Alameda County Public Health Department: COVID-19 Child Care Update

Wednesday, January 6, 2021
6:30PM
Welcome! Bienvenidos!

• If you are participating in this webinar and speak English:
  • Locate the globe at the bottom of zoom screen
  • Click on the globe
  • Choose English
  • If you have technical issues, please use the Q&A box

• Si usted está participando en esta seminario en línea y habla Español:
  • Localice el globo en la parte inferior de la pantalla de Zoom
  • Presione sobre el globo
  • Escoja Español
  • Presione sobre el globo otra vez
  • Presione sobre “mute original audio”
  • Si tiene problemas técnicos, por favor utilice el área de chat
中文指示

• 如果您參加此次的視訊座談並說中文：
  • 在Zoom螢幕下方找到地球圖示
  • 按下地球圖示
  • 選擇中文
  • 再按一次地球圖示
  • 按下“將原音靜音” (mute original audio)
  • 如果您有任何技術上的問題，請使用Q&A區塊
Housekeeping & Attendee Tools

- Webinar is recorded
- Attendees are muted
- Chat is disabled
- Submit your questions through the Q&A box
Lisa Erickson, MSW
School and Child Care Liaison
Alameda County Health Care Services Agency
Today’s Topics

• Child Care Guidance: Health Screening
• Return to School Guidance after Symptoms or a Positive Test
• How to report a positive case to ACPHD
• Vaccine Update
• Scenarios for Symptoms and Positive Cases
• Questions
Providers must implement health screenings for all staff and children before they enter the facility.

Screening in 4 Steps:
1. Exposure Check
2. Ask about COVID-19 symptoms
3. Visual check
4. Temperature check: anyone with a temperature of 100°F or higher should be sent home

For more information, see ACPHD guidance on Health Screening at Programs for Children and Youth available at covid-19.acgov.org.
Parent or guardian should answer the following questions

- Within the past 14 days, has the child had close contact with anyone in the household who was diagnosed with COVID-19 or who had a test confirming they have the virus?

- Within the last 14 days, has the child had close contact with someone outside the household who was diagnosed with COVID19 or who had a test confirming they have the virus?
Health Screening: Symptoms and Visual Check

Since the child was last at the program (or in the last 10 days if the child has been out of the program longer than 10 days), has the child had any of these symptoms, new or different from what they usually have or not explained by another reason?

- fever/chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches.
- headache

- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea
- diarrhea
- seems sick
If a child has any of these listed symptoms, please send them home.
• When checking for fever with a “non-touch” thermometer, Alameda County defines a fever as a temperature of 100 degrees (37.8 C) or higher.

• If the child has a fever as defined above, send them home.
Return to Child Care Program Guidance after Symptoms or a Positive Test
# Requirements for Returning to a Child Care Program

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| If (1) the child’s SARS-CoV-2 test is positive OR (2) the child is NOT tested and has NO medical evaluation the child may return after: | ● At least 10 days have passed since symptoms first appeared, **AND**  
● There have been at least 24 hours with no fever, without the aid of taking medicines to lower the fever, such as acetaminophen (Tylenol) or ibuprofen (Advil or Motrin)  
**AND**  
● Other symptoms, such as cough or shortness of breath, are improving. Please note: A note from a doctor or clinic is not needed. Please see the ACPHD Isolation and Quarantine FAQ and infographic for more information. |
### Scenario 2

**Requirements**

If a child is NOT tested but has a medical evaluation, they may return before 10 days have passed if:

- Symptoms have resolved, **AND**
- A medical evaluator (a doctor, a nurse practitioner, or a certified physician assistant) provides a letter indicating that (1) an alternative diagnosis has been made and (2) the student’s symptoms are NOT due to COVID-19. For privacy reasons, the program is not allowed to require disclosure of the alternative diagnosis.

