

**Madison Elementary School
Madison School District**

FALL RE-ENTRY PLAN

IN RESPONSE TO COVID-19



DRAFT 8.12.2021

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Changes to the public health situation over the course of the school year may necessitate changes to this guidance.

INTRODUCTION

Dear Madison School Community,

Despite the presence of COVID-19 and variants in our lives, we celebrate what we accomplished in the school year 2020-21. Following our re-entry plan from last summer, we completed a full school year with in-person learning. We all did our part, had no in school transmission, and successfully handled the brief periods of remote learning. As we look to a new school year, our Re-entry Committee is meeting again, looking at the recommendations for schools, using survey data from parents and staff, and taking what we have learned this past year about what works for our MES school community to revise our plan with the goal of creating a safe learning environment which best meets the needs of our students. This document is the culmination of that effort.

We know and want to stress that any of our plans are subject to change with a moment's notice. We have been able to relax a few of our procedures from last year's plan due to the current guidance, our success from last year, and monitoring our local community transmission. We again understand that COVID-19 still exists and is a concern to our community and the greater valley. This plan is designed within this situation knowing that if COVID-19 cases in our school community increase (including students, families, and staff), we will have to change our course accordingly. Our administrative team in consultation with the school board will continue to monitor the situation closely.

This plan considers many different factors within our building. These factors have direct implications to our students and our staff. Our goal is to provide an environment for students and staff where we can connect with each other, provide support, and create an educational environment within which students can ground themselves and work to make progress. We will continue to teach each child where they are along the learning continuum and look forward to working together with you.

We have updated this plan to continue to aid our employees, students, and families to feel comfortable and to reduce the impact of COVID-19 conditions upon the learning environment. The guidelines referenced in this document are based on guidance from the NH Department of Education (NH DOE), NH Department of Health and Human Services (NH DHHS), Centers for Disease Control and Prevention (CDC), and World Health Organization (WHO). Regular updates will be made to this plan based on updated information provided by the above organizations and applicable federal, state and local agencies. Our monthly school board meetings will have reports/updates as a standing agenda item.

MES Re-Entry Planning Team

Michael Whaland, SAU 13 Superintendent
Heather Woodward, Principal
Janet Cox, Food Service Manager
Sarah DeMartino, Parent/School Board Member
Kim Cromie, School Nurse

Ken Eckhardt, Head Custodian
Tammy Flanigan, Library/Media Specialist
Holly Crockett, Administrative Assistant
Kate Stanley, Classroom Teacher

DEFINITIONS:

Below are brief summarized descriptions of terms used in relation to COVID-19. For more detailed definitions, please refer to the [State of NH COVID-19 School & Childcare Toolkit for the 2021-22 school year](#) attached at the end of this document. The Toolkit has embedded links to assist in locating the most current information and materials available.

Close Contact

Close contact is defined as someone who was within 6 feet of a person with COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). See for the School Toolkit more specific information regarding close contact in the K-12 school setting, household and non-household contact definitions and protocols.

Contact Tracing

Contact tracing is a collaborative effort with NH DHHS and involves identifying people who are at risk of COVID-19 following close contact to someone with COVID-19 then notifying them of their risk, recommending testing and advising isolation, self-quarantine or self-observation.

Exposure

Close contact with a person who has tested positive for COVID-19.

Face Mask

Masks have two different important purposes. They are used to protect the person wearing the face mask and prevent the spread of COVID-19 from the person wearing the face mask to others. They should be made of multiple layers of tightly woven breathable fabric. It should be worn over the nose and mouth and should fit snugly with no gaps. They should not be worn wet or dirty. Masks with exhalation valves or vents are not permitted.

According to the NH DHHS School Toolkit, face masks are recommended for anybody who desires maximal protection for themselves or others, including people who:

1. Have not been fully vaccinated
2. Have a weakened immune system that makes them more susceptible to COVID-19, even after vaccination
3. Wants to protect a household member who may be medically vulnerable or unvaccinated (i.e., to prevent the person wearing the face mask from picking up COVID-19 and bringing it home)

Fully Vaccinated

You have been vaccinated against COVID-19 **AND** more than 14 days have passed since you received the last recommended dose of a COVID-19 vaccine series.

Hand Hygiene

In the school setting, hand hygiene will be cleaning your hands by using either handwashing (washing hands with soap and water), or with a greater than 60% alcohol-based hand sanitizer (including foam or gel).

Household Contact

Any individual who lives and sleeps in the same indoor shared space as another person diagnosed with COVID-19 (either a temporary or permanent living arrangement), leading to close contact and potential repeated exposure such to the person with COVID-19. This includes situations where there may be temporary but prolonged exposure such as occurs with sleep-over events, shared camp cabins, vacation rentals, etc.

Isolation

Is used to separate people infected with COVID-19 from those who are not infected.

Personal Protective Equipment (PPE)

Personal protective equipment is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. Equipment can include:

- **Face masks-** Provides barrier protection against large-particle droplets and does not effectively filter inhaled small particles, fumes, or vapors. A surgical mask is primarily used to protect patients and healthcare workers from people who may have a respiratory infection or to protect sterilized or disinfected medical devices and supplies.
- **Face shields/goggles-** Provides eye protection. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- **Gloves-** depending on type, provides hand protection against scrapes, scratches, cuts, chemicals and contaminants.
- **Gowns (disposable):** Protects clothing as they may be resistant or impermeable to fluids.
- **Respirators-** Worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare (N95 masks).

Quarantine

Used to keep someone who might have been in close contact with a person with COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.

Risk Factors for COVID-19

- Symptoms of COVID-19
- In close contact with a person who has tested positive for COVID-19
- International or cruise ship travel in the prior 14 days.

School Community

Includes students, staff, and their families. Extends to our Madison community especially through partnerships with local businesses and organizations.

Self Observation

Self monitoring for any symptoms of COVID-19 after exposure to COVID-19.

Variants

Viruses constantly change through mutation, and new versions of a virus are expected to occur over time. These variants have the potential to spread more easily and quickly than other variants, which may lead to more cases of COVID-19.

SECTION 1: SAFETY OF STUDENTS, STAFF, AND VISITORS

HEALTH PROTOCOLS

EMPLOYEE ILLNESS

While we all hope to avoid exposure and illness from COVID-19, we need to be prepared for that possibility. Our first concern is for your health and safety and those around you. In this rapidly changing situation, healthcare providers should have the most up-to-date information from the CDC and NH DHHS.

If a staff member has any of the following **risk factors for COVID-19**

- Symptoms of COVID-19
- In close contact with a person who has tested positive for COVID-19
- International or cruise ship travel in the prior 14 days

The staff member will

1. Not come into the building.
2. Contact the following (in order of priority), let them know of any of the above, then follow their instructions.
 1. Healthcare provider
 2. Madison Elementary School's Principal
 3. The principal will work with the SAU office to determine appropriate next steps.
 4. In case of an emergency, call 911 and let them know you have been exposed to or have COVID-19, and then follow their instructions.
3. Know that they may be contacted by NH DHHS and given further instructions.
4. May return to work when criteria to return per COVID-19 Protocols is met

Employees returning to work from an approved medical leave should contact the principal. You may be asked to submit a healthcare provider's note before returning to work.

EXPOSURE TO COVID-19 PROTOCOL

If a staff/student has been exposed to COVID-19, we will follow the procedures outlined in the NH DHHS Toolkit. See flow charts at the end of this section or pages 8 & 9 of the toolkit for specific info.

Those who have been instructed to follow the "Self-Observation Guide For People Exposed to COVID-19 Who Are Not Required to Quarantine" will be expected to wear a mask indoors when 6 feet of physical distancing cannot be maintained for 14 days from the date of last exposure. Students who opt not to wear a mask have the option to remain home for the specified 14 days.

In an outbreak situation, NH DHHS may choose to expand quarantine to other non-household contacts to control the outbreak.

SUSPECTED COVID-19 PROTOCOL

If a staff/student becomes sick or reports a new COVID-19 diagnosis at school, we will follow the procedures outlined in the NH DHHS Toolkit. See flow charts at the end of this section or pages 8 & 9 of the toolkit for specific info.

