

# CMIS COVID-19 PROTOCOLS

Date Updated: December 14, 2021

## PERSONAL PREVENTION PROTOCOL

The personal prevention protocols continue to be our best defence from COVID-19 and we must all continue to maintain a high standard, which is inline with all Ministry of Education and International Schools Association of Thailand guidelines. This guiding document will be updated regularly as new government information and updated school data become available.





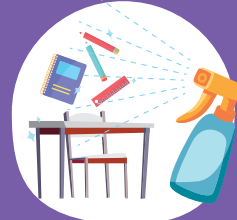
Masks on



Hand washing  
or sanitizing



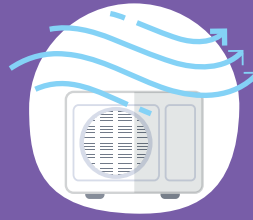
Personal  
water bottles



Regular cleaning  
and disinfection



Distancing



Airflow and  
Circulation

## SCHOOL BASED PREVENTION PROTOCOL

The following apply to all students, faculty, and staff on campus:

- Masks must be worn at all times.
  - All students, faculty, and staff must wear a face mask (no vents). It is recommended that they have a spare mask with them. Masks are to be worn at all times other than when eating/drinking. Neck straps are advised to avoid loss of face masks when they are removed.
- Frequent hand washing or sanitizing will be required.
  - Hand washing stations are easily accessible.
    - Wash hands upon arrival to campus.
    - Wash hands after breaks.
    - Wash hands before and after lunch.
- Students should bring their own water bottles.
- Chairs/desks will be sanitized by the MS/HS students at the end of each class.
- All students, faculty, and staff will practice distancing measures on campus. Seating in classrooms and the cafeteria has been adjusted to help students remain at a safe distance from one another. (1 - 2 m)
  - Students will have an assigned desk in class that ensures the 1-2 meters distance rule.
  - Classrooms without traditional desks and classroom arrangements, will have physical distancing guidance to ensure that students are grouped in ways to access the learning while remaining appropriately distanced.
  - Grade levels will be separated in a bubble as much as possible to prevent possible spread.
    - KG/1, 2 /3, & 4/ 5 will recess together.
- Our dedicated cleaning staff will adhere to strict cleaning schedules throughout the day.
- Air purifiers (HEPA) will be on inside the classrooms and workspaces, while students are on campus.

# ENTRANCE AND EXIT PROTOCOLS

In an attempt to minimize the risk of COVID-19 exposure, prior to bringing your child to school each day, please screen for symptoms of COVID-19.

## DAILY SELF-SCREENING CHECKLIST



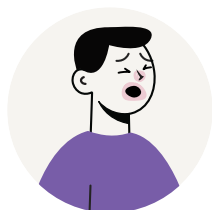
Fever



Cough



Difficulty breathing



Loss of taste or smell



Vomiting or diarrhea



Undiagnosed rash or sores

### MORNING DROP OFF : 7:00 - 7:40 AM

When dropping off of students, parents are to remain in their vehicle.

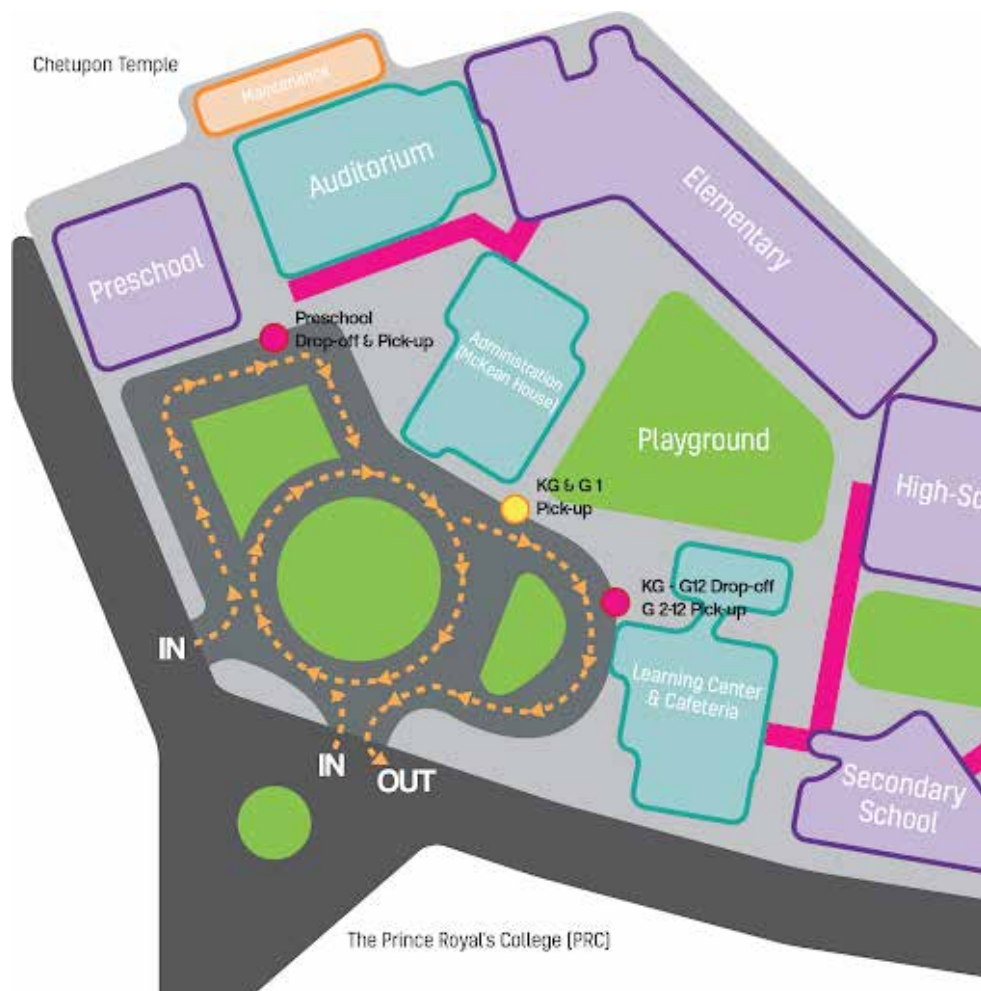
- Students will have access to campus no earlier than 7:00 am.
- All students must wear a mask.
- PreK students will be dropped off near the auditorium.
- All other students are to be dropped off at the entrance near the cafeteria.
- Temperatures will be checked and hands will be sanitized before entering the school.
- Students who arrive by foot or by bicycle will have their temperatures checked and hands sanitized at the gate near the cafeteria.
- Students will go to designated areas when they arrive after 7:00 am.
  - PreK - G5: Playground and Mounds
  - MS: Astroturf or Grass field
  - HS: Covered Court and S Building



