

# Interim Guidance for Administrators of US K-12 Schools and Child Care Programs to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

## Summary of Recent Changes

Revisions were made on 3/11/2020 to reflect the following:

- Clarification of appropriate mitigation strategies based on level of community transmission of COVID-19 and presence of COVID-19 cases within the school.
- Schools, working together with local health departments, have an important role in slowing the spread of diseases and protecting vulnerable students and staff, to help ensure students have safe and healthy learning environments.
- Guidance for child care programs and schools is organized into three categories based on the level of community transmission: 1) when there is no community transmission (preparedness phase), 2) when there is minimal to moderate community transmission, and 3) when there is substantial community transmission.
- Guidance is also provided for when a confirmed case has entered a school, regardless of the level of community transmission.
- All decisions about implementing school-based strategies (e.g., dismissals, event cancellations, other social distancing measures) should be made locally, in collaboration with local health officials who can help determine the level of transmission in the community. Information about level of transmission is available in CDC's framework for mitigation.

## In This Document

[Who is this guidance for?](#)

[Why is this guidance being issued?](#)

[What is the role of schools in responding to COVID-19?](#)

[How should schools prepare for, and respond to, COVID-19?](#)

[When a confirmed case has entered a school, regardless of community transmission](#)

[When there is no community transmission \(preparedness phase\)](#)

[When there is minimal to moderate community transmission](#)

[When there is substantial community transmission](#)



3/25/2020

For more information: [www.cdc.gov/COVID19](https://www.cdc.gov/COVID19)

## This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19).

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the following CDC website periodically for updated interim guidance: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Health officials are currently taking steps to prevent the introduction and spread of COVID-19 into US communities. Schools play an important role in this effort. Through collaboration and coordination with local health departments, schools should take steps to disseminate information about the disease and its potential transmission within their school community. Schools should prepare to take steps to prevent the spread of COVID-19 among their students and staff should local health officials identify such a need.

Schools should continue to collaborate, share information, and review plans with local health officials to help protect the whole school community, including those with special health needs. School plans should be designed to complement other community mitigation strategies to protect high risk populations and the healthcare system, and minimize disruption to teaching and learning and protect students and staff from social stigma and discrimination. Plans should build on everyday practices (e.g., encouraging hand hygiene, monitoring absenteeism, communicating routinely) that include strategies for *before*, *during*, and *after* a possible outbreak.

## Who is this guidance for?

This interim guidance is intended for administrators of public and private child care programs and K-12 schools. Administrators are individuals who oversee the daily operations of child care programs and K-12 schools, and may include positions like child care program directors, school district superintendents, principals, and assistant principals.

This guidance is intended for administrators at both the school/facility and district level.

## Why is this guidance being issued?

This guidance will help child care programs, schools, and their partners understand how to help prevent the transmission of COVID-19 within child care and school communities and facilities. It also aims to help child care programs, schools, and partners react quickly should a case be identified. The guidance includes considerations to help administrators plan for the continuity of teaching and learning if there is community spread of COVID-19.

## What is the role of schools in responding to COVID-19?

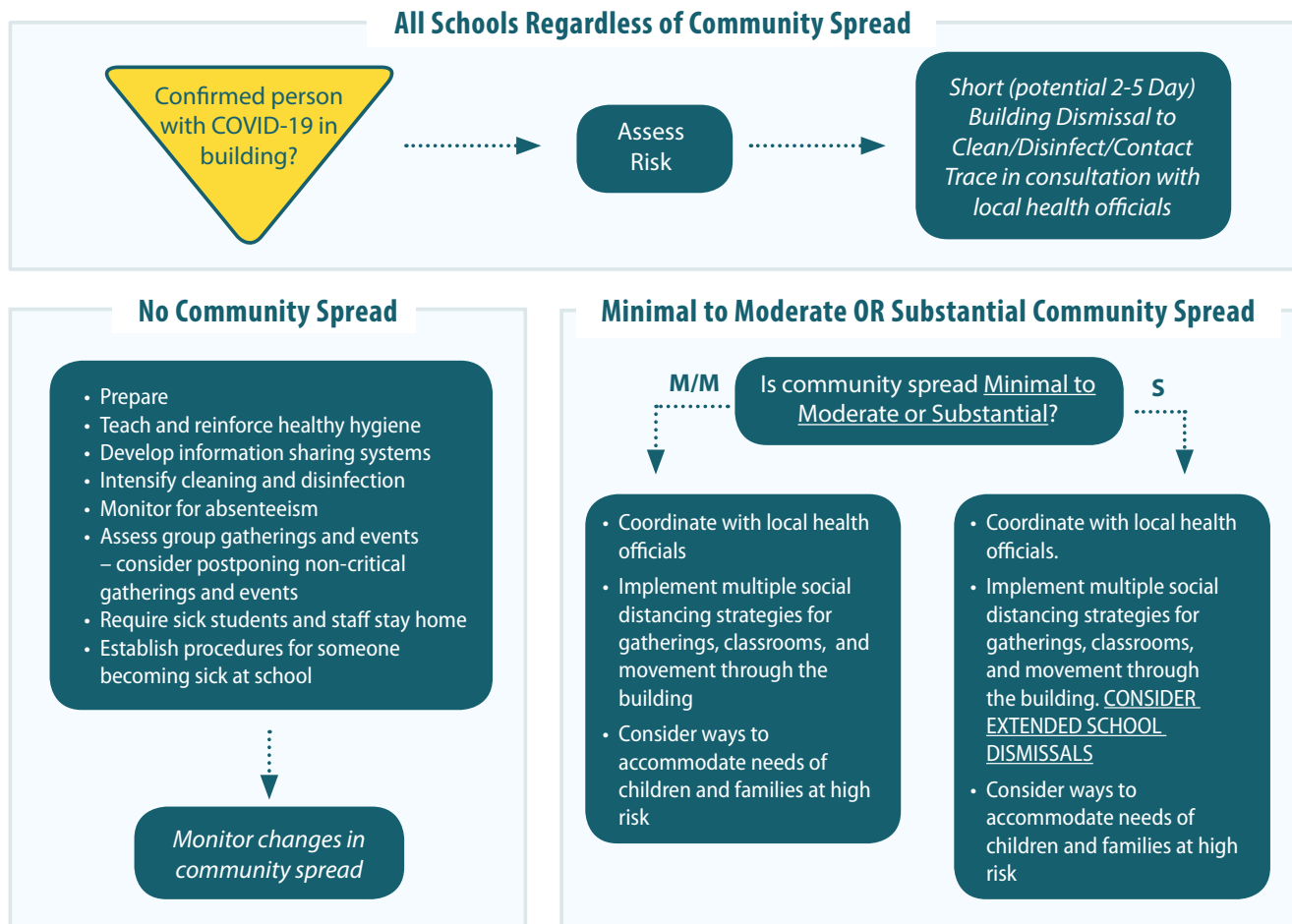
Schools, working together with local health departments, have an important role in slowing the spread of diseases to help ensure students have safe and healthy learning environments. Schools serve students, staff, and visitors from throughout the community. All of these people may have close contact in the school setting, often sharing spaces, equipment, and supplies.