Return to School Conditions:

Parameters for return will be given, which may include, but not limited to, COVID-19 testing results and/or written authorization from a medical doctor to return to school.

If you have symptoms of COVID-19 with a negative test result you may return to school

- At least 24 hours have passed since you had a fever (without the use of fever-reducing medications like acetaminophen or ibuprofen) **and**
- Your symptoms are **improving**.

If you have symptoms that could be COVID-19 and do not get evaluated by a medical professional or tested for COVID19, it is assumed that you have COVID-19 and may not return to work/school until the three criteria listed below have been met.

- At least 10 days have passed since your symptoms first started **and**
- At least 24 hours have passed since you had a fever (without the use of fever-reducing medications like acetaminophen or ibuprofen) **and**
- Your symptoms are **improving**.

CONFIRMED COVID-19 PROTOCOL

If a staff/student has tested positive for COVID-19 we will follow the procedures outlined in the NH DHHS Toolkit. See flow charts at the end of this section or pages 8 & 9 of the toolkit for specific info.

Contact Tracing Protocol Initiation:

In the situation of a confirmed case of COVID-19 by an employee or student who has been within the building during the suspected time of their infection, **contact tracing** in collaboration with NH DHHS will be initiated. All confidentiality and privacy rules will be followed to comply with HIPPA and FERPA rules. Community Notification will be sent AFTER all identified close-contacts have been communicated with directly. The superintendent will discuss the situation with the appropriate officials such as the local health officials, DHHS and NHDOE. A decision will soon follow regarding the length of closure, if needed, and any further measures that the school or district will need to take.

COVID-19 TESTING GUIDANCE

Any **symptomatic** person (one or more, new or unexplained COVID-19 symptom(s) or someone who has risk factors for COVID-19 (e.g., exposure, travel, etc) **even if fully vaccinated** should be tested for COVID-19. Staff or students will be directed to contact their primary care physician for testing.

If COVID-19 testing is required, results from home testing kits for COVID-19 will not be accepted. A copy of lab tested results must be received by the school prior to re-entry. The doctor's office can fax the results to 603-367-8784. Please speak to the nurse for alternate ways to provide documentation.

The process of needing to be tested for COVID-19 will be determined dependent on current CDC and NH DHHS guidance. Testing sites can be located at [Testing Guidance | NH COVID-19 Response](#)

Further testing recommendations are outlined in the following documents: Isolation, Quarantine, Self Observation and Travel Guidelines.

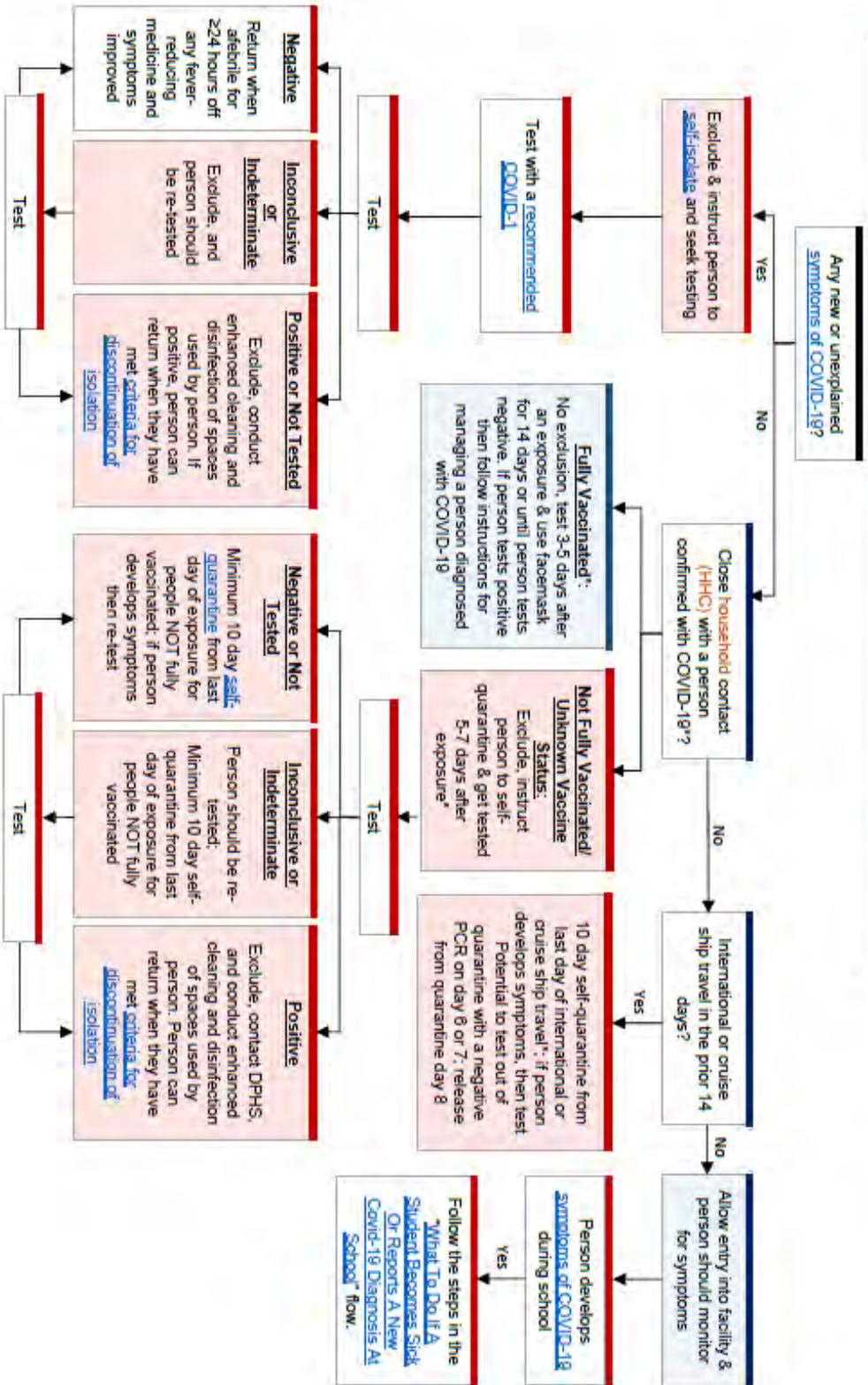
[Self-Quarantine Guide for Unvaccinated Household Contacts](#) (8/5/21)

[Self-Observation Guide for People Exposed to COVID-19 Who Are Not Required to Quarantine](#) (8/5/21)

[Self Isolation Guide](#) (7/7/21)

[Bureau of Infectious Disease Control NH COVID-19 Employer Travel, Screening, and Exclusion Guidance June 17, 2021](#)