## AFTER SCHOOL PICK UP: 2:35 - 3:00 PM

Three places are allocated for picking up students at the end of the day. Parents are to remain in their vehicle at all times and display their students name and grade clearly in the windscreen.

- PreK – Students will be picked up near the auditorium.
- KG & Gr 1 – Students will be picked up near the Admin Building entrance.
- Gr 2 – Gr 12 – Students will be picked up near the main entrance gate, at the cafeteria. (Some secondary students will arrange to meet their parents off campus or have their own transportation arranged to get home.)
- Elementary students with older siblings can make arrangements with the homeroom teachers to collect them and meet parents off campus or make their own way home. Please communicate your pick up plan with your child and their teacher.



# ADDITIONAL PROTOCOLS ON CAMPUS

## SCREENING PROCEDURES FOR ENTRANCE TO THE SCHOOL

**All families that have traveled to a dark red zone, should report that information to the health office.**

All students/faculty who are entering the school must:

- Be temperature checked at the entrances where a person cannot be admitted with a temperature of 37.5 degrees or over.
- Be free of any of these symptoms:
  - Fever, cough, sore throat and shortness of breath.
- Use sanitising gel on entry to the school.
- Be masked.

## CLASSROOMS

- Students have an assigned workspace within the class (desk and chair).
- Desks are placed to ensure physical distancing of 1 - 2 meters.
- Teachers will minimise shared items as much as possible.
- Desks and commonly touched surfaces will be sanitized morning and afternoon in elementary classrooms.
- Desks will be sanitized at the end of each class for middle school and high school classes. Commonly touched surfaces will be sanitized regularly.
- Masks are mandatory in PE during changing, classroom learning and close contact activities. When students are distanced, outside or active, masks can be removed.

## STUDENT SUPPORT

- As much as possible, educators will work in sole divisions and/or will allocate collaboration methods to limit the number of people they come in contact with.
- Inclusion support will be the primary method of support, when possible.
- Protocols will be implemented to limit the number of students accessing the SST room to ensure distancing and limiting contact with students in other grades.
- Alternative work spaces will be identified for group work and/or for SST educators.

## HALLWAYS

- The hallways have been marked to designate the direction of traffic. Students will be asked to maintain distancing while moving between spaces.

## PUBLIC AREAS

- All public areas are cleaned and disinfected twice a day.

## LEARNING CENTER (LIBRARY)

- The learning center will be used for scheduled classes, independent study, and through coordination with the teacher.
- Furniture and learning spaces have been adapted to increase physical distancing (chairs removed, seats marked for class instruction, etc).
- Students using the learning center are expected to follow safety protocols as needed.

## CAFETERIA

- Breakfast will not be served, until further notice.
- Lunch will return to being served within the cafeteria but with staggered lunch times and safety procedures in place to isolate each division as much as possible. An additional cafeteria/eating area will be set up in the Green house. Middle school and High school students will be asked to get food and then move to their designated space. Middle school students will be dismissed 5 minutes early to limit crowding.
- Screened dividers are provided in response to COVID -19 regulations.

## BREAK TIMES

- The break times will proceed on their usual schedules.
- Students follow physical distancing procedures and are supervised by duty monitors.