Please note: Sometimes a child’s symptoms are clearly due to another cause, such as strep throat or hand-foot-and-mouth disease. In this situation, the provider may clear a child to return to the child care program. This does not mean the child does not have COVID-19. Many children and youth with COVID-19 do not have any symptoms. An alternative diagnosis only means that a cause other than COVID-19 was found for symptoms that kept the child from attending the program.
<table>
<thead>
<tr>
<th>Scenario 3</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| If the child COVID-19 test is negative, and the parents or guardians want the child to return to the program before the 10 days of isolation have passed, the child may return if: | - The child is feeling better (symptoms do not have to be completely resolved), AND  
  - There have been at least 24 hours with no fever, without the aid of taking medicines to lower a fever, such as acetaminophen (Tylenol) or ibuprofen (Advil or Motrin), AND  
  - The child consults a medical evaluator (a doctor, a nurse practitioner, or a certified physician assistant) to determine the significance of their symptoms. The medical evaluator will need to provide a letter indicating that (1) the child’s symptoms are NOT due to COVID-19, AND (2) the COVID-19 test was negative (the program is not allowed to require disclosure of the alternative diagnosis), BUT  
  - If it is not possible for the parent or guardian to consult a medical evaluator, they must obtain a COVID-19 negative test result indicating that a molecular test or a PCR was performed. |
### Scenario 4

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>For children without symptoms, who were excluded because of exposure to an actual or possible COVID-19 case:</td>
</tr>
</tbody>
</table>

- If the child was excluded from a program due to close contact with or household exposure to a COVID positive person, the child may return 10 days following the last household contact or close contact with that person, assuming that the child does not develop symptoms. If the child develops symptoms of COVID19 during quarantine, a COVID-19 test should be obtained. For more information, please see the ACPHD Isolation and Quarantine FAQ and infographic. |
How to Handle a Positive COVID-19 Case

Focused Review on Notification Requirements
Notification to ACPHD of Positive Case

• Notify ACPHD (by email or phone)
  Monday-Friday 8:30 am - 5:00 pm
  • safelearning@acgov.org or
    (510) 268-2101

• ACPHD will provide guidance & answer questions
• Complete Initial Case Investigation with the positive case
• Complete online [https://covid-19.acgov.org/contact](https://covid-19.acgov.org/contact) COVID-19 Safelearning Case and Contact Reporting Form for communication with ACPHD. Report form includes:
  • Details on the case investigation (contact information, infectious period while on campus, etc.)
  • Contact information for close contacts
Interview the Positive Case to Identify Exposed Groups and Individuals (i.e. Case Investigation):

1. Determine the case’s infectious period
2. Determine the case’s isolation period & share isolation instructions
3. Elicit close contacts
4. Refer to Scenarios and Protocols for Symptoms and Positive Cases section of guidance to determine next steps
5. Submit the information to ACPHD
Determine Infectious Period

Identify dates the positive case was at the facility while infectious

For Symptomatic Cases
- 2 days prior to symptom onset
- 10 days after symptom onset

For Asymptomatic Cases
- 2 days prior to the day they were tested
- 10 days after test date
Isolation Period for People with COVID-19 or Awaiting Test Results

Stay home in isolation, away from others for at least 10 days.

On day 10 ask yourself if both of these are true in the past 24 hours:
- I have had no fever
- My symptoms have improved

If both are true then you can leave isolation on day 11*
If not true, then stay in isolation until true.

Elicit Close Contacts

Who is a close contact?

- Someone who has been within 6 feet of an infected person for at least 15 minutes, regardless of use of face coverings.
- Shorter intense exposures also qualify as close contact - e.g. if a person with COVID coughs into the face of the contact.
- Multiple shorter exposures adding up to 15 minutes may qualify as close contact, depending on circumstances.
Elicit Close Contacts

Develop a Line List of Close Contacts

- Line lists should include the name and phone number of every close contact of the positive case
- Line lists may be created by entering this information into the ACPHD positive case form or you are able to upload your own list
Quarantine Period for Close Contacts

- Quarantine should begin the day after the last exposure to the positive case, while the case was infectious.

- Quarantine is required for a minimum of **10 days**.

- Note that though a quarantine period of 10 days is the minimum required, 14 days of quarantine is still the safest option.