STUDENT & STAFF SCREENING ALGORITHM

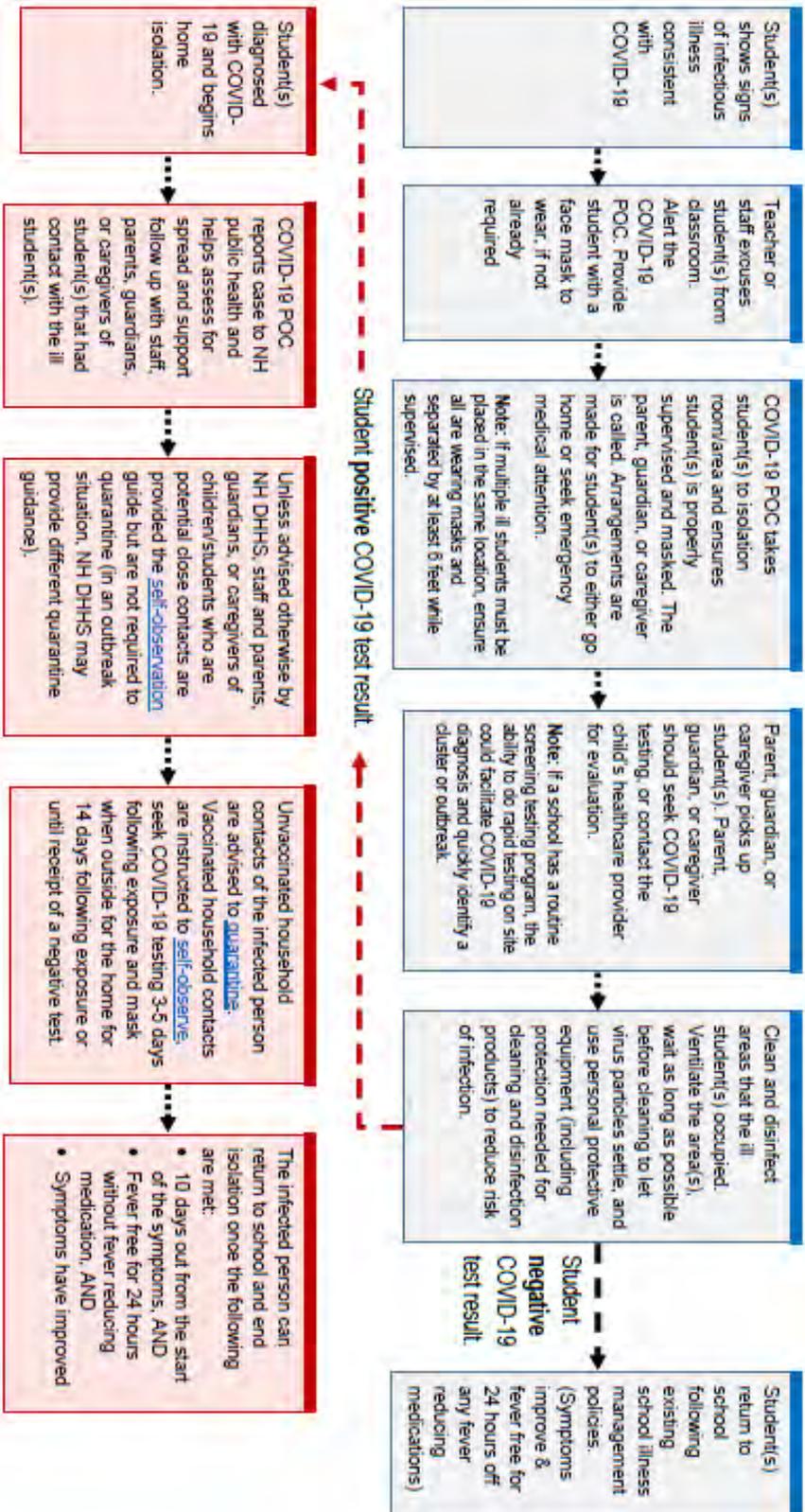


*The following people do not need to quarantine (see Checklist below for greater detail):

1. Persons who are 14 days or more beyond completion of COVID-19 VACCINATION
 2. Persons who are within 90 days of a prior SARS-CoV-2 infection that was diagnosed by PCR or antigen testing
- Household contact (HHIC): any individual who lives and sleeps in the same indoor space as another person diagnosed with COVID-19 (either temporary or permanent living arrangement), leading to close contact and potential repeated exposure to the person with COVID-19. This includes situations where there may be temporary but prolonged exposure such as sleeper events, shared camp, cabins, vacation rentals, dorm living scenarios, etc.)



WHAT TO DO IF A STUDENT BECOMES SICK OR REPORTS A NEW COVID-19 DIAGNOSIS AT SCHOOL



Note: COVID-19 POC = designated point of contact (a staff person that is responsible for responding to COVID-19 concerns)

Adopted from: Centers for Disease Control and Prevention, *What to do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School*, <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/student-becomes-sick-diagnosis-flowchart.html>, Updated July 14, 2021.



SECTION 2: EMPLOYEE AND STUDENT SAFETY

DIAGNOSTIC SCREENING & TESTING

The district will not provide any diagnostic screening or testing; however, we will continue to ask students and staff to conduct morning wellness screenings at home and if not feeling well for any reason, stay home.

FACE MASK GUIDELINES

Based on school community survey results and guidance from the NH Department of Health and Human Services, the use of a face mask will be optional indoors and outdoors with some *exceptions*. Staff will not monitor or enforce parental mask wearing preferences unless mask wearing is medically necessary and documented by a physician.

Exceptions include but are not limited to:

- When necessary due to COVID-19 exposure
- Riding a bus due to federal mandates
- When entering the health clinic as determined

As part of our social-emotional learning (SEL) supports for next year, the Guidance Counselor will provide information to staff about how to support students who wish to wear masks in school.

In the event of a change to the optional status of face mask use and a student or staff member requires a modification or adaptation to this guideline, the principal will discuss individually each situation to identify a resolution that maintains staff and student safety to the best extent possible. All modifications and adaptations will be documented.

HEALTH CLINIC/ISOLATION AREA

The MES health clinic has space to accommodate physical distancing requirements and limit student and staff exposure. A designated isolation area will be used when indicated to respond to the needs of students and staff who may need a nursing evaluation for signs and symptoms of COVID-19 and provide separation from others.

All persons entering the health clinic will be required to wear the appropriate PPE, which may include a disposable mask provided by the school nurse, and follow all safety precautions indicated. Any person entering and leaving the health clinic will be required to perform hand hygiene per protocol. All staff and students being discharged from the health clinic due to health conditions will receive recommendations for healthcare and criteria for return in written form.

PHYSICAL DISTANCING

Physical distancing is an effective way to prevent potential infection. Madison Elementary School employees, students, parents, and visitors should practice staying 6 feet away from others as much as is feasible.

We recognize there are times when 6 feet is not possible and we would seek to maintain at least 3 feet. Such times include:

- Walking through hallways
- Students lining up in the classroom, in the lunch line, or at the end of recess
- Meetings:– Staff and visitors are encouraged to maintain a minimum of 3 feet of distance during meetings inside the building.
- Working in a small group setting with a teacher or a peer
- Entering or exiting the building.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

In order to minimize exposure to COVID-19, PPE may be needed to prevent certain exposures. PPE may include facemasks, face shields, goggles, gloves, gowns and respirators.

In addition to using PPE, please remember to:

- Wash your hands often with soap and water for at least 20 seconds. Use hand sanitizer with at least 60% alcohol if soap and water are not available
- Avoid touching your eyes, nose, and mouth
- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow

PERSONAL WORKSPACE/CLASSROOM

Madison Elementary School staff will use the signage provided to indicate the room for sanitizing and disinfecting. All teachers and students are asked to limit visits to other classrooms based on priority/need. Employees are encouraged to disinfect their own personal workspace (teacher desk, phone, etc) throughout the day, giving special attention to commonly touched surfaces. Cleaning supplies will be provided by the custodial staff. Staff are NOT allowed to bring in cleaning supplies from home or request them as donations from parents.

SHARED WORKSPACE

Employees are encouraged to disinfect their own workspace multiple times throughout the day, giving special attention to commonly touched surfaces. Madison Elementary School has alcohol-based hand sanitizers throughout the workplace and in common areas. Cleaning sprays and wipes are also available to clean and disinfect frequently touched objects and surfaces such as telephones and keyboards. The Madison Elementary School Custodial Team will clean all workspaces at their designated cleaning time.

Please note that proper equipment such as acceptable disinfectant and PPE should be used when cleaning individual workspaces.

There will be limited access to certain workspaces to reduce exposure to risks and ensure employee safety. Workspace usage is as follows:

Capacity– Madison Elementary School will be monitoring the number of employees in the offices while the risk of infection exists and begins to diminish.

Conference Room– The conference room will be limited in capacity until further notice. Signage indicating closure/capacity limits will be placed on the conference room door. All meetings are encouraged to provide a virtual option using Google Meet for those who are not comfortable attending in person. A mobile TV is available to support this process.

Breakrooms or Teacher Lounge/Multipurpose Room–These spaces will be limited in capacity with the expectation that staff complete their tasks and move out in an efficient manner. There should be no gathering and socializing in this designated space.

TRAVEL RESTRICTIONS

Madison Elementary School will allow staff to travel to conferences and workshops which are pre-approved by the principal and the office of the Superintendent.

Staff and students will follow the guidance in the [*Bureau of Infectious Disease Control NH COVID-19 Employer Travel, Screening, and Exclusion Guidance June 17, 2021*](#)

VACCINATIONS:

Vaccination is a choice and a personal decision. Unfortunately, we have no mechanism for verifying vaccinations. If we have verification of vaccinations, we can expedite contact tracing because those vaccinated, currently, do not need to be quarantined if exposed to a household member with COVID-19, or other circumstance as identified by NH DHHS, or for travel related risk factors.