## ATHLETICS

- Season 1 events have been cancelled.
- Season 2 will start on Monday, October 11th, with skill and fitness based practices only for team sports.
- Individual sports may run as normal.
- Take a look at the Practice Schedule for season 2 (subject to change but those updates will be conveyed to all involved).

## ASAs

- Online ASAs are encouraged to run ASAP. Those involved should have received an email from the advisor specifying the date, time, and an introduction to the club.
- Face-To-Face ASAs can meet from Monday, October 11th, onwards from 2:45 - 3:45pm. An email from the advisor has/shall be sent out informing parents and club members of time, location, and a brief introduction to the club.

# TESTING AND CASE RESPONSE PLAN

## SUSPECTED/CONFIRMED POSITIVE CASE

CMIS has Memorandums of Understanding (MOUs) with both Chiang Mai Ram Hospital. This may allow the opportunity for one parent to stay with their child should there be the need to be hospitalized due to COVID-19.

Before we opened our campus, CMIS was able to obtain an agreement for the opening of the hospital at Payap University should our community face positive Covid-19 cases. However, this is no longer available to us as McCormick hospital, who was set to staff the Payap hospital, is facing a shortage of doctors, nurses, and health care providers.

**All decisions regarding the isolation process are dependent upon the discretion of the government.**

If a person becomes sick during the day with suspected symptoms of COVID-19:

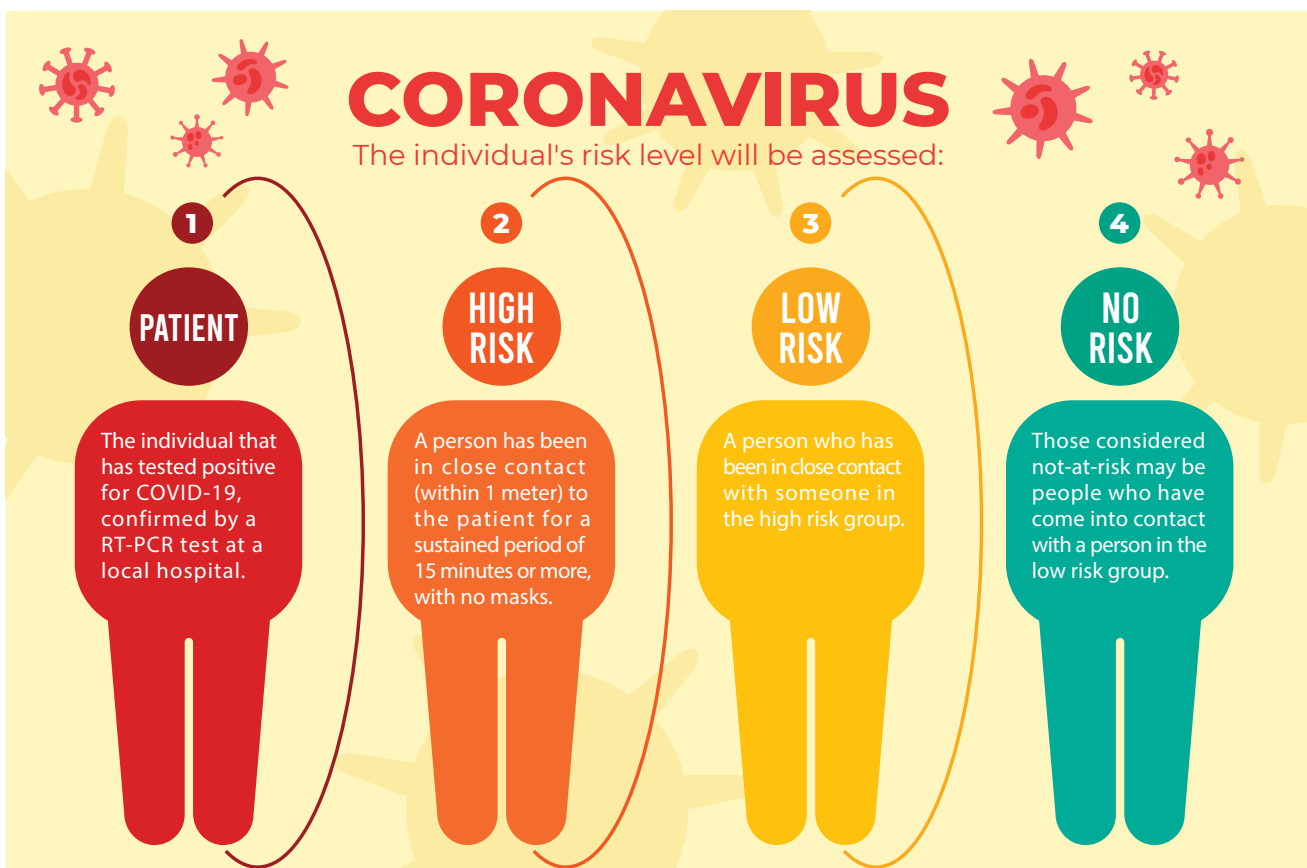
- The school has identified, and trained, a COVID-19 response team.
- A temporary isolation area is set up in the school for suspected cases.
- If a person displays any symptoms (fever, cough, congestion) of COVID-19:
  - They will be taken to the isolation area and examined and tested by the school nurse.
  - The school nurse will contact the parents or guardian immediately to facilitate the following procedures:
    - The parents will pick up the student and any family members at school and they must consult a doctor immediately.
    - If COVID-19 is suspected, then the student will need to obtain a RT-PCR test and submit the results and medical report to the school immediately.
    - If a person is RT-PCR tested for COVID-19 and tests positive, they must alert the school immediately (CMIS would also notify the local Chiang Mai government).
    - If there is a possible case (displaying symptoms) - Individuals will be sent to the Acute Respiratory Infection (ARI) clinic to go through the Patient Under Investigation (PUI) screening process (normally a free screening).
      - If positive, the hospital will alert the government.
      - Then the patient is transferred to an available hospital.