Information about [COVID-19 in children](#) is somewhat limited, but the information that is available suggests that children with confirmed COVID-19 generally had mild symptoms. However, a small percentage of children have been reported to have more severe illness. People who have serious chronic medical conditions are believed to be at higher risk. Despite lower risk of serious illness among most children, children with COVID-19-like symptoms should avoid contact with others who might be at higher risk, such as [older adults and adults with serious chronic medical conditions](#).

## How should schools prepare for, and respond to, COVID-19?

Schools should be prepared for COVID-19 outbreaks in their local communities and for individual exposure events to occur in their facilities, regardless of the level of community transmission, for example a case associated with recent travel to an area with sustained COVID-19 transmission. The following decision tree can be used to help schools determine which set of mitigation strategies may be most appropriate for their current situation.

### School Decision Tree



## When a confirmed case has entered a school, regardless of community transmission

Any school in any community might need to implement short-term closure procedures regardless of community spread if an infected person has been in a school building. If this happens, CDC recommends the following procedures regardless of the level of community spread:

- ✓ **Coordinate with local health officials.** Once learning of a COVID-19 case in someone who has been in the school, immediately notify local health officials. These officials will help administrators determine a course of action for their child care programs or schools.
- ✓ **Dismiss students and most staff for 2-5 days.** This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school. This allows the local health officials to help the school determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.
  - Local health officials' recommendations for the scope (e.g., a single school, multiple schools, the full district)

and duration of school dismissals will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.

- During school dismissals, also cancel extracurricular group activities, school-based afterschool programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events).
- Discourage staff, students, and their families from gathering or socializing anywhere. This includes group child care arrangements, as well as gathering at places like a friend's house, a favorite restaurant, or the local shopping mall.

✓ **Communicate with staff, parents, and students.** Coordinate with local health officials to communicate dismissal decisions and the possible COVID-19 exposure.

- This communication to the school community should align with the communication plan in the school's emergency operations plan.
- Plan to include messages to counter potential [stigma](#) and discrimination.
- In such a circumstance, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.

✓ **Clean and disinfect thoroughly.**

- Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection most common EPA-registered household disinfectants should be effective.
  - A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
  - Additionally, diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
    - 5 tablespoons (1/3rd cup) bleach per gallon of water or
    - 4 teaspoons bleach per quart of water
- Additional information on cleaning and disinfection of community facilities such as schools can be found on [CDC's website](#).

✓ **Make decisions about extending the school dismissal.** Temporarily dismissing child care programs and K-12 schools is a strategy to stop or slow the further spread of COVID-19 in communities.

- During school dismissals (after cleaning and disinfection), child care programs and schools may stay open for staff members (unless ill) while students stay home. Keeping facilities open: a) allows teachers to develop and

deliver lessons and materials remotely, thus maintaining continuity of teaching and learning; and b) allows other staff members to continue to provide services and help with additional response efforts. Decisions on which, if any, staff should be allowed in the school should be made in collaboration with local health officials.

- Child care and school administrators should work in close collaboration and coordination with local health officials to make dismissal and large event cancellation decisions. Schools are not expected to make decisions about dismissal or canceling events on their own. School dismissals and event cancellations may be extended if advised by local health officials. The nature of these actions (e.g., geographic scope, duration) may change as the local outbreak situation evolves.
- Administrators should seek guidance from local health officials to determine when students and staff should return to schools and what additional steps are needed for the school community. In addition, students and staff who are well but are taking care of or share a home with someone with a case of COVID-19 should follow instructions from local health officials to determine when to return to school.

## ✓ **Implement strategies to continue education and related supports for students.**

### • **Ensure continuity of education**

- Review continuity plans, including plans for the continuity of teaching and learning. Implement e-learning plans, including digital and distance learning options as feasible and appropriate.
- Determine, in consultation with school district officials or other relevant state or local partners:
  - If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding;
  - How to convert face-to-face lessons into online lessons and how to train teachers to do so;
  - How to triage technical issues if faced with limited IT support and staff;
  - How to encourage appropriate adult supervision while children are using distance learning approaches; and
  - How to deal with the potential lack of students' access to computers and the Internet at home.

### • **Ensure continuity of meal programs.**

- Consider ways to distribute food to students.
- If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as “grab-and-go” bagged lunches or meal delivery.

### • **Consider alternatives for providing essential medical and social services for students.**

- Continue providing necessary services for children with special healthcare needs, or work with the state *Title V Children and Youth with Special Health Care Needs (CYSHCN) Program*.

## **When there is no community transmission (preparedness phase)**

The most important thing to do now is **plan and prepare**. Administrators should reinforce healthy practices among their students and staff. As the global outbreak evolves, schools should prepare for the possibility of community-level outbreaks. Schools need to **be ready** if COVID-19 does appear in their communities. Here are some strategies:

- ✓ **Review, update, and implement emergency operations plans (EOPs).** This should be done in collaboration

with [local health departments](#) and other relevant partners. Focus on the components, or annexes, of the plans that address infectious disease outbreaks.

- Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). This includes strategies for social distancing and school dismissal that may be used to stop or slow the spread of infectious disease. The plan should also include strategies for continuing education, meal programs, and other related services in the event of school dismissal.
- Ensure the plan emphasizes everyday preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.
  - CDC has workplace resources such as posters with messages for staff about [staying home when sick](#) and how to [avoid spreading germs at work](#).
  - Other health and education professional organizations may also have helpful resources your child care facility or school can use or share. For example, the American Academy of Pediatrics provides information on [germ prevention strategies](#) and [reducing the spread of illness in child care settings](#).
- Reference key resources while reviewing, updating, and implementing the EOP:
  - Multiple federal agencies have developed resources on school planning principles and a 6-step process for creating plans to build and continually foster safe and healthy school communities *before, during, and after* possible emergencies. Key resources include [guidance on developing high-quality school emergency operations plans](#), and a [companion guide on the role of school districts in developing high-quality school emergency operations plans](#).
  - The Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center's [website](#) contains free resources, trainings, and TA to schools and their community partners, including many tools and resources on emergency planning and response to infectious disease outbreaks.

#### ✓ **Develop information-sharing systems with partners.**

- Information-sharing systems can be used for day-to-day reporting (on information such as changes in absenteeism) and disease surveillance efforts to detect and respond to an outbreak.
- Local health officials should be a key partner in information sharing.

#### ✓ **Teach and reinforce healthy hygiene practices.**

- Train staff on healthy hygiene practices so they can teach these to students.
- Ensure handwashing strategies include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- CDC offers several free handwashing resources that include [health promotion materials](#), information on [proper handwashing technique](#), and [tips for families to help children develop good handwashing habits](#).
- Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.

#### ✓ **Intensify cleaning and disinfection efforts.**

- Routinely clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops). Clean with the cleaners typically used. Use all cleaning products according to the directions on



the label. For disinfection most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

- Provide EPA-registered disposable wipes to teachers and staff so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down before use.
- Ensure adequate supplies to support cleaning and disinfection practices.

#### ✓ **Monitor and plan for absenteeism.**

- Review the usual absenteeism patterns at your school among both students and staff.
- Alert local health officials about large increases in student and staff absenteeism, particularly if absences appear due to respiratory illnesses (like the common cold or the “flu,” which have symptoms similar to COVID-19).
- Review attendance and sick leave policies. Encourage students and staff to stay home when sick, even without documentation from doctors. Use flexibility, when possible, to allow staff to stay home to care for sick family members.
- Discourage the use of perfect attendance awards and incentives.
- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
- Determine what level of absenteeism will disrupt continuity of teaching and learning.

#### ✓ **Assess group gatherings and events. Consider postponing non-critical gatherings and events.**

- Ensure you have a clear understanding of all upcoming gatherings and large events for your school community (e.g., assemblies, field days, spirit nights, athletic events). Give special consideration to events that might put students, staff, or their families in close proximity to others from communities that may have identified cases of COVID-19.
- Consider whether any of these events should be canceled. Speak with local health officials to help determine the best approach.

#### ✓ **Require sick students and staff to stay home. Establish procedures for students and staff who are sick at school.**

- Establish procedures to ensure students and staff who become sick at school or arrive at school sick are sent home as soon as possible.
- Keep sick students and staff, particularly those with symptoms of respiratory illness, separate from well students and staff until they can leave. Plan to have areas where these individuals can be isolated from well students and staff until they can leave the school.
- Remember that schools are not expected to screen students or staff to identify cases of COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.
- Share resources with the school community to help families understand when to keep children home. This guidance, not specific to COVID-19, from the American Academy of Pediatrics can be helpful for [families](#).

### ✓ **Create and test communications plans for use with the school community.**

- Include strategies for sharing information with staff, students, and their families.
- Include information about steps being taken by the school or child care facility to prepare, and how additional information will be shared.
- Test communication capacity, and reiterate steps staff, students, and families can take to stay healthy and guidance that they should stay home if sick.

### ✓ **Review CDC's guidance for businesses and employers.**

- Review this CDC [guidance](#) to identify any additional strategies the school can use, given its role as an employer.

Child care and K-12 administrators can support their school community by sharing resources with students (if resources are age-appropriate), their families, and staff. Coordinate with local health officials to determine what type of information might be best to share with the school community. Consider sharing the following fact sheets and information sources:

- Information about COVID-19 available through [state](#) and [local](#) health departments
- General CDC fact sheets to help staff and students' families understand COVID-19 and the steps they can take to protect themselves:
  - [What you need to know about coronavirus disease 2019 \(COVID-19\)](#)
  - [What to do if you are sick with coronavirus disease 2019 \(COVID-19\)](#)
  - [Stop the spread of germs – help prevent the spread of respiratory viruses like COVID-19](#)
- CDC Information on [COVID-19 and children](#)
- CDC information for staff, students, and their families who have recently traveled back to the United States from areas where CDC has identified community spread of coronavirus:
  - A list of countries where community spread of COVID-19 is occurring can be found on the CDC webpage: [Coronavirus Disease 2019 Information for Travel](#)

**For questions about students who plan to travel, or have recently traveled, to areas with community spread of COVID-19, refer to CDC's [FAQ for travelers](#). Schools can also consult with state and local health officials.**

Schools may need to postpone or cancel trips that could expose students and staff to potential community spread of COVID-19. Students returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials. COVID-19 information for travel is updated regularly on the [CDC website](#).

## When there is minimal to moderate community transmission

If local health officials report that there are multiple cases of COVID-19 in the community, schools may need to implement additional strategies in response to prevent spread in the school, but they should continue using the strategies they implemented when there was no community transmission. These additional strategies include:

- ✓ **Coordinate with local health officials.** This should be a first step in making decisions about responses to the presence of COVID-19 in the community. Health officials can help a school determine which set of strategies might be most appropriate for their specific community's situation.
- ✓ **Implement multiple social distancing strategies.** Select strategies based on feasibility given the unique space and needs of the school. Not all strategies will be feasible for all schools. For example, limiting hall movement



options can be particularly challenging in secondary schools. Many strategies that are feasible in primary or secondary schools may be less feasible in child care settings. Administrators are encouraged to think creatively about all opportunities to increase the physical space between students and limit interactions in large group settings. Schools may consider strategies such as:

- **Cancel field trips, assemblies, and other large gatherings.** Cancel activities and events such as field trips, student assemblies, athletic events or practices, special performances, school-wide parent meetings, or spirit nights.
  - **Cancel or modify classes where students are likely to be in very close contact.** For example, in physical education or choir classes, consider having teachers come to classrooms to prevent classes mixing with others in the gymnasium or music room).
  - **Increase the space between desks.** Rearrange student desks to maximize the space between students. Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
  - **Avoid mixing students in common areas.** For example, allow students to eat lunch and breakfast in their classrooms rather than mixing in the cafeteria. If it is not possible to suspend use of common areas, try to limit the extent to which students mix with each other, and particularly with students from other classes (e.g., stagger lunch by class, segregate lunch and recess area by class, send a few students into the library to pick out books rather than going as a class, suspend the use of lockers). Restrict hallway use through homeroom stays or staggered release of classes. Try to avoid taking multiple classes to bathrooms at once (e.g., avoid having all classes use the bathroom right after lunch or recess). In child care or elementary school settings, consider staggering playground use rather than allowing multiple classes to play together, and limit other activities where multiple classes interact.
  - **Stagger arrival and/or dismissal times.** These approaches can limit the amount of close contact between students in high-traffic situations and times.
  - **Reduce congestion in the health office.** For example, use the health office for children with flu-like symptoms and a satellite location for first aid or medication distribution.
  - **Limit nonessential visitors.** Limit the presence of volunteers for classroom activities, mystery readers, cafeteria support, and other activities.
  - **Limit cross-school transfer for special programs.** For example, if students are brought from multiple schools for special programs (e.g., music, robotics, academic clubs), consider using distance learning to deliver the instruction or temporarily offering duplicate programs in the participating schools.
  - **Teach staff, students, and their families to maintain distance from each other in the school.** Educate staff, students, and their families at the same time and explain why this is important.
- ✓ **Consider ways to accommodate the needs of children and families at [risk](#)** for serious illness from COVID-19. Consider if and how to honor requests of parents who may have concerns about their children attending school due to underlying medical conditions of their children or others in their home.

Additional information about social distancing, including information on its use for other viral illnesses, is available in this [CDC publication](#).

## When there is substantial community transmission

Additional strategies should be considered when there is substantial transmission in the local community in addition to those implemented when there is no, minimal, or moderate transmission. These strategies include:

- ✓ **Continue to coordinate with local health officials.** If local health officials have determined there is substantial

transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for child care programs or schools. These strategies are expected to extend across multiple programs, schools, or school districts within the community, as they are not necessarily tied to cases within schools or child care facilities.

- ✓ **Consider extended school dismissals.** In collaboration with local health officials, implement extended school dismissals (e.g., dismissals for longer than two weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community. During extended school dismissals, also cancel extracurricular group activities, school-based afterschool programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events). Remember to implement strategies to ensure the continuity of education (e.g., distance learning) as well as meal programs and other essential services for students.



## Frequently Asked Questions

### Close Contacts of Confirmed COVID-19 Patients **(UPDATED March 29, 2020)**

#### *What is COVID-19?*

COVID-19 is a respiratory illness caused by a new virus called SARS-CoV-2. COVID-19 can cause symptoms ranging from mild illness, like common cold symptoms, to more serious illness like pneumonia (lung infection).

#### *I've been told I'm a "close-contact" to someone with confirmed COVID-19. What does that mean?*

If you are identified as a **close contact** to someone with COVID-19, you may have been told this by your healthcare provider, your employer, your local health department or the person themselves. In general, **close contact means being within 6 feet of a person for longer than 10 minutes**. It is currently thought that close contacts of people who have COVID-19 are at higher risk of getting the virus than the general public. **Some examples of close contact include:**

- Living in the same household and sharing common spaces (bathrooms, kitchen, living spaces, etc.) with a sick person with COVID-19
- Caring for a sick person with COVID-19
- Being in direct contact with secretions from a sick person with COVID-19 which could include being coughed on, kissing, sharing utensils, etc.

If you have not been a close contact to someone with COVID-19 then you are likely to be at lower risk for infection. However, you should continue to monitor your health for symptoms. If you feel feverish or develop cough or difficulty breathing, you should limit contact with others and seek advice by telephone from a healthcare provider to determine whether medical evaluation is needed.

#### *What are the symptoms of COVID-19?*

The **most common symptoms of COVID-19 are fever, cough and shortness of breath**. Other symptoms *may* include a runny nose, sore throat, symptoms of upset stomach or generally feeling unwell.

#### *What if I'm a close contact to someone with COVID-19 but I'm not sick and I don't have symptoms?*

You should stay in self-quarantine at home and monitor your health for fever, cough, shortness of breath or other symptoms during the 14 days after the last day you were in close contact with the sick person with COVID-19. You should not go to work or school and should avoid public places during this time period. If the person with COVID-19 lives in your home, do your best to separate yourself from them until they are taken off their home isolation instructions. If you cannot separate yourself from them and continue to have close contact then you will need to remain at home and self-quarantined for 14 days after the person with COVID-19 is released from their home isolation.

#### *What if I have these symptoms?*

If, during this 14-day period, you get sick with fever, cough or shortness of breath (even if your symptoms are very mild), you should isolate yourself at home and stay away from other people. If you feel you need additional medical evaluation or have any of the following conditions that may increase

**your risk for a serious infection —age 60 years or over, are pregnant, or have medical conditions— contact your physician’s office and tell them that you were exposed to someone with COVID-19.** They may want to monitor your health more closely or test you for COVID-19. If you need to see a healthcare provider, call ahead to the office and tell them you were a close contact to someone with COVID-19. If you experience a medical emergency and need to call an ambulance, dial 9-1-1 and alert dispatch that you are a close contact to a person with COVID-19 and are currently under quarantine.

### **For close contacts who have been tested but not in the hospital:**

#### ***What if I have symptoms and have been tested but I don’t have the results yet?***

If have symptoms and you’ve been tested but don’t have the results you **should remain in home isolation and separate yourself from others until you receive your results.** This includes eliminating close contact with others in the house, not traveling or attending public gatherings, and not leaving home except to seek medical care. Practice good hand hygiene and **clean and disinfect high-touch surfaces daily in household common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks, phones).** Depending on your results follow the additional guidance below.