To help expedite contact tracing and the notification process, you are welcome to share your vaccination card with the school principal or nurse, but are not required to.

VISITOR RESTRICTIONS

Madison Elementary School will begin allowing scheduled/planned visitors into the building for meetings or approved volunteer opportunities. As we monitor the situation throughout the year, we will work towards our “normal” visitor operations. The building will remain locked at all times.

Visitors will be screened for any symptoms or risk factors of COVID-19 prior to entry.

SECTION 3: FACILITIES CLEANING

The safety of our employees and students are our first priority. Upon reopening, our schools have been completely cleaned and disinfected and we will continue to adhere to all necessary safety precautions. In addition to the deep clean of the office and school before employees and students return, the cleaning steps outlined below are to be taken to disinfect workplace surfaces, chairs, tables, etc. to protect employees and reduce the risk of spread of infection. We will require employees to maintain this safety standard by continuously cleaning and disinfecting based on the frequency stated below.

GENERAL DISINFECTION MEASURES

Category	Area	Frequency
Workspaces	Classrooms, Offices	At the end of each use/day
Appliances	Refrigerators, Microwaves, Coffee Machines	Daily
Electronic Equipment	Copier machines, Shared computer monitors, TV's, Telephones, keyboards	At the end of each use/day and/or between use
General Used Objects	Handles, light switches, sinks, restrooms	At least once daily
Buses	Bus seats, handles/railing, belts, window controls	At the end of each use/day
Common Areas	Cafeteria, Library, Conference rooms, Gyms, Common Areas	At the end of each use/day

The goal is to establish a sanitary baseline before the site opens. The school will be 100% disinfected prior to the returning of staff and students for the 2021-22 school year.

GENERAL DISINFECTION MEASURES PROTOCOL

General measures will be followed regularly. See Appendix for more details.

DEEP CLEANING AND DISINFECTION PROTOCOL

Deep cleaning is triggered when an active employee or student is identified as positive for COVID-19 based on testing or as dictated by needs.

BUS PROTOCOLS

Bus drivers or custodial staff must disinfect the buses at a minimum once per day.

Due to the federal mask mandate on public transportation, face coverings will be worn while on the bus until further notice. Students will have assigned seating to allow for proper distancing. Students will be brought home to their regular scheduled bus stops only. Bus stop changes or addition of riders will not be allowed.

SECTION 4: DAILY PROCEDURES

ABSENCES

Parents are to inform the office of the reason for any absences and parameters for their student to return will be given.

CHANGE IN PLANS

Students will only be allowed to take the bus to and from their scheduled bus stops. If you have a change in a pick up schedule for the end of day or an appointment, please send an email to office@mes-nh.com or call the office at 603.367.4642. Notes sent to the teacher **will not** be brought to the office in order to minimize contact.

CLASSROOM ARRANGEMENTS

Classrooms will be set up to meet the state's guidelines for physical distancing with the goal of 6 feet of separation at minimum.

Students will each receive their own personal caddy or other storage for school supplies and another storage container for their books, notebooks, journals, etc. All students will be assigned a chromebook for their individual use.

Teachers will have flexible seating options available for students and will arrange the room to maximize learning opportunities with their personal teaching style. Teachers will be responsible for assisting in determining close contacts within their classroom.

The outdoor environment will be used as much as possible weather permitting. When a teacher takes a class outside of the building, they will take a radio for communication with the office and nurse.

When necessary, students will work in another classroom with staff from our Special Education and RTI departments. All safety protocols will be followed as students and staff leave a room or enter a room.

For transitions to other classrooms and outdoor spaces, students will maintain physical distancing of at least 3 feet. When in a line, students should not be able to touch the shoulders of the student in front of him/her. Distancing should be maintained for all transitions to and from the classroom (i.e. travelling to specials, lunch, outdoors, etc.)

COMMUNICATION METHODS

To stay updated on the most current information:

1. Teachers and parents need to check their email often.
2. Class Dojo messages will be sent to parents for classroom specific information.
3. Weekly School Newsletter, school website
4. Alert notifications through the school's messenger program Connect 5 (call, text, and email).

FORGOTTEN ITEMS

Any items that need to be dropped off during the school day for your child must be left on the table outside the front office window. Use the intercom to let us know who it is for. The teacher will be notified and send the student down to pick it up at a convenient time.

LUNCH & RECESS

Lunch and recess periods will be divided by grade level groupings. Outside recess will occur in designated areas. Students will have at minimum a 30 minute and a 15 minute recess period throughout the day. Should weather conditions result in inside recess, teachers will provide opportunities for students to have non-structured down time in a safe way.

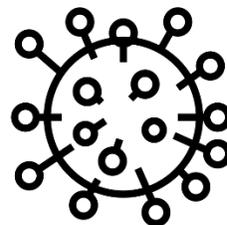
RESTROOM USAGE DURING THE SCHOOL DAY

Maximum capacity for each bathroom will be established that allows for physical distancing. Signs will be posted with the maximum capacity on the door. Marked areas outside of restrooms will indicate where students should stand if they are waiting for the restroom.

STUDENT ARRIVAL

By allowing your child to attend school you are attesting to their health status each day. Every morning it is expected that parents will take their child's temperature and assess for any of the following conditions:

- Fever (100.0 degrees Fahrenheit or greater) or repeated shaking with chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose



- Nausea, Vomiting or Diarrhea
- Close contact with a person who is lab confirmed to have COVID-19
- Someone in your household has been lab confirmed to have COVID-19
- Traveled internationally or on a cruise ship in the prior 14 days
- Tested positive for COVID-19

Parents must ensure they **do not send their student to school if he/she has ANY ONE OR MORE, new or unexplained, even if mild, including cold symptoms, COVID-19 symptoms or risk factors** until the conditions for re-entry have been met. If your child has ongoing health conditions such as allergies or asthma, be sure to coordinate communication between your child's doctor and the school nurse.

No student should arrive prior to 9:00 AM. 1st-2nd grade students should be dropped off at the gym door entrance. Kindergarten and Grades 3rd-6th should be dropped off at the south side door. **Do not let students leave the vehicle until you see a staff member at the door.**

THE DOORS WILL REMAIN LOCKED AND NO STUDENTS WILL BE ALLOWED TO ENTER. Upon entering, students will go to their classrooms to drop their personal belongings and then go directly to pick up breakfast if needed. Physical distancing of 3ft or more should be maintained at all times if possible.

STUDENT DISMISSAL

During the school day a shared Google Doc will be created by the office as the Daily Bulletin. This document will be used to inform staff of who is absent and will be the primary communication of any change in plans for students for that day. The office and staff who receive messages concerning changes in plans for students will add them to this document. We will also use this document to facilitate pick up at the end of the day.

If you need to pick up your child between 9:15 and 3:00 please use the front loop. Use the intercom or call the office to let us know you are here, who you are picking up and why. We will make a note of the time and send your child to your vehicle.

At the end of the day students will remain in their classrooms until called for dismissal. Busses will be called one at a time and loaded in an organized manner to allow for physical distancing. All students will have assigned seats on the bus and their face coverings must remain on until they disembark at their bus stop.

Student pick up will begin at 3:20. At **3:10** parents can begin to arrive and line up. All cars must stop near the gym when arriving for pick up. A staff member will take the names of who you are picking up and then you will go around the building and line up, staying in your car. Our staff member will let the office know you are here and we will call for your children. Do not proceed to the line without giving your name to our staff member near the gym. If you do, you will be asked to go around the building again.

SCHOOL PROVIDED MEALS

Students will be asked to pre-order using the Google Form available on the website and sent through the weekly newsletter email. Pre-payment for their meals and milk is expected on a weekly basis. Orders will be received on Thursdays for the following week so that the food service department can plan accordingly. All families may use the MySchool Bucks program or send in payment if they prefer.