- If the child, student or staff member has regular close contact with anyone at high risk for severe disease, then 14 days of quarantine is required.
**QUARANTINE** keeps someone who was in close contact with someone who has COVID-19 away from others.

**ISOLATION** keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.
Communication/Prepare Exposure Letter

- Prepare exposure letter to parents and staff
  - Provide date that quarantine period begins
- Appendix A of the guidance provides a template letter
Vaccine Update
How will vaccine(s) change the pandemic?

Vaccine could potentially:

• Reduce number of people with COVID-19
• Reduce severity of disease
• Reduce hospitalizations
• Reduce deaths
• Shorten the length of the pandemic

Beyond safety and efficacy, vaccines work best with broad uptake

• We’re only at the beginning
• Masks, physical distancing, and other mitigation measures will be needed until sufficient coverage
VACCINES WORK

These bubbles are sized according to the annual number of disease cases in the US during the 1990s versus 2010. We’ve come so far. It’s a reminder that while disease rates are low, most diseases haven’t disappeared. This is why we continue to vaccinate.

- SMALLPOX
  THEN: 29,005
  NOW: 0

- MUMPS
  THEN: 162,344
  NOW: 2,528

- PERTUSSIS
  THEN: 200,752
  NOW: 21,291

- MEASLES
  THEN: 530,217
  NOW: 61

- RUBELLA
  THEN: 47,745
  NOW: 6

- TETANUS
  THEN: 580
  NOW: 8

- HAEMOPHILUS INFLUENZA
  THEN: 38,000 (est)
  NOW: 2,570

- POLIO
  THEN: 16,316
  NOW: 0

- DIPHTHERIA
  THEN: 152
  NOW: 0


Federal, State & Local Roles

Federal agencies:
- Which vaccines are approved for use in United States (FDA)
- How much vaccine will be allocated to each state (CDC)
- Overall framework for who gets vaccine at each phase of the rollout (CDC)
- Ongoing research, monitoring, and oversight (NIH, FDA, CDC)

California Department of Public Health (CDPH):
- Which vaccine(s) will be used in CA
- How much vaccine will be allocated to each local health jurisdiction/county
- State-specific framework for who get vaccine when (per federal guidelines)
- Which data systems will be used across the state to monitor vaccine distribution and uptake
- Ongoing data collection, monitoring and oversight

Alameda County Health Care Services Agency:
- Coordinate local infrastructure for vaccine storage, distribution, & administration
- Promote equitable distribution across local communities
- County-specific framework for who gets vaccine when (per state guidelines)
- Ongoing data reporting and monitoring

Public education & misinformation management central at each level
Vaccine Prioritization Framework  

- Alameda County is following Federal and State recommendations, which change from time to time.
- Timing through each phase depends on vaccine supply and demand.
- Local health depts. have some discretion within phases.

Phase 1: Health care workers, community health workers & long term care facility residents and staff

Phase 2: Staff and residents of congregate settings and group homes for people with disabilities or serious mental illness. People at moderate risk due to underlying health conditions.

Phase 3: Young adults, children, workers not covered in Phases 1 or 2.

Phase 4: Anyone who did not access vaccine in Phases 1, 2, or 3.
What Phase are we in?

Phase 1a ➔ Phase 1b ➔ Phase 1c ➔ Phase 2 ➔ Phase 3 ➔ Phase 4

Tier 1
Tier 2
Tier 3

Currently implementing ➔ Near term planning ➔ Longer-term planning
What’s being planned for Phase 1b and 1c? updated 1/3/21; priorities not yet finalized

Phase 1b: Essential Workers & People at risk for severe illness

Tier 1:
- Older adults, aged 75+
- Education & child care
- Emergency Services
- Food/agriculture

Tier 2:
- Critical manufacturing
- Facilities & services
- Transportation and logistics
- Older adults, aged 64-75 with
- Incarceration settings
- People experiencing homelessness

Phase 1c: People with High-Risk Conditions

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Heart conditions
- Solid organ transplant
- Obesity (BMI>40 kg/m2)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus
- Adults >50 yo, congregate/overcrowded settings
How is California making vaccine decisions?