- If they are at a green / yellow / orange risk level, they will be transferred to a hospital or specific ward based on the policy by the Chiang Mai Health Department. Families are responsible for all medical expenses.
  - If they are at a red risk level, the patient will be admitted to the COVID ward.
- At school, students that have been in contact with the impacted student will be isolated on campus until the test result is available [two to several hours]. Government officials will assess students in the isolation area to determine if any should be sent to the hospital. Families will be notified in this instance.
- In the case of a positive COVID test on campus, the CMIS policy is to close our campus. Learning will return to MLP for 14 days.
- CMIS is required to notify the local Chiang Mai government of any positive cases.

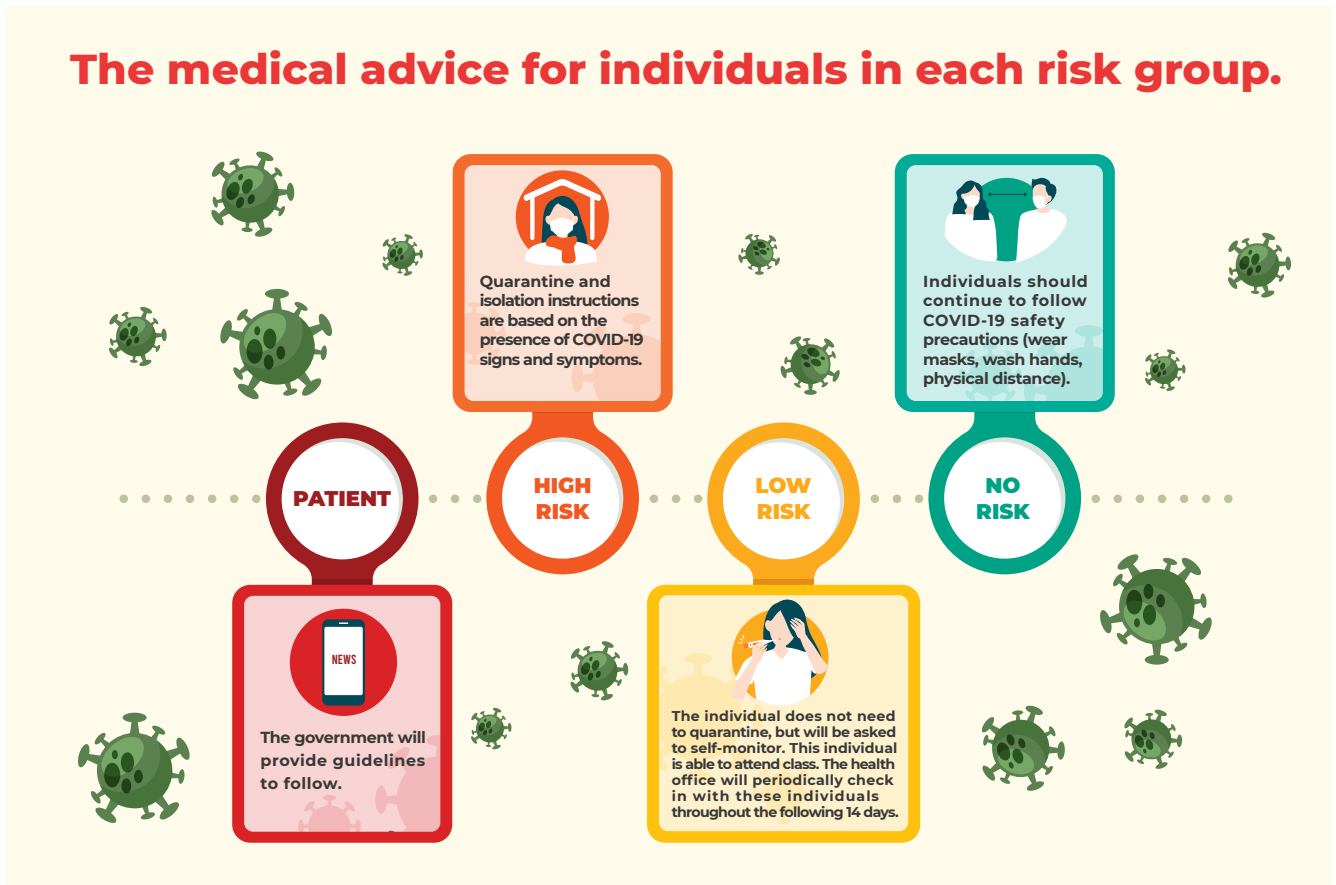
## CONTACT TRACING PROTOCOLS

- **If a person becomes sick with symptoms of COVID-19 or has been in contact with a confirmed case, they are required to reach out to the CMIS health office to undergo the PUI (person under investigation) process.**
- The health office will interview the family to review the history, movement, and symptoms.
- From that information, the individual's risk level will be assessed:
  - **Patient** - the individual that has tested positive for COVID-19, confirmed by a RT-PCR test at a local hospital.
  - **High risk** - a person has been in close contact (within 1 meter) to the patient for a sustained period of 15 minutes or more, with no masks.
  - **Low risk** - a person who has been in close contact with someone in the high risk group.
  - **No risk** - those considered not-at-risk may be people who have come into contact with a person in the low risk group.



- The medical advice for individuals in each risk group is:
  - **Patient** - the government will provide guidelines to follow.
  - **High risk** - quarantine and isolation instructions are based on the presence of COVID-19 signs and symptoms.

## The medical advice for individuals in each risk group.



- **Low risk** - the individual does not need to quarantine, but will be asked to self-monitor. This individual is able to attend class. The health office will periodically check in with these individuals throughout the following 14 days.
- **No risk** - individuals should continue to follow COVID-19 safety precautions (physical distance, wear masks, wash hands).

- **When individuals are cleared to come back to school, they are required to first report to the health office for a final screening and ATK test.**