Breakfast:

Breakfast will be served from the cafeteria from 9:00 A.M. to 9:15 A.M. Breakfast will be "offer versus serve" status instead of "serve" which means students will have to take at least three of the four offered items. Students will pick up their breakfast in the cafeteria and take it back to the classroom to eat.

Students will empty their trays inside the classroom and then place their dirty dishes in the dish tub that will be available to them in the hallway.

Lunch:

Students will verify their lunch order daily in the classrooms with their teachers via MMS by 9:30 A.M. There will be three lunch periods starting at 11:30 A.M., 12:00 P.M., and 12:30 P.M. If a student arrives late and needs a lunch, the classroom teacher will notify the kitchen.

Food will be prepared and held for hot service at proper temperatures until students arrive and proceed through the lunch line. Lunch will be "offer versus serve" status which means students will need to choose at least three of the five offered food items.

Lunch Routines: All students will eat in the cafeteria, with assigned seating that observes 6 ft. physical distancing. Students who are getting hot lunch will line up when their class is called and maintain 3 feet of distance throughout until seated at their table in their assigned spot.

If we have the need at any time to go remote we will use the online Google Form to order. This will include selections for sides as well. Students must choose 3-5 items.

SOCIAL-EMOTIONAL WELL-BEING OF STUDENTS AND STAFF

The school counselor and social worker will develop resources for parents and teachers to access. The counselor may work with students individually or in small groups to address any well-being needs. The school social worker will be available to work with families, including home visits.

STUDENT PROVIDED MATERIALS

Students are expected to come to school each day prepared with basic materials including:

- A refillable water bottle
- Snack and lunch (unless ordering from school)
- Appropriate clothing for being outdoors for at least a 30 minute period each day

SECTION 5: ACADEMICS AND REMOTE LEARNING

Madison Elementary School developed a COVID-19 Re-opening Committee to organize and develop systems in place for the school's reopening. The committee members were selected from various departments and grade levels to get a diverse set of knowledge and skills. As a whole, the committee meets regularly every Thursday throughout the summer.

Together we focused on planning for a safe re-opening of our school for in-person learning that provides an environment for learning emotionally, socially, developmentally, and academically.

Once a plan is approved by the school board parents may decide not to send their child to MES for in-person learning. Options available to parents include: choosing to homeschool in accordance with Madison School Board Policy IHBG using VLACS or another curriculum, attendance at another school such as a charter school, or participation in NH Learning Pods Initiative.

Homeschooling: Students would be unenrolled from Madison Elementary School. Parents are required to notify the school and write a letter to the superintendent stating their intentions to homeschool their children. The parents are responsible for all aspects of their child's education.

Enrollment in another school: Parents would complete enrollment paperwork at the new school which would include a request for records. Upon receipt of the request, Madison School staff will forward all related school files to the new school.

Learning Pods: Parents would enroll their child through the Learning Pod program provided through the NH Dept. of Education. Madison School District has no connection with current learning pods.

TEMPORARY REMOTE INSTRUCTION

IF MES MOVES TO A FULL CLASSROOM OR SCHOOL-WIDE REMOTE INSTRUCTION MODEL

In the event that the school has to move to a remote instruction model, we will follow the guidelines below.

Attendance Vs. Participation/Engagement

It is the expectation that all students will engage in their learning. Through participation in class meetings, instructional opportunities, and completing work, students will demonstrate their engagement and work towards mastering the competencies.

Completion Protocols

Students not making progress, not completing academic assignments, or opting not to participate during remote learning, risk being retained in their current grade level for the next academic year. For promotion to the next grade level, students will need to have completed the requirements outlined in this grading procedure.

Use of Online Tools

In an effort to cut down on paper packets, the district uses Google Classroom for all students. Google Classroom and Class Dojo will be communication methods for parents to be able to contact the classroom teachers. Teachers will provide a daily schedule for students.

Online Instruction

Google Meet is our online component to help deliver weekly live and pre-recorded instruction from the classroom teacher. The teachers will provide instruction for the lesson and then follow-up with tutorials in the same week. See Remote Instruction Expectation Guide for details.

SECTION 6: EXTRACURRICULAR AND DISTRICT-WIDE PLANNING

We will begin with before-school programming five mornings a week from 7:45-9:00. Afterschool programming will be offered in six week sessions. The number of days per week will depend on the availability of staffing.

It is our intent to begin sports programming this fall while following all available criteria for safety protocols. This is also dependent upon availability of volunteers.

SECTION 7: APPENDIX

ROUTINES/PROCEDURES:

Entrance into the Building

- Anyone who enters the building will immediately upon entry wash or sanitize their hands.
- Scheduled/Expected visitors will register in the main office for security purposes.

Staff Entering Classrooms:

Wash hands /hand sanitize upon entering.

Wash hands/hand sanitize upon leaving.

Sending a Child to the Health Clinic:

If inside the building,

- Staff member calls the Health Clinic and communicates the situation
- Nurse will provide directions of where the child should go, if an escort is needed, etc...

If outside the building,

- Staff member will use the radio to communicate with the nurse or the office if the nurse is unavailable.
- Directions will be provided of where the child should go. A staff escort is most likely needed unless the child can be seen from the front office.

Entering the health clinic

- Wash hands/hand sanitize upon entering.
- Wash hands/hand sanitize upon leaving.
- While in the health clinic, at the discretion of the nurse, correctly wearing a cloth mask or surgical mask may be required.

Staff Member Screening:

- Staff members will self screen for symptoms at home and not attend school if any new or unexplained symptoms, or risk factors are present.

Hallways and Stairwells:

- At all times students and staff will walk on the right side of hallways and stairwells
- Hallways will have markings to promote safe distances and directions
- For hallway transitions to other classrooms and outdoor spaces, students will maintain physical distancing of at least 3 feet. When in a line, students should not be able to touch the shoulders of the student in front of him/her. Physical distancing should be maintained for all transitions to and from the classroom (i.e. travelling to specials, lunch, outdoors, etc.)
- Staff will accompany all students throughout the building to ensure the 3 feet of distance is maintained.

Student Bathroom Usage:

- Each bathroom area will have signage indicating maximum capacity
- Outside of the bathroom entrance will be the coordinating number of hooks
- Students will be given a hall pass from their classroom to hang on the hook as they enter
- If the hooks are filled, the student will wait on the marked area until the restroom is available

Cleaning, Sanitizing, and Disinfection:

Classroom

- Each classroom will be provided a bucket with cleaning and sanitizing supplies that meet state and CDC guidelines for use in schools.
- The teacher will coordinate cleaning periodically, during the day, in the room as needed.
- If the need arises for additional cleaning during the day, the teacher will contact the custodian for support.
- At the end of each school day, custodians will do a thorough cleaning and disinfection of the room after all students and staff have left.

General Areas/Frequently Touched Surfaces

- Custodians will monitor restrooms and clean as needed.
- The gym/cafeteria tables will be cleaned and sanitized after each lunch period.

Cleaning and Disinfecting Products

- All chemicals used throughout the building will have a Safety Data Sheet (SDS) on file in the principal's office and the maintenance office.
- Only products purchased by the school will be used in the building
- All products that may potentially come into contact with students or staff will meet the safety requirements
- Products will be Green Seal Certified where possible.

Links for More Information/Resources Referenced:

[State of NH School & Childcare Toolkit: Rev. 8.11.2021](#)

[NH COVID Dashboard including maps of transmission and school data: Continuously updated](#)

[CDC Guidance for Schools: Rev. 7.9.2021](#)

[Learning Pod info provided by the NH Dept. of Ed.](#)

[Bureau of Infectious Disease Control NH COVID-19 Employer Travel, Screening, and Exclusion Guidance June 17, 2021](#)

[NH COVID-19 Resources](#) including what to do if exposed, if test positive, or other related info.

STATE OF NEW HAMPSHIRE
CORONAVIRUS DISEASE 2019 (COVID-19)
SCHOOL & CHILDCARE
TOOLKIT
2021-2022 SCHOOL YEAR

August 11, 2021

Please note, future updates to this document will be indicated in orange text.