Statewide COVID-19 Vaccine Task Force
- Multiple State agencies and workgroups
- Scientific Safety Review Workgroup: vaccine experts to provide CA “seal of approval” on vaccine efficacy and safety
- Drafting Guidelines Workgroup: develop allocation guidance for who will receive vaccine when supply is limited
- Community Vaccine Advisory Committee: advises State’s Task Force on direction of task force workgroups

CDPH in regular communication with local health departments
- Weekly calls, webinars, technical assistance
- Surveys and data collection to inform state and local decisions
- Priorities change week to week & day to day

Federal Approval
State Allocation
Local Distribution
Local Plan: How is Alameda County preparing for the vaccine?

Multidisciplinary COVAX Team has 3 focus areas:

1. **Community Advisory Group**
   - Equity lens
   - Engage and inform residents and community partners
   - Seeking input on vaccine prioritization, trust building, messaging

2. **Health Care Delivery System**
   - Coordinating clinical providers (hospitals, community clinics, private practice) to ensure broad access
   - Collaborative process to support equity strategies

3. **Immunization Logistics**
   - Liaison to State’s Immunization team
   - Monitoring cold chain and capacity
   - Community-based Points of Distribution (PODs)
   - Ongoing data and progress monitoring
   - *Communications, Data, & Health Equity teams in close partnership with COVAX team
   - Coordination with cities in all three focus areas

Alameda County Vaccine Values & Principles

- Provide transparent and accurate information to help people make vaccine decisions
- Lead with equity and data
  - Race/Ethnicity
  - Geography
  - Socioeconomic factors
  - Critical populations
- Ensure safe and equitable distribution
- Leverage all venues & partners for broad distribution
  - Hospitals
  - Clinics
  - Private practice
  - Pharmacies
  - Community based Points of Distribution (PODs)
Child Care and School Scenarios and Protocols for Symptoms and Positive Cases

Updates
Scenario 1

A child, student, or staff member exhibits symptoms, answers yes to a health screening question, or has a temperature of 100°F or above

<table>
<thead>
<tr>
<th>Action</th>
<th>Cohort/School remains</th>
</tr>
</thead>
</table>
| • Send individual home & isolate pending pick up  
• Advise individual to:  
  • Contact healthcare provider  
  • Consider testing  
  • Share test results with program ASAP  
  • Follow isolation instructions unless COVID-19 is ruled out | OPEN  
Communication: No action needed |
## Scenario 2

A household member or someone in close contact with child, student or staff member tests positive for COVID-19

<table>
<thead>
<tr>
<th>Action</th>
<th>Cohort/School remains</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Send individual home</td>
<td>OPEN</td>
</tr>
<tr>
<td>• Advise individual to:</td>
<td>Communication: No action needed</td>
</tr>
<tr>
<td>• Follow quarantine instructions for 10 days minimum</td>
<td></td>
</tr>
<tr>
<td>• Contact healthcare provider</td>
<td></td>
</tr>
<tr>
<td>• Consider testing</td>
<td></td>
</tr>
</tbody>
</table>
## Scenario 3

A child, student or staff member tests positive for COVID-19

<table>
<thead>
<tr>
<th>Action</th>
<th>Cohort/School remains</th>
</tr>
</thead>
</table>
| • Contact Alameda County Public Health Department  
  • Advise cohort members, close contacts, & household contacts to:  
    • Follow quarantine instructions  
    • Contact healthcare provider  
    • Consider testing  
  • Clean & disinfect classroom and primary spaces where individual spent time | Cohort & close contacts QUARANTINE for at a minimum of 10 days from date of last exposure  

**School/Program remains OPEN**

Written Communication (within 1 business day)

**Exposure and benefits notifications must be sent to:**

- All employees who were at the worksite within the infectious period (2-14 days) who may have been exposed to COVID-19  
- Exclusive representation (unions) if applicable

The disinfection and safety plan must be sent to all employees
### Scenario 4

While a child, student or staff member has been isolated because of symptoms, they receive a negative test result & want to return to program before 10 days have passed