#### ***What if I tested negative, but still feel sick?***

**If you test negative for COVID-19 but still have symptoms, it is likely you may have another respiratory virus.** You should continue to follow similar guidance to isolate yourself from others, practice good hand hygiene and clean and disinfect surfaces in the home. **You should not return to work or school until 72 hours after your fever has ended without the use of fever-reducing medications and your other symptoms have improved.**

#### ***What if I test positive for COVID-19?***

**If you test positive for COVID-19, don’t panic.** Many people who have COVID-19 have mild illness and can be managed at home without needing to be in the hospital or receive additional care. Your healthcare provider may contact you to ask additional questions. **You may be contacted by your local health department to interview you about where you may have gone and who may have had close contact with you while you were ill.** This information will be helpful to them in determining if others around you should be evaluated for COVID-19 and should seek care. **After your diagnosis you will be asked to isolate yourself at home until 7 days after you first developed symptoms AND 72 hours (3 days) after your fever has ended without the use of fever-reducing medications and your symptoms have significantly improved (whichever period is longer).** If you have trouble figuring out when to stop isolation, contact your local health department or your healthcare provider. **If you are in home isolation and your symptoms are worsening,** contact your healthcare provider and seek advice. **If you are under home isolation, experience a medical emergency, and need to call an ambulance,** dial 9-1-1 and alert dispatch that you have tested positive for COVID-19 and are currently isolating at home.

### **For close contacts who have NOT been tested:**

#### ***What if I’m a close contact but don’t meet the criteria for testing?***

**If you aren’t tested but still have symptoms, it is possible you may have COVID-19 or another respiratory virus.** You should continue to isolate yourself from others, practice good hand hygiene and clean and disinfect surfaces in the home. **If you or your healthcare provider have a high suspicion of COVID-19,** you may be advised to **follow the same home-isolation guidance as people who test positive for COVID-19 (see above).**

## NJ Residents with a Positive COVID-19 Test: Instructions & Next Steps

Question	Instructions
<p><b>I tested positive for COVID-19. What should I do now?</b></p>	<p>If you tested positive, you must stay at home and self-isolate. This means stay in a different bedroom from others in your home, and if possible, use a separate bathroom. You must self-isolate for at least 3 full days (or 72 hours) have passed since you had a fever without the use of fever-reducing medications <b>AND</b> other symptoms are greatly improved <b>AND</b> at least 7 days have passed since symptoms first started.</p> <p>If you live with other people and they were not tested, they should keep their distance from you. This includes not eating meals together and not sitting around the house together. Practice social distancing as much as is possible (stay at least 6 feet from each other).</p>
<p><b>What should the people who live in my home know/do?</b></p>	<p>If they are <b>symptomatic</b> (sick; have COVID-19 symptoms), they should also <b>self-isolate</b> for 3 full days (or 72 hours) until they are fever-free without the use of fever-reducing medications <b>AND</b> other symptoms are greatly improved <b>AND</b> at least 7 days have passed since symptoms first started. If the symptoms are mild, they should recover at home. If the symptoms worsen and a medical evaluation is needed, call health care provider.</p> <p>If they are <b>asymptomatic</b> (not sick; have no COVID-19 symptoms), they should <b>self-quarantine</b> for 14 days AFTER any sick person in the household's self-isolation period ends. If the asymptomatic person develops symptoms, they should follow the self-isolation instructions above. Symptoms may take 2-14 days to appear. It is important to monitor their health long enough to ensure they do not develop symptoms.</p>
<p><b>What is the difference between mild and moderate symptoms?</b></p>	<p>Mild symptoms are when you feel unwell but can stay home and manage at home. Most people with mild symptoms can recover from home. See above for how long you should stay home/self-isolate.</p> <p>Moderate symptoms are those where you may need a medical evaluation from your health care provider. If your symptoms worsen over time and do not get better, especially if you have trouble breathing, call your health care provider to determine next steps.</p>
<p><b>Should I tell other people that they may have been exposed to the COVID-19 virus?</b></p>	<p>Those who have been closest to you for a prolonged period of time are going to be at highest risk. Household members and others with whom you spent a prolonged period of time (more than 10 minutes) within 6 feet of you, or shared a meal, would be at increased risk and should be advised to self-quarantine at home for 14 days AFTER your, or any sick household members self-isolation period ends. If the asymptomatic person develops symptoms, they should follow the self-isolation instructions above.</p> <p>People who you did not spend a prolonged period of time (less than 10 minutes) within 6 feet are at lower risk. This would include people that you may have been in an indoor space for a prolonged period of time. They should monitor their health; no restrictions about where they go. They should wash hands often and practice social distancing. If possible, you should notify individuals above regarding your illness. Work or school supervisors may be informed to help with this process.</p> <p>People who you may have casually come into contact with (e.g., passed by in the hall, briefly spent time within a room, shared a short elevator ride), are not considered to be at risk and do not need to be contacted.</p>

## Timeframe for Self-Isolation/Quarantine based on Testing Result

The purpose of **quarantine** is to keep people who might have been exposed (but not sick) to COVID-19 away from others. **Isolation** is to keep sick people and those infected with the COVID-19 virus away from those who are not infected. Self-quarantine/isolation are voluntary practices to reduce the spread of COVID-19.

It is expected that any person getting a COVID-19 diagnostic test (nasal swab or saliva) will self-quarantine after specimen collection AND are advised of the results of their test, unless otherwise directed by those administering the test. These recommendations are not for individuals who got serologic test (antibody). Depending on the test result, see below for the length of time that the individual should self-isolate/self-quarantine.

	<b>Symptomatic</b> Tested +	<b>Symptomatic</b> Tested –	<b>Asymptomatic</b> Tested +	<b>Asymptomatic</b> Tested –  No COVID-19 household* or close contacts*	<b>Asymptomatic</b> Tested –  But is a household contact* or close contact*	<b>Asymptomatic</b> Not/Never tested  But is a household* or close contact*
Timeframe for Self-Quarantine or Self-isolation	24 hours (1 full day) fever-free without use of fever-reducing medications AND improvement in symptoms AND 10 days since symptoms first began (whichever is longer)	At least 24 hours (1 full day) after symptoms go away  <b>NOTE:</b> If a household or close contact, should complete 14 day quarantine	10 days after specimen collection, assuming no symptoms develop <sup>^</sup>	No self-quarantine days required	14 days from last known exposure with the COVID-19 + person  <b>NOTE:</b> Self-quarantine for individuals with household contacts who are COVID-19 positive begins <b>AFTER</b> the end of self- isolation of the household contact ends	

\* **Household contacts** are individuals who live in the same house as a lab confirmed COVID-19 case. **Close contacts** are individuals who were within 6 feet of a lab confirmed COVID-19 case for a prolonged period (about 10 minutes or more) or had direct contact with the infectious secretions of a COVID-19 case (e.g., were coughed on). Walking past a lab confirmed COVID-19 case or just being in the same building does NOT qualify as being a close contact.