*New Hampshire Department of Health and Human Services
Division of Public Health Services*

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For questions about this document, please contact:

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Division of Public Health Services (DPHS)
Bureau of Infectious Disease Control (BIDC)
29 Hazen Drive, Concord, NH 03301-6504
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Non-Urgent Inquiries Email: NHBIDC@dhhs.nh.gov
Website: <https://www.nh.gov/covid19/>

INTRODUCTION

The Coronavirus Disease 2019 (COVID-19) pandemic began at the end of 2019, with the first case identified in New Hampshire on March 2, 2020. Since then, multiple waves have necessitated changes to the mitigation measures that control the pandemic and protect individuals and communities from COVID-19. As we enter the 2021-2022 school year, there exist multiple sources of guidance that K-12 school and childcare facilities should draw upon when making decisions about COVID-19 prevention measures. New Hampshire Department of Public Health Services (NH DPHS) considers the most appropriate guidance to be:

1. CDC [guidance](#) for K-12 schools and childcare programs
2. American Academy of Pediatrics (AAP) [guidance](#) for K-12 schools
3. 2019-2020 New Hampshire Department of Education K-12 Back-to-School [Guidance](#)
4. NH [Universal Best Practices](#)
5. NH Department of Health and Human Services (DHHS) interpretation of the above guidance provided during our [Educational Institution Calls](#) for K-12 schools and childcare partners

School and childcare COVID-19 prevention policies are intended to mitigate, but not eliminate the risk of COVID-19. Mitigation measures are especially important to bridge until vaccine can be provided to those younger than 12. Multiple studies have demonstrated that COVID-19 cases identified in school and childcare settings reflect community transmission, but these settings do not drive community transmission. Therefore, as community transmission of COVID-19 increases, there will be an increasing number of COVID-19 cases identified in school and childcare settings, so schools and childcare programs should implement COVID-19 strategies based on to community transmission to protect children, students, and staff.

Decisions about implementing prevention strategies should be primarily based on local community transmission of COVID-19 and whether COVID-19 transmission occurs within your facility, but also may be influenced by your facility's ability to implement multiple layers of prevention. This document also includes tools that a school nurse and administrative staff member may use to communicate best practices to students/children, staff, and families.

EPIDEMIOLOGY

The epidemiology of COVID-19 in New Hampshire is constantly evolving. For the most updated summary, visit the State of New Hampshire's [COVID-19 Interactive Dashboard](#), which displays the most recent data available from the NH DHHS regarding cases, community transmission, vaccination progress, hospitalizations, deaths, and with demographic detail and county of residence.

CASE INVESTIGATION AND REPORTING

Under New Hampshire State Statute [RSA 141-C](#), many communicable respiratory diseases and related positive laboratory results are reportable to NH DHHS. Additionally, state statute requires that any suspect outbreak, cluster of illness, or any unusual occurrence of disease that may pose a threat to the public's health must be reported to the NH DHHS, Bureau of Infectious Disease Control (BIDC) within 24 hours of recognition. If you are reporting a single case of COVID-19 in a student or staff member you may report by calling 603-271-4496 or by completing a [COVID-19 Case Report form](#) and faxing it to the number at the bottom of the form. Please notify NH DHHS of any cluster of new-onset COVID-19 symptoms among students or staff by calling 603-271-4496 (after-hours, call 603-271-5300 and ask for the public health professional on-call to be paged).

When reporting COVID-19, designate a facility primary point of contact (e.g., school nurse, director, principal or administrative staff) who is responsible for coordinating with NH DHHS. A COVID-19 public health professional will work closely with you if a [cluster or outbreak](#) of COVID-19 is identified in your school or childcare program.

If a [cluster or outbreak](#) is identified in your facility, the public health professional will work closely with the primary point of contact to learn more about the situation and to assist the childcare or school in determining how to control the spread of disease, but each school system or childcare should be prepared to implement prevention strategies in response to cases of COVID-19. In outbreak situations, NH DHHS may recommend quarantining of close contacts identified within a school or childcare facility, recommend additional cleaning and disinfection and implementing protocols for case identification. The NH DHHS public health team will work with you in these outbreak situations to conduct [contact tracing](#), and the facility primary point of contact will need to be prepared to communicate the following information:

- Total number of students scheduled to be at school (exclude remote learning)
 - Number of students with COVID-19
- Total number of staff scheduled at the school (exclude remote teaching)
 - Number of staff with COVID-19
- Date of disease onset for first recognized case
 - Presenting disease symptoms
- Hospitalization and/or death among cases, if known

IMPLEMENTING PREVENTION STRATEGIES

There is no single intervention that will stop the spread of COVID-19. Educational institutions and childcares can protect themselves, and others, through a multi-layered approach. Should precautions in one area decrease, look to implement additional protection in another area.

The [NH Universal Best Practices](#) and [CDC's guidance](#) for K-12 schools and childcare programs highlight the same general steps and actions to control the COVID-19 virus that have been used throughout this pandemic continue to be important and recommended, including the following:

1. Plan and communicate with your community

- Develop a plan outlining policies and procedures to prevent introduction and spread of COVID-19 within your facility, and make your COVID-19 plan available to the community
- Actively communicate to your students, families, and staff about expectations and steps you are taking to prevent spread of COVID-19
- Assign a person who is responsible for communicating with staff, students, and their families regarding the status and impact of COVID-19 in the school (having one voice that speaks for the facility during an outbreak will help ensure the delivery of timely and accurate information)
- Have a clear plan and method to communicate with the school community if/when a positive case is identified
- Identify a person who is responsible for monitoring public health updates (federal and state)
- Assign a person (and a back-up who is available during off-hours) who is the primary point of contact and responsible for communications with NH public health for any questions or concerns, and to help coordinate an investigation in the event of a cluster or outbreak
- Ensure contact information for family members or guardians of students is up to date

2. Promote vaccination against COVID-19

- Promote vaccination and help communicate about the safety and effectiveness of the COVID-19 vaccines in preventing infection, preventing spread of COVID-19 between people, and limiting the seriousness and duration of illness for people who develop COVID-19
- Highlight your town-level COVID-19 vaccination rates when communicating with staff, students, and families about the importance of achieving the highest levels of vaccination possible (see town-level data on the NH [Vaccination Data Dashboard](#))
- Work with your local Regional Public Health Network (see [contact list](#)) and/or with a local healthcare partner to set up school-specific clinics to offer vaccination to your community

3. Use face masks wisely

- Communicate with your community about the two different important purposes of face masks, including to
 1. Protect the person wearing the face mask, and
 2. Prevent spread of COVID-19 from the person wearing a face mask to others (i.e., “source control”)
- Schools and childcare programs can recommend or require facemasks. Decide with your community how to implement face masks to prevent introduction and spread of COVID-19 based on:
 1. [Level of NH community transmission](#) (reported at the County level with the cities of Manchester and Nashua separated out)
 2. Number of cases of COVID-19 occurring within your school or childcare facility, and the presence of [clusters/outbreaks](#)
 3. Your ability to implement other prevention strategies (e.g., physical distancing, cohorting, etc.). For example if you can separate children who are indoors by 6 feet, or activities are outdoors, masks may not be as important
 4. Level of COVID-19 vaccination within your school population, or within the surrounding town/city (see [Vaccination Data Dashboard](#)) – we recommend a goal of *at least* 80% of the population fully vaccinated
- Face masks are not recommended in most outdoor locations, but can be considered for high-risk situations or activities (e.g., close/physical contact sports)
- Recommended face masks for anybody who desires maximal protection for themselves or others, including people who:
 1. Have not been fully vaccinated
 2. Have a weakened immune system that makes them more susceptible to COVID-19, even after vaccination
 3. Wants to protect a household member who may be medically vulnerable or unvaccinated (i.e., to prevent the person wearing the face mask from picking up COVID-19 and bringing it home)
- Face masks are required to be worn on school buses and other forms of public transportation under the federal [CDC Order](#)

- NH public health recommends the following as one approach to implementing face masks. Face masks are recommended for everybody (universally) when any of the following criteria are met (see also the **Decision Matrix** table below):
 1. [Level of NH community transmission](#) reaches “substantial” in the region where the school or childcare program is operating
 2. Facility transmission is identified leading to a cluster of infections and multiple potential exposures within a classroom – face masks can be targeted and time limited if the cluster/outbreak is small and confined, but facilities should work with public health to investigate and control any cluster or outbreak
 3. Multiple clusters occur, or there is a larger facility outbreak