## MONITORING OF CLOSE CONTACTS BASED ON LEVEL OF EXPOSURE RISKS

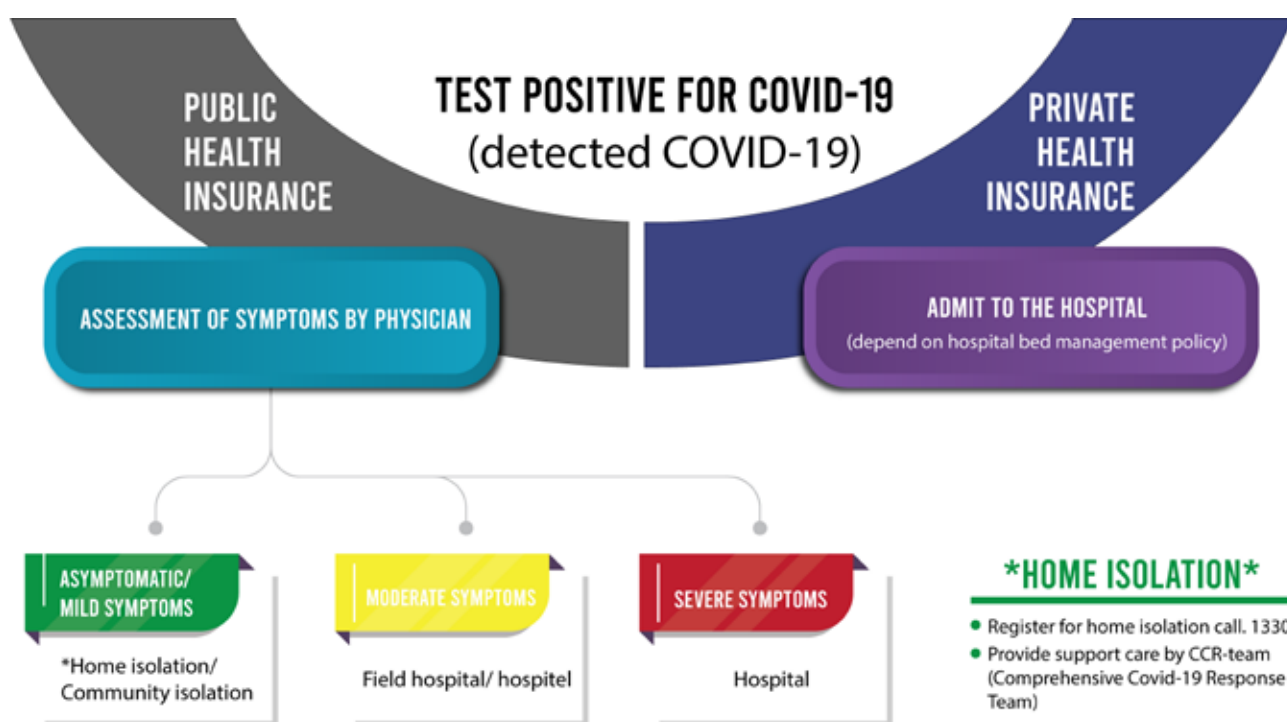
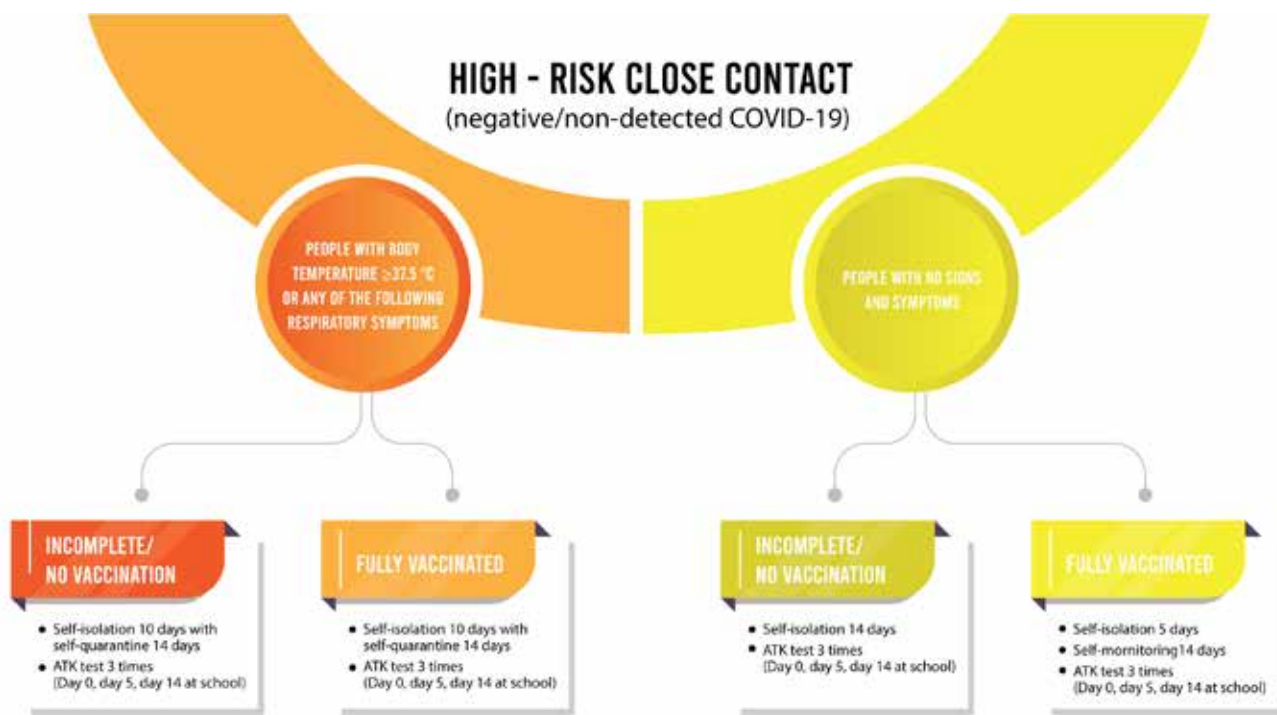
RISK LEVEL	RECOMMENDATIONS
<p><b>High-risk close contact</b> is defined as a close contact who is <b>more likely to contract or transmit the virus with the patient</b>, which includes:</p> <ul style="list-style-type: none"><li>○ Close contact or a person having conversation with the patient within one-meter distance for &gt;5 minutes; or being coughed or sneezed on by a patient who did not wear appropriate protective equipment, e.g. face mask.</li><li>○ Those who are in an enclosed space without proper ventilation, e.g. in the same air-conditioned bus/air-conditioned room as the patient, and are within one meter of the patient for &gt;15 minutes without wearing appropriate personal protective equipment.</li></ul>	<p>follow the <b>Guidelines for High-risk close contact management</b></p>
<p><b>Low-risk close contact</b> is defined as a close contact who is less likely to contract or transmit the virus with the patient, or a person who has been in close contact with someone in high-risk close contact. This includes close contacts who <b>have not met the definition for high-risk close contact</b>.</p>	<p>Those in this low-risk contact group are advised <b>to wear a mask and to avoid crowded or at-risk locations</b>, as well as to observe their symptoms for <b>up to 14 days (self-monitoring)</b>. However, they <b>do not need to quarantine</b>.</p>
<p><b>No risk</b> is a person who has come into contact with low risk groups, or someone in the same community or living in the same condo building as a COVID-19 patient but who <b>has had no contact with them</b>.</p>	<p>As a basic precaution, it is recommended that they wear a mask, wash their hands frequently, and keep a safe distance from others. However, <b>quarantine is not necessary</b>.</p>

Source: Guidelines for Surveillance and Investigation of Coronavirus Disease 2019 (COVID-19), Issued 11 August 2021, Department of Disease Control, Ministry of Public Health; How to Survive the New Wave of COVID-19, Updated 31 May 2021, Samornrod Limmahakhun, M.D, Samitivej Hospital.