<sup>^</sup>Asymptomatic positive individuals who develop symptoms during their self-quarantine timeframe, should self-isolate and refer to the Symptomatic, Tested + column.

**NOTE:** Recommendation for self-isolation/quarantine is to stay/sleep in a separate room from others living in the home and use separate bathroom (if possible). This includes not being in close contact with household members (i.e., not sharing meals and spending time together in common areas) or going to work or out in public other than for health care. Wash hands often and clean and disinfect household items.



## Guidance on the Contact of a Close or Casual Contact of a Confirmed or Suspected Case of COVID-19

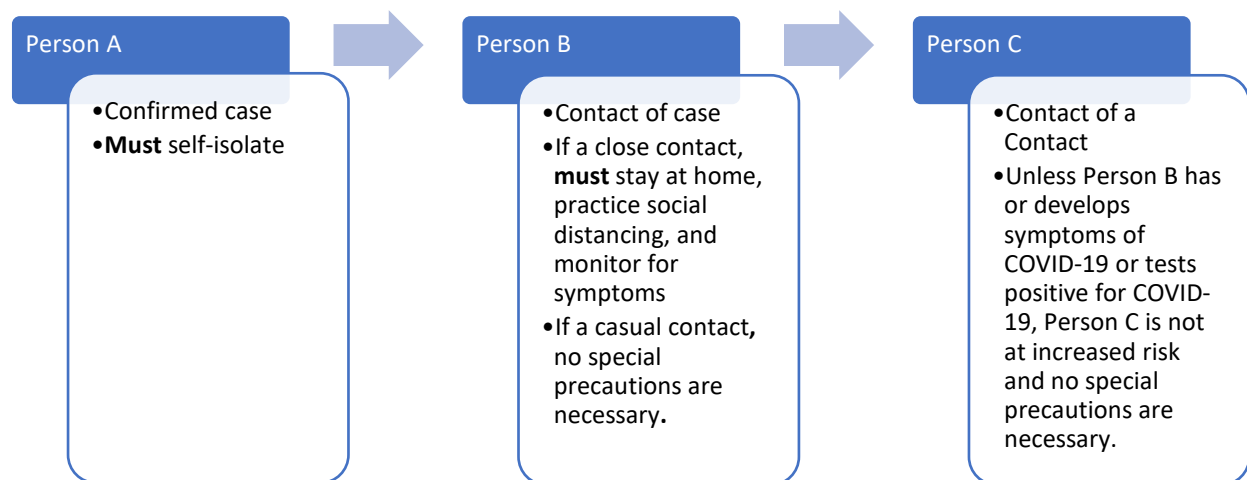
### Background

More cases of the novel coronavirus (COVID-19) are being identified in New Jersey. We are requesting that those individuals who have mild symptoms to self-isolate and monitor their symptoms at home. There has also been confusion about who is likely to come down with COVID-19, especially about whether “contacts of contacts” of suspected or confirmed cases of COVID-19 are at risk.

### NJDOH Guidance

Person A is diagnosed with laboratory-confirmed COVID-19. If Person B had close contact with Person A, then Person B would be considered “Medium Risk” and should remain home, practice social distancing, and monitor for symptoms. If Person B had casual contact with Person A, then Person B would be considered “Low Risk” and no special precautions other than what is generally suggested (e.g., social distancing, wash hands often) would be recommended.

So long as Person B remains well, any individual (such as Person C) who is a contact of Person B (i.e., children, spouse, co-worker, etc.) is a contact of a contact. Person C is not at risk for infection and would not be subject to self-isolation unless Person B had or developed symptoms or tested positive for COVID-19. Compliance with Executive Order 107 is required for all individuals.



**Close contacts** are individuals who were within 6 feet of a confirmed COVID-19 case for a prolonged period of time (approximately 10 minutes or more) or had direct contact with the infectious secretions of a COVID-19 case (e.g., were coughed on). **Casual contacts** are defined as being in the same indoor environment (e.g., classroom, office, gathering) with a symptomatic confirmed COVID-19 case.

Examples of “Contact” Scenarios:

#### Household Members:

- If an asymptomatic (no symptoms) person is contacted by a local health department to be notified that they are a close contact of a confirmed COVID-19 case, they should remain home, practice social distancing, and monitor for symptoms.
- Any child, spouse or other household members of this asymptomatic contact are a “contact of a contact” and therefore are not required to take any special precautions. They can go to school, work, and engage in other activities.

#### Co-workers:

- If an asymptomatic employee calls their supervisor and notified them that they are required to stay home because they were a close contact of a confirmed case, the contacts they had at work are considered “contacts of contact,” are not required to take any special precautions. They should be permitted to continue to work.

#### How long should close/household contacts of a confirmed COVID-19 case remain home while monitoring themselves?

- **Symptomatic** contacts: Must self-isolate at home until they are fever free for a full 3 days (or 72 hours with no fever without the use of fever reducing medicine) **AND** other symptoms, such as cough and shortness of breath have improved **AND** at least 7 days have passed since symptoms first appeared. After self-isolation ends, the person may return normal activities including work and school.
- **Asymptomatic** contacts: If the confirmed case remains a close contact after symptoms develop, the asymptomatic contact would self-isolate for 14 days **AFTER** the COVID-19 case is no longer required to self-isolate. If the asymptomatic contact no longer has close contact with the confirmed case, they would self-isolate for 14 days **AFTER** they last came into contact with the confirmed case.