Decision Matrix: Recommendations for use of facemasks indoors based on the level of community transmission and COVID-19 transmission within a facility

		Level of Community Transmission		
		Minimal	Moderate	Substantial
Cases Within Facility	Sporadic cases without evidence of facility transmission	Optional*	Optional*	Universal [†]
	Single Cluster	Targeted	Targeted	Universal [†]
	Multiple clusters or a larger outbreak	Universal [†]	Universal [†]	Universal [†]

* Face masks still recommended for people who want maximal protection for themselves or others (e.g., a household member who is unvaccinated or medically vulnerable)

† Exceptions can be made for classrooms/schools that have achieved a high vaccination rate (e.g., high-school), or where other prevention measures can be strictly implemented (e.g., 6 feet of physical distancing)

4. Maximize Physical distancing

- Maximize physical distance between students, children, and staff – the goal is at least 3 feet of separation, although more is better, especially if face masks are not used
- Maximize physical distance between students and children during lunch time – physical barriers such as Plexiglas in place of physical distancing are no longer recommended by CDC as a prevention strategy
- Increase physical distance between people in situations where there may be increased risk of respiratory aerosol production; 8-10 feet of physical separation between people is suggested during group activities that involve forced and heavy breathing indoors (e.g., indoor group fitness classes), singing (chorus/choir), or wind instrument playing (band performances); alternatively consider face mask use for people engaged in higher risk activities indoors if physical distancing is not possible

5. Cohort (i.e., group individuals together)

- Establish cohorts/groups of children, students, teachers, and staff and avoid mixing of groups to limit the number of people who come in contact with each other – cohorting is more important when it is difficult to maintain a controlled physical distancing between children, such as among young children in childcare
- Attempt more strict cohorting with smaller cohort sizes (ideally 20 people or less) in areas experiencing a “substantial” level of community transmission, or if there are frequent cases or clusters occurring within a facility

6. Consider a Screening testing program (testing people without symptoms to detect COVID-19 early)

- K-12 schools can implement asymptomatic screening programs for early detection of COVID-19 to prevent introduction and transmission of COVID-19. Note that screening testing is not currently recommended for childcare programs
- Review the CDC K-12 school [screening testing guidance](#)
- Review the NH [Safer at School Screening \(SASS\) Program](#) guidance
- Consider enrolling in the NH SASS program even if routine screening testing is not planned because SASS resources can be important to make immediate testing available for outbreak response
- Enroll in the NH SASS program by contacting: SASS@dhhs.nh.gov. The SASS contractor will help to provide the logistics of standing orders and consent for asymptomatic screening testing

7. Stay home when sick and get tested

- Communicate with students, families, and staff about the importance of not coming to school or childcare with any new or unexplained [symptoms of COVID-19](#) that might be due to a viral infection, even with mild cold symptoms
- Such persons should stay home and get tested for COVID-19 (regardless of vaccination status) – testing sites can be found [here](#); home-test kits are also now available over-the-counter. [See page #9 for algorithm.](#)
- Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill staff to stay home
- Schools/SAUs can [request BinaxNOW antigen test cards](#) to test symptomatic persons identified at school (note: sick students and staff should not be sent to schools for testing, but should seek testing in the community)
 - Schools/SAUs need a CLIA certificate to test for COVID-19 at schools
 - CMS CLIA Application for Certification Form # 116: <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS116.pdf>
 - Consider other logistics of implementing diagnostic testing, including the need to obtain consent for testing from a parent/guardian, reporting results, and the need for a provider order to conduct testing

8. Increase ventilation to reduce stagnant indoor air that may contain respiratory droplets

- Increase room and building ventilation (i.e., replacement indoor air with outdoor air)
- See CDC guidance on [Ventilation in Buildings](#) and CDC guidance on [Ventilation in Schools and Childcare Programs](#)

9. Perform frequent hand hygiene and good respiratory etiquette

- Encourage and remind children/students and staff to wash hands with soap and water for at least 20 seconds
- Provide and encourage use of hand sanitizer that contains at least 60% alcohol when hand washing is not possible
- Teach and practice good respiratory etiquette by covering coughs and sneezes with a tissue or inside of elbow, then throw the tissue away, and wash hands
- Remind children/students to avoid touching eyes, nose, mouth, and cloth face covering

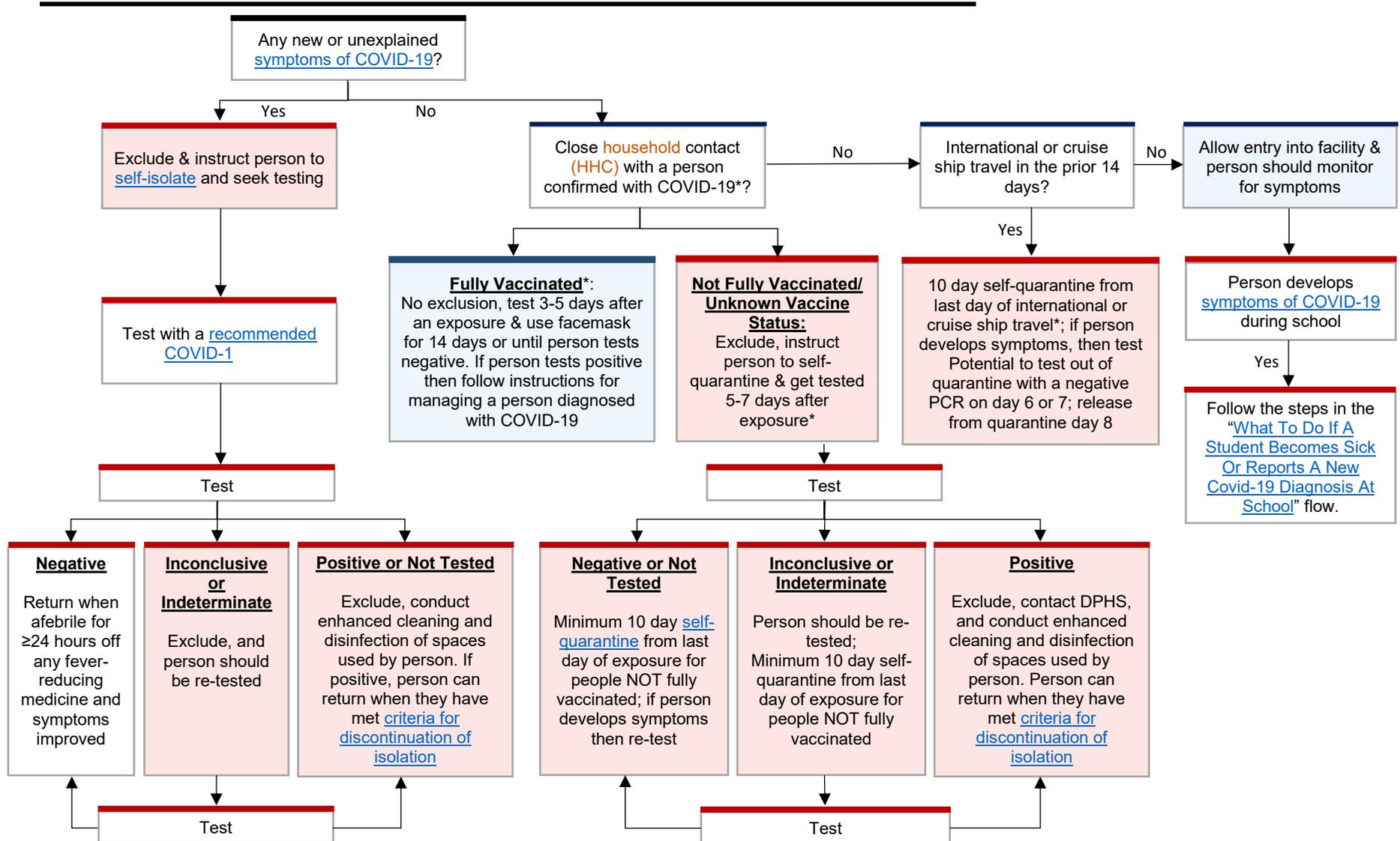
10. Clean and disinfect

- See CDC guidance on [Cleaning and Disinfecting Your Facility](#)
- Cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces
- If a person with COVID-19 was in your facility within the last 24 hours, then clean AND disinfect spaces the person with COVID-19 was in contact with
- When disinfecting, use an [EPA-registered List N](#) disinfectant
- Review [guidance on sharing, cleaning, sanitizing, and disinfecting toys](#)
- Follow the manufacturer's instructions when using cleaning and disinfection products to ensure appropriate contact time for disinfection, use of recommended personal protective equipment, and that cleaning and disinfection occurs in an appropriately ventilated area