## CLASSIFICATION OF CLOSE CONTACTS BASED ON DIFFERENT LEVEL OF EXPOSURE RISK

HIGH-RISK CLOSE CONTACT	LOW-RISK CLOSE CONTACT
<b>CONTACT WITHIN HOUSEHOLD</b>	
<p>Family members, relatives and care takers who are in close contact with probable/confirmed patients with active COVID-19 symptoms including have been in close proximity (within 1 meter) to the patient for a sustained period of 5 minutes or more, without masks.</p>	-
<p>Individuals living together with probable/confirmed patients with active COVID-19 symptoms including have been in close proximity (within 1 meter) to the patient for a sustained period of 5 minutes or more, without masks.</p>	-
<b>CONTACT WITHIN HOUSEHOLD</b>	
<p>Students and colleagues having interactions with patients with probable/confirmed case and have the possibility of being exposed to patients' droplets or secretion through coughing or sneezing</p>	<p>Students and colleagues in the same classes or units with patients but without other high risk exposure with patients</p>
<p>People who are in the same residential area with probable/confirmed patients or other communities and have the possibility of being exposed to patients' droplets or secretion through coughing or sneezing</p>	<p>Residents in the same community and have got some interactions with patients within the range of 1 meter but without other high risk exposure with patients</p>
<p>People who are not classified in item (1) and (2) have been in close not more than 2 meters from the probable/confirmed case for more than 15 minutes. <b>NEW!</b></p>	-

Once an individual's contact risk level has been identified, the health office will notify them with the appropriate next steps. This response will take into account the individual's vaccination status.



## COVID-19 RESPONSE TEAM

The team will be responsible for managing the situation if a COVID-19 case outbreak occurs on campus. They will isolate those that are possibly infected and provide care (mental health as well as basic needs) while also contacting the local government and parents.

- School Nurses
- Ex-Co (Executive Committee)
- Counselors
- Maintenance
- Registrar (home/school committee)

If there is a possible cluster identified on campus (this scenario will result in a 14 day campus closure and return to MLP):

- The cluster will be isolated to the designated area.
- The school will notify the parents of students within the cluster.
- The school will contact the local health officials to inspect and determine the next steps.
- The school will be dismissed and parents will be notified to pick up their children.
- The local health officials will determine if a government-mandated field hospital needs to be established and, if so, they will manage and oversee the care and dismissal of individuals within the cluster.
- Parents will be informed of further instructions.

## LOCKDOWN TEAM RESPONSE

Lockdown team response is activated when there is a medical emergency (COVID-19 case) or non-life threatening incident that requires staff to control movement inside the school.

*In this case this would impact everyone in the school outside of the group being isolated.*

### STUDENTS:

- Immediately return to their classrooms.

### TEACHERS:

- Return to the classroom.
- Take attendance, account for the students and contact Joy with the names of students that are not accounted for.
- Business as usual inside the classroom; keeping students in the classroom until further notice.

## COVID-19 RESPONSE TEAM:

- Will communicate with teachers directly to facilitate protocols for dismissal and student pickup.

## COMMUNITY EXPOSURE

- In the case of a potential exposure in the community, students and families will be expected to self-isolate at home. Students will be able to access their classes through the MLP format. Students can log into their classes following their assigned schedule to attend their classes in real time.

## DEFINITION OF TERMS

- **Person Under Investigation (PUI)** is defined as an individual with acute respiratory infection with or without fever with a history of traveling to/ living in a foreign country in the past 14 days before the onset of illness.  
See "[https://ddc.moph.go.th/viralpneumonia/eng/file/guidelines/g\\_surveillance\\_230620.pdf](https://ddc.moph.go.th/viralpneumonia/eng/file/guidelines/g_surveillance_230620.pdf)"
- **Close contact** is defined as a person who has had interactions with a confirmed or probable case of COVID-19. This can be divided into two groups.
  - (1) Close contact who may be a reservoir, e.g. close contact of COVID-19 case within 14 days prior to illness onset of the case.
  - (2) Close contact who may have contracted the virus from COVID-19 case, e.g. close contact of COVID19 case from the date of illness onset.
- **Probable case** is defined as a PUI who has tested positive for genetic materials of SARS-CoV-2 by PCR from one (1) reference laboratory, or by genetic sequencing, or by viral culture (DDC Thailand, Feb, 2020).
- **Confirmed case** is defined as a PUI who has tested positive for genetic materials of SARS-CoV-2 by PCR from two (2) reference laboratories, or by genetic sequencing, or by viral culture (DDC Thailand, Feb, 2020).
- **Asymptomatic case** is defined as a person who has tested positive for genetic materials of SARS-CoV2 by PCR from two (2) reference laboratories, or by genetic sequencing, or by culture, but has shown no signs and symptoms (DDC Thailand, Feb, 2020).
- **Antigen Test Kits (ATK) Self-test** means a rapid test, lateral flow immunoassay intended for the qualitative detection of SARS-CoV-2 nucleocapsid antigens from anterior nasal swabs that are self-collected by an individual aged 18 years or older or are collected by an adult from an individual younger than 18 years old.