#### How long should a casual contact of a confirmed COVID-19 remain home and monitor themselves for symptoms?

- Casual contacts of a confirmed COVID-19 case are “Low Risk” and do not have to take special precautions. They should observe for symptoms for 14 days, and self-isolate themselves if these develop. Symptoms of COVID-19 include fever, sore throat, cough, and shortness of breath.
- If symptoms appear, see instructions listed above for **symptomatic** contacts.

#### Do “contact of contacts” need to take any special precautions?

- No. A person who is a contact of a contact does not have any restrictions and can continue with normal activities such as going to work or school. However, if this person later develops symptoms, see instructions listed above for **symptomatic** contacts.

# Denville Board of Education

## District Policy

### **8451- CONTROL OF COMMUNICABLE DISEASE (M)**

Section: Operations  
Date Created: July 2008  
Date Edited: July 2008

#### **M**

The Board of Education recognizes that control of the spread of communicable disease is essential to the well-being of the school community and to the efficient operation of the schools.

The Board shall be bound by the statutes and by rules of the State Board of Education for the exclusion and readmission of pupils who have contracted a communicable disease and of teachers and pupils who have been exposed to a communicable disease and for the instruction of teachers in health and the prevention of disease. The Board shall comply with regulations of the New Jersey Department of Health and the Denville Board of Health governing the prevention, control, and reporting of communicable disease.

The teacher may exclude from the classroom and the Principal may exclude from the school building any pupil who appears to be ill or has been exposed to a communicable disease. A pupil may be isolated in school to await the arrival of or instructions from an adult member of his/her family. If the school medical inspector or the school nurse is present in the building, his/her recommendation shall be sought before any such exclusion or isolation is ordered.

Any pupil retained at home or excluded from school by reason of having or being suspected of having a communicable disease shall not be readmitted to his/her classroom until he/she presents written evidence of being free of communicable disease. That evidence may be supplied by the school medical inspector or another qualified physician who has examined the pupil.

Any pupil or adult who has weeping skin lesions that cannot be covered shall be excluded from school.

The Superintendent shall develop procedures for the control of communicable disease that include the instruction of teaching staff members in the detection of disease and measures for its prevention and control; the removal from school premises to the care of a responsible adult for pupils identified and excluded in accordance with this policy; the preparation of standards for the readmission of pupils who have recovered from communicable disease; the provision of appropriate home instruction to excluded pupils in accordance with law; and the filing of reports as required by law.

N.J.S.A. 18A:40-3; 18A:40-7 et seq.

N.J.S.A. 26:4-4; 26:4-6

N.J.A.C. 6A:16-1.4

N.J.A.C. 8:57-1.3; 8:57-1.6; 8:57-2.1 et seq.

Adopted: 21 July 2008

## District Regulation

### **8451 - CONTROL OF COMMUNICABLE DISEASE (M)**

Section: Operations

Date Created: April 2017

Date Edited: April 2017

## **M**

### **A. Detection of Communicable Diseases**

1. Teachers will be trained to detect communicable diseases in students by recognizing the symptoms of disease.
2. In general, a student who shows one or more of the following symptoms should be sent promptly to the school nurse for evaluation and/or treatment:
  - a. Pain, generalized or specific,
  - b. Chills,
  - c. Fever,
  - d. Earache,
  - e. Vomiting,
  - f. Sore throat,
  - g. Enlarged glands,
  - h. Skin eruption,
  - i. Running nose, or
  - j. Red and discharging eyes.

3. A student who shows symptoms of any of the following communicable diseases should be sent promptly to the school nurse for evaluation.
  - a. Chicken pox: Small reddish, itchy eruptions on the skin resembling pimples or blisters, which later fill with fluid and form crusts; slight fever.
  - b. German measles (rubella): A common cold followed by a light red rash on face and body; small beady lumps behind ears; slight fever.
  - c. Measles (rubeola): Cold, runny nose, watery and light-sensitive eyes, fever, followed by bluish-white specks (Koplik spots) on inside of mouth, red blotchy rash, and dry cough.
  - d. Mumps: Tenderness and swelling of the salivary glands below and a little in front of the ear; fever.
  - e. Streptococcal infections (including scarlet fever, sore throat, and erysipelas): Sudden onset of fever, sore throat, strawberry tongue, followed by bright red rash on body, usually on the inner arm and thigh.
  - f. Whooping cough (pertussis): A common cold, with irritating cough, followed by repeated series of violent coughs without inhaling, often with respiratory whoops. Cough may end with vomiting.
  - g. Fifth disease (erythema infectiosum): Fine rash that is most apparent on the cheeks and later spreads to arms and legs, low grade fever. **Note:** once rash appears, child is no longer considered contagious, but nurse should assess and discuss with parents.
  - h. Pink eye (conjunctivitis): Redness of white areas of eyes, accompanied by some itching; eyes may discharge pus and be light sensitive.
  - i. Impetigo (staphylococcus infection): Lesions.
  - j. Meningitis-meningococcal: Severe headache, chills, vomiting, convulsions, fever, stiff neck, pain in neck.
  - k. Hepatitis infectious: Fever, anorexia, nausea, malaise, abdominal discomfort, followed by jaundice.
4. Any person who is ill or infected with any disease below and as outlined in N.J.A.C. 8:57-1.3 or any communicable disease, whether confirmed or presumed will be reported immediately by the school Principal to the County Health Officer or to the New Jersey Department of Health if the County Health Officer is not available. Such telephone report will be followed up by a written report or electronic

report within twenty-four hours of the initial report. The diseases to be immediately reported are:

- a. Botulism (*Clostridium*);
- b. Diphtheria (*Corynebacterium diphtheriae*);
- c. *Haemophilus influenzae*, invasive disease;
- d. Hepatitis A, institutional settings;
- e. Measles;
- f. Meningoccal disease (*Neisseria meningitidis*);
- g. Pertussis (whooping cough, *bordetella pertussis*);
- h. Plague (*Yersinia pestis*);
- i. Poliomyelitis;
- j. Rabies (human illness);
- k. Rubella;
- l. Viral hemorrhagic fevers, including, but not limited to, Ebola Lassa, and Marburg viruses;
- m. Foodborne intoxications, including, but not limited to, mushroom poisoning;
- n. Any foodborne, waterborne, nosocomial, outbreak or suspected outbreak or any outbreak or suspected outbreak of unknown origin;
- o. Any other disease included in N.J.A.C. 8:57-1.3.

