA GUNAWARDENA
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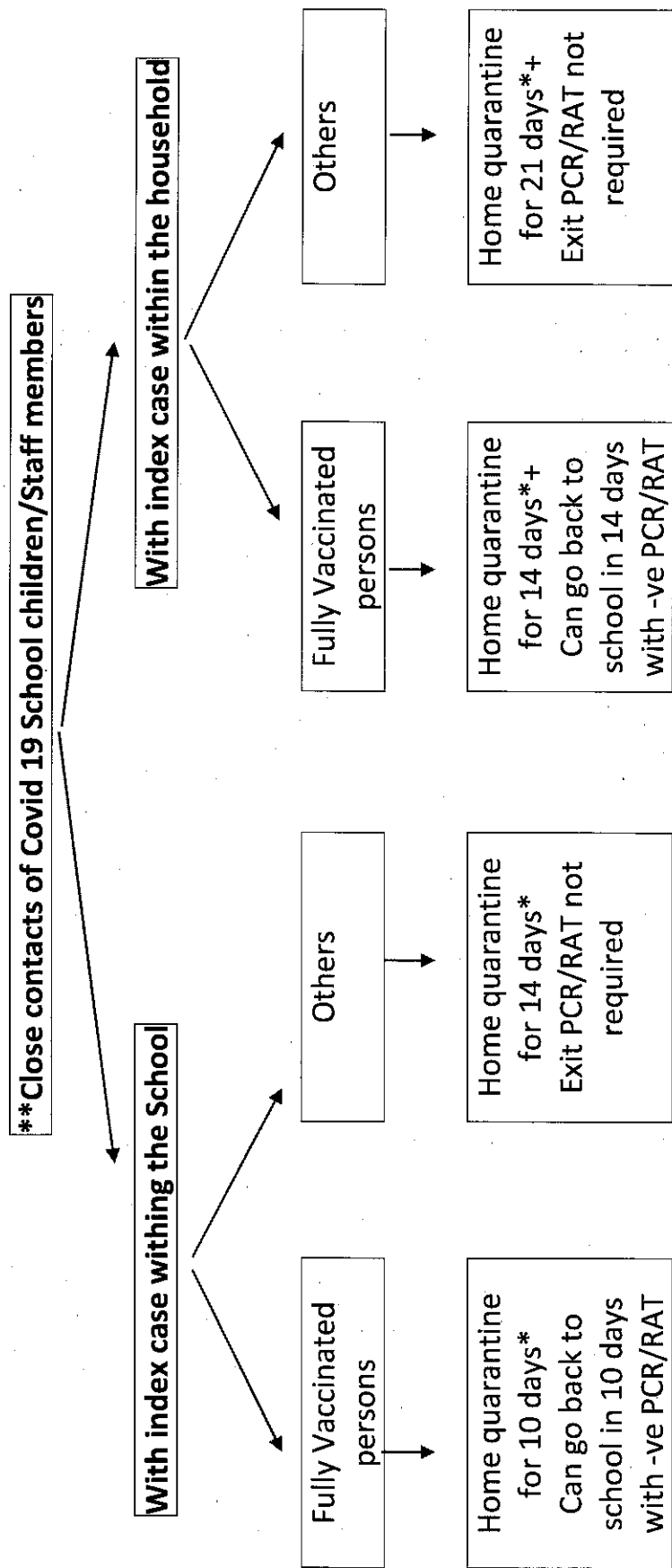
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Hon. Governor/All Provinces
Secretary, Ministry of Health
Secretary, Ministry of Education
Chief Secretary/All Provinces
Additional Secretaries of Health,
All Deputy Director Generals,
Director/ Maternal and Child Health,
Chief Epidemiologist,
Director/Health Promotion Bureau,
Director /Mental Health,
Provincial /District Consultant Community Physicians,
Medical Officers Maternal and Child Health
Regional Epidemiologists

Management flow chart for suspected Covid 19 Child/Staff member in School setting



Algorithm of exit strategy for close contacts of Covid 19 School children/Staff members



*Since date of onset of symptoms of the index case/from the date of first positive PCR/RAT results of the index case

*+Days of quarantine should be calculated from the date of onset of symptoms / test positivity of the last symptomatic or positive case from the house hold

****Close Contact: face-to-face contact (within 1 meter) with a confirmed or probable COVID-19 patient for more than 15 minutes, without wearing face mask either student/staff member/patient**

/had a direct physical contact to a confirmed/probable COVID-19 patient without wearing face mask

If there is inadequate ventilation within the class room and students/ staff member remove the mask in the presence of a confirmed or probable COVID-19 patient all are regarded as close contacts.

MOH/PHI will decide on the status of contacts and the relevant quarantine period

Paediatricians allocated for Education Zones

Overall Coordination: Prof Shaman Rajendrajith, 0777 955606 shamanrajindrajith4@gmail.com
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