<table>
<thead>
<tr>
<th>Action</th>
<th>Cohort/School remains</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Follow isolation instructions</td>
<td>OPEN</td>
</tr>
<tr>
<td>• If COVID-19 test is negative, individual can return after:</td>
<td>Communication: No action needed</td>
</tr>
<tr>
<td>The student is feeling better (symptoms do not have to be completely resolved), AND</td>
<td></td>
</tr>
<tr>
<td>• There have been at least 24 hours with no fever, without the aid of taking medicines to lower a fever, such as acetaminophen (Tylenol) or ibuprofen (Advil or Motrin), AND</td>
<td></td>
</tr>
<tr>
<td>• The student consults a medical evaluator BUT</td>
<td></td>
</tr>
<tr>
<td>• If it is not possible for the parent or guardian to consult a medical evaluator, they must obtain a COVID-19 negative test result indicating that a molecular test or a PCR was performed</td>
<td></td>
</tr>
</tbody>
</table>
**Scenario 5**

Child, student or staff member has been isolated because of symptoms and wants to return to program before 10 days have passed without a COVID-19 test

<table>
<thead>
<tr>
<th>Action</th>
<th>Cohort/School remains</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If no COVID-19 test, individual can return after:</td>
<td>OPEN</td>
</tr>
<tr>
<td>• They are feeling better</td>
<td>Communication: No action</td>
</tr>
<tr>
<td>• At least 24 hours with no fever without taking medicines to lower</td>
<td>needed</td>
</tr>
<tr>
<td>• Must show a medical evaluator note</td>
<td>temperature</td>
</tr>
</tbody>
</table>
Scenario 6

While a child, student or staff member is placed in quarantine following exposure to a case, they receive a negative test result for COVID-19

<table>
<thead>
<tr>
<th>Action</th>
<th>Cohort/School remains</th>
</tr>
</thead>
</table>
| • Follow quarantine instructions  
  • If individual never had symptoms, gets tested, and test is negative:  
  • They must remain in quarantine for a minimum of 10 days  
  • For those who do not develop symptoms:  
  • Testing is advised but not required for children/students  
  • Testing recommended for teachers/staff 4-10 days after last exposure | OPEN  
Communication: No action needed |
Questions?
Resource Links - Health Screening

English:

Spanish

Chinese simplified

Chinese traditional
Resource Links - Health

Notification of COVID-
Email safelearning@acgov.org; or phone (510) 268-2101 (or Berkeley Dept. of Public Health through the process described at https://www.cityofberkeley.info/covid19-worksite-exposure/#notified

Testing-
https://covid-19.acgov.org/testing

Vaccine-
https://covid-19.acgov.org/vaccines

COVID Child Care FAQ-
English

Spanish

Chinese Simplified

Chinese Traditional
Resource Links - Health

Steps to take when there is a positive case-

Isolation and quarantine instructions-
Resource Links - R&R’s
Alameda County Child Care Resource and Referral Agencies:

BANANAS
Referral Phone Number
(510) 658-0381
bananasbunch.org
Cities Served
Alameda
Albany
Berkeley
Emeryville
Oakland
Piedmont

4Cs
Referral Phone Number
(510) 244-0506
info@4c-alameda.org
Cities Served
Castro Valley
Fremont
Hayward
Newark
San Leandro
San Lorenzo
Union City

Hively
Referral Phone Number
(925) 417-8733
hello@behively.org
behively.org
Cities Served
Dublin
Livermore
Pleasanton
Sunol
Resource Links – Other Support

Community Care Licensing:
OAKLAND REGIONAL OFFICE 02 Regional Manager, Diane Perez (510) 622-2602
OAKLAND SOUTH REGIONAL OFFICE 52 Regional Manager, Anika Evans (510) 622-2602

Legal Issues and Provider Rights:

Small Business support:
State grant program for small businesses (new deadline Jan. 13th & anticipated 2nd round)
Website has a translator.
https://careliefgrant.com/

AC ECE Program:
Website for provider resources during COVID
https://sites.google.com/view/reopening-child-care-alameda/home
Thank you!