**B. Exclusion From School**

1. A student who exhibits any of the symptoms described in A2 or whose condition suggests the presence of a communicable disease as described in A3 or A4 will be sent to the school nurse's office. The teacher will ensure that the student is accompanied by an adult or a responsible student.
2. The teacher will communicate to the school nurse, directly or by written note, the reason for which the student is sent for medical assessment.



3. The school nurse will examine the student and, in consultation with the school medical inspector if the student's condition so indicates, recommend to the Principal the student's exclusion from school for medical reasons.
4. In the event neither the school nurse or the school medical inspector is available to be consulted about the student's condition, the Principal may determine to exclude the student from school.
5. The parent, adult family member, or other responsible adult designated by the parent will be promptly notified by telephone of the students' exclusion and requested to come to school to fetch the student. Until the adult arrives to remove the student, the student will be kept in an isolated location in the school and will be made as comfortable as possible. The student will be supervised at all times by a school staff member.

#### C. Readmission to School

1. A student who has been excluded from school or retained at home by reason of having or being suspected of having a communicable disease shall not be readmitted to school until the student is fever-free for twenty-four (24) hours without use of fever-reducing medication and/or presents written clearance from a physician that the student may return to school.
2. Evidence that a student is free of communicable disease will consist of the certification of the school medical inspector or another qualified physician who has personally examined the student.

The school nurse may request written evidence of clearance before the child is readmitted to school, including a physician's certificate indicating the symptoms of the disease have ceased.

#### D. Reports

1. The school nurse will file such reports as may be required by the New Jersey State Department of Health and in the reporting of communicable diseases in schools.
2. When the rate of school absenteeism is in excess of fifteen percent, the school nurse shall report the absenteeism to the local and/or the County Board of Health.
3. The teacher may, with the advice and consent of the Principal and the school nurse, inform the parent(s) or legal guardian(s) of students in his/her class that a student in the class has contracted a communicable disease. The information given to parents or legal guardians may include the specific symptoms of the disease and parent(s) or legal guardian(s) may be encouraged to consult their personal physicians for inoculations that may prevent the disease or ease the symptoms of the disease.

Adopted: 24 April 2017

District Policy

**8441- CARE OF INJURED AND ILL PERSONS (M)**

Section: Operations

Date Created: July 2008

Date Edited: November 2018

**M**

The Board of Education will provide the prompt and appropriate medical attention for students, staff members, or visitors who are injured or become ill on school grounds or during a school sponsored event, activity, or field trip.

Any injury or illness shall be reported immediately to the school nurse or, in the absence of the school nurse, the Building Principal or designee. Immediate steps may be taken as necessary to remove the injured or ill person from danger and/or to prevent exacerbation of the injury or illness. Basic first aid may be administered by district personnel to ensure the safety and comfort of the injured or ill person until the school nurse or other medical professional arrives on the scene.

The parent(s) or legal guardian(s) of an injured or ill student and, if necessary, the family of an injured or ill staff member or visitor will be notified promptly of the injury or illness and the ongoing health status of the injured or ill person. If the school nurse or school physician or, in the absence of both, the Principal or designee determines the injured or ill person should receive a medical examination from their medical professional, the parent or family member will be required to remove the injured or ill person from the school or school event or activity. In the event a serious health emergency occurs on school grounds or during a school sponsored event, activity, or field trip, emergency medical assistance will be contacted.

In the event it is determined by the school nurse and/or a medical professional that a student shall be immediately transported to a hospital or other emergency medical facility, a school staff member, if a parent or their designee is not on the scene, shall accompany the student to a hospital or other emergency medical facility.

The school nurse(s), in consultation with the school physician, will develop basic emergency first aid procedures for the emergency treatment of an injury or illness in the event a school staff member may be in the position to provide emergency first aid until the school nurse or other medical professional arrives on the scene.

Injuries and disabilities that occur in the course of the athletic program are subject to the provisions of Policy 2431 and implementing regulations. Student disabilities attributable to substance abuse will be handled in accordance with Policy 5530. Injuries that occur in the course of school bus transportation will be handled in accordance with regulations implementing Policy 8630.

N.J.A.C. 6A:16-2.1(a)4

Adopted: 21 July 2008

Revised: 26 November 2018

District Regulation

#### **8441 - CARE OF INJURED AND ILL PERSONS (M)**

Section: Operations

Date Created: June 2015

Date Edited: July 2018

### **M**

#### **A. Injuries and/or Illness Requiring Immediate Attention**

These regulations apply when a student, staff member, visitor, or other person on school grounds or during a school-sponsored event, activity, or field trip is injured or becomes suddenly ill. A school staff member shall take charge under these circumstances until the school nurse or another medical professional arrives on the scene.

1. The injury or illness shall be reported immediately to the school nurse or, in the absence of the school nurse, to the Principal or designee.
2. If it is evident the illness or injury is serious and immediate medical attention may be required, emergency medical assistance shall be immediately summoned by a telephone call to 911.
3. The injured or ill person shall be examined for any obvious injuries or health problems.
4. The injured or ill person shall be checked for the presence of a necklace or bracelet that identifies a particular medical problem.
5. The injured or ill person shall not be moved, except as may be necessary to remove the person from a dangerous environment.
6. The injured or ill person should be made as comfortable as possible, without moving him/her.
7. No food or liquid should be given to the injured or ill person except on the orders of the school nurse or another medical professional.
8. The injured or ill person shall be informed when emergency medical assistance has been contacted.

B. Emergency First Aid Procedures

1. The school nurse or other medical professional will administer emergency first aid to an injured student, staff member, or visitor.
2. In the event the school nurse or other medical professional is not available or before the school nurse or other medical professional arrives, the school staff member or other adult in charge may administer basic first aid to the injured or ill person until the school nurse or other trained medical professional arrives.

- a. The school nurse will develop, in consultation with the school physician, basic emergency first aid procedures in the event a school staff member may be in the position to provide emergency first aid to an injured or ill person until the school nurse or other medical professional arrives on the scene.
  
- b. The school nurse will make such basic emergency first aid procedures available to school staff members.

Adopted: 22 June 2015

Revised: 9 July 2018