- **Antigen Test Kits (ATK) Professional** use means a rapid test, lateral flow immunoassay intended for the qualitative detection of SARS-CoV-2 nucleocapsid antigens from anterior nasal swabs that are collected by healthcare professionals.
- **Reverse Transcription Polymerase Chain Reaction (RT - PCR)** is a nuclear-derived method for detecting the presence of specific genetic material in any pathogen, including a virus, that causes diseases such as COVID-19. A sample is collected by healthcare professionals from the parts of the body, such as a person's nose or throat. This technique is highly sensitive and specific and can deliver a reliable diagnosis in as little as three hours, though laboratories take on average between six and eight hours.
- **Fully vaccinated means** the persons who are  $\geq 14$  days post-completion of the primary series of an FDA-authorized COVID-19 vaccine as follow:
  - 2 weeks after their second dose in a 2-dose series, such as Sinovac/ Sinopharm/Pfizer/Moderna vaccines, or
  - 2 weeks after their second dose in a 2-dose series, such as Sinovac 1 shot + Astrazeneca 1 shot, Astrazeneca 1 shot + Pfizer/ Moderna 1 shot, or
  - 2 weeks after their booster dose, such as Sinovac/Sinopharm 2 shots + Astrazeneca 1 shot, or Sinovac/Sinopharm 2 shots + Pfizer/Moderna 1 shot, or
  - 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine
- **Self - isolation (SI)** means staying indoors and completely avoiding contact with other people or straight away if: (1) tested positive for COVID-19 (2) classified as high-risk close contact person.
- **Self - quarantine (SQ)** is for people who had close contact with a person with a confirmed case of COVID-19 but are not experiencing symptoms. Contact your local health department or medical provider if you are unsure if you should self-quarantine.
- **Self - monitoring (SM)** is for those that may have been exposed to a person with COVID-19. Self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they develop symptoms during the self-monitoring period, they should self-isolate, limit contact with others, and seek medical advice by telephone.
- **Community isolation (CI)** means the provision of public health services at home when the patient has been diagnosed with COVID-19 (by RT-PCR) and if the care physician of a competent hospital service unit has assessed that the patient can be properly and safely quarantined within his community.



Community isolation can apply to both patients who are waiting for treatment as inpatient in a hospital or patients who return home from hospital for further care. **Community isolation is arranged by providing an isolated area in the community with the consent of the patient and the facility owner.** The area must be prepared to allow the patient to receive proper care in accordance with the rules and guidelines prescribed by the Ministry of Public Health.

- **Home isolation (HI)** means the provision of public health services at home when the patient has been diagnosed with COVID-19 (by RT-PCR) and if the care physician of a competent hospital service unit has assessed that the patient can be properly and safely quarantined in his place of residency. **Home isolation requires the consent of both the patient and the owner of the facility.** Home isolation includes the cases when the patient has been treated in a hospital service unit and returns home to isolate himself until the quarantine expiration date, in accordance with the rules and guidelines set by the Ministry of Public Health.

## SCHOOL-WIDE VACCINATION DATA

This data is based on official vaccination records submitted by CMIS teachers and staff in conjunction with a school-wide survey.

Faculty/Staff Projected Fully Vaccination Rate:

DATES	FULLY VACCINATED (%)
September 17, 2021	47
September 21, 2021	68
October 6, 2021	77
November 1, 2021	≥ 85
 December 10, 2021	88.43
 January 10, 2022	100% of faculty and staff on campus

# FAQ

## 1. IS MY CHILD'S TEACHER VACCINATED?

- a. CMIS cannot release private medical information on teachers; however, we are actively promoting and facilitating access to vaccinations.

## 2. WHAT DOES CMIS DO TO FACILITATE THE VACCINATION OF STAFF?

- a. CMIS promotes, informs, and facilitates the availability of vaccines for staff.

## 3. DOES CMIS MANDATE THAT ALL STAFF RECEIVE VACCINATIONS?

- a. At this time, CMIS does not mandate the vaccine for staff.

## 4. WHAT PERCENTAGE OF ALL STAFF IS FULLY VACCINATED?

- a. The majority of our faculty will have been vaccinated by October 4th.

## 5. WHAT PERCENTAGE OF PARENTS ARE VACCINATED?

- a. We are not tracking or enforcing vaccination of those who do not come on campus

## 6. DO PARENTS NEED TO BE VACCINATED TO ENTER CAMPUS?

- a. At this time, only students and staff are allowed on campus

## 7. WHAT HAPPENS IF THERE IS A COVID CASE ON CAMPUS?

- a. The government approved that campus will close for 14 days following a reported case and MLP will begin.

## 8. WILL TEACHERS BE TESTED BEFORE RETURNING TO CAMPUS?

- a. Before students return to campus, each member of the faculty and staff will be tested with an ATK test by the school nurse.

## 9. ARE STUDENTS REQUIRED TO BE TESTED BEFORE RETURNING TO SCHOOL?

- a. No, but students must report any COVID symptoms and may not come to school if those symptoms have been experienced within 7 days of coming to school.

## 10. WHAT PROVISIONS DO WE PROVIDE FOR STUDENTS WHO DO NOT REPORT TO SCHOOL?

- a. The teacher can post activities on Google Classroom and turn on the Chromebook camera during class.