11. Partner with Public Health for contact tracing, isolation, and quarantine

- People who are diagnosed with COVID-19 must still [isolate](#) at home until they have met criteria for [discontinuation of isolation](#)
- [Close household contacts](#) of someone diagnosed with COVID-19 ARE required to [quarantine](#) if they are NOT fully vaccinated
- [Close household contacts](#) of someone diagnosed with COVID-19 are NOT required to quarantine if they ARE fully vaccinated; however, in accordance with CDC [guidance for people who are fully vaccinated](#), such persons are recommended to get tested 3-5 days following their exposure, and wear a facemask in indoor public settings for 14 days, or until they receive a negative test result
- Non-household contacts should [self-observe](#) and monitor for symptoms
- Continue to report positive cases to NH DPHS

STUDENT & STAFF SCREENING ALGORITHM

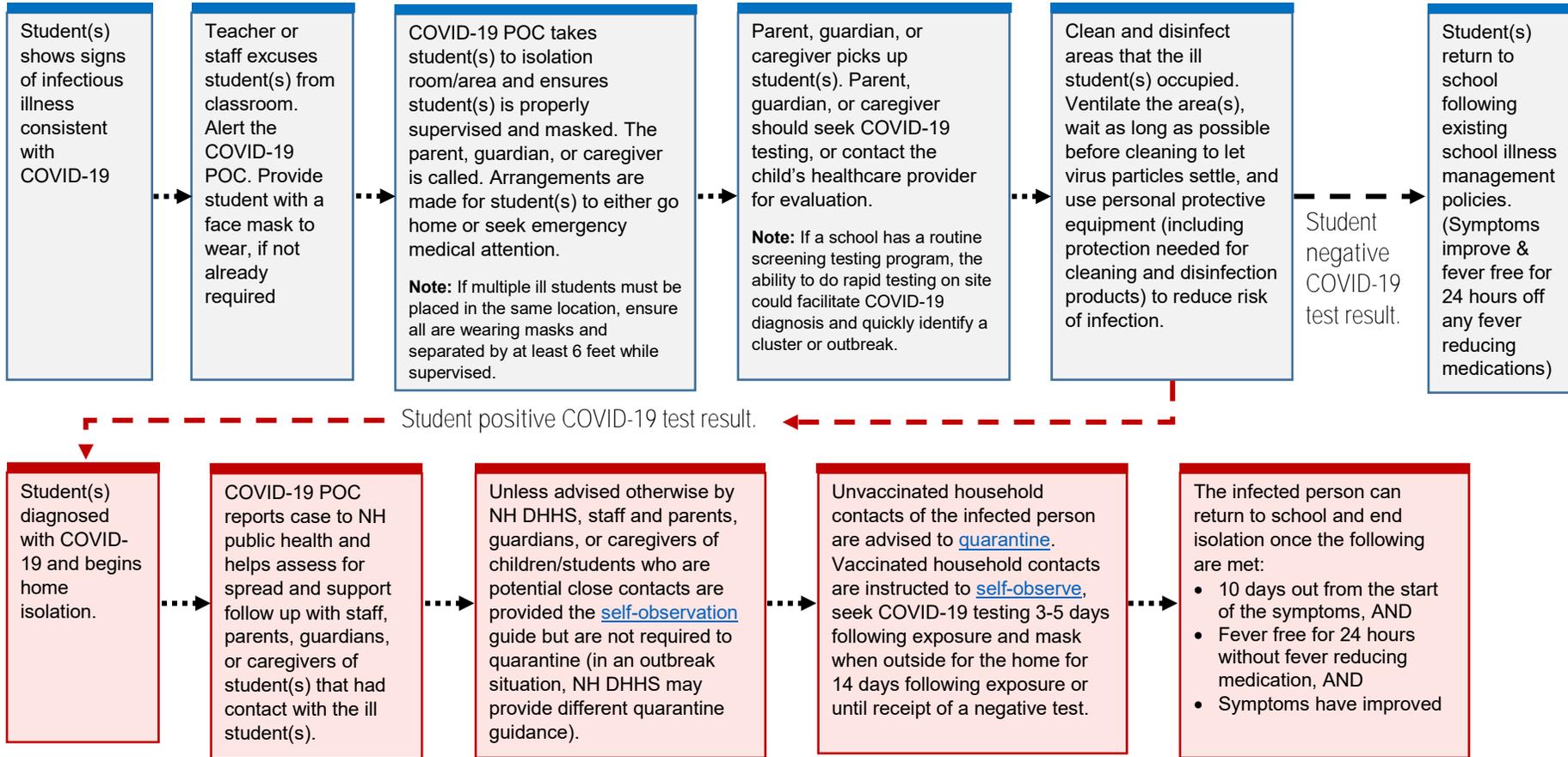


*The following people do not need to quarantine (see Checklist below for greater detail):

1. Persons who are 14 days or more beyond completion of COVID-19 VACCINATION
2. Persons who are within 90 days of a prior SARS-CoV-2 infection that was diagnosed by PCR or antigen testing

Household contact (HHC): any individual who lives and sleeps in the same indoor space as another person diagnosed with COVID-19 (either temporary or permanent living arrangement), leading to close contact and potential repeated exposure to the person with COVID-19. This includes situations where there may be temporary but prolonged exposure such as sleepover events, shared camp, cabins, vacation rentals, dorm living scenarios, etc.)

WHAT TO DO IF A STUDENT BECOMES SICK OR REPORTS A NEW COVID-19 DIAGNOSIS AT SCHOOL



Note: COVID-19 POC = designated point of contact (a staff person that is responsible for responding to COVID-19 concerns)

Adopted from: Centers for Disease Control and Prevention, *What to do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School*, <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/student-becomes-sick-diagnosis-flowchart.html>. Updated July 14, 2021.



RESPONDING TO PEOPLE WITH SYMPTOMS OR A DIAGNOSIS OF COVID-19

- Review the prevention strategy implementation checklist above
- Exclude any staff, students, or children from the facility that have new or unexplained symptoms of COVID-19 until they have either:
 - Tested negative and are afebrile for at least 24 hours (off fever-reducing medications) with other symptoms improving
 - OR
 - Tests positive for COVID 19 (or is not tested) and met criteria for [removal from home isolation](#)
- Notify NH DHHS of any cluster of students or staff with symptoms of COVID-19
- Notify NH DHHS about any person diagnosed with COVID-19 by PCR or antigen testing who was within the school or childcare facility while infectious (starting 2 days before onset of symptoms)
- Manage household contacts (HHCs) of persons with new and unexplained symptoms compatible with COVID-19, based on the symptomatic person’s COVID-19 risk factors and testing status:

Risk Factor?*	Viral Testing Pending? †	Action:
Present	Yes	<ul style="list-style-type: none"> • Symptomatic person isolates pending test result. • HHCs quarantine pending test results.
	No	<ul style="list-style-type: none"> • Symptomatic person must remain on isolation until they have met CDC’s criteria for <u>discontinuation of isolation</u>. • HHCs quarantine for 10 days from last day of exposure.
Absent	Yes	<ul style="list-style-type: none"> • Symptomatic person isolates pending test result. • HHCs can remain in school/work as long as they remain asymptomatic, but if test is positive then quarantine.
	No	<ul style="list-style-type: none"> • Symptomatic person must remain on isolation until they have met CDC’s criteria for <u>discontinuation of isolation</u>. • HHCs can remain in school/work as long as they remain asymptomatic.

* Risk Factors for COVID-19 exposure include close contact to a person with COVID-19, International or cruise ship travel, or other high-risk activities as identified by an employer or public health in the 14 days before symptom onset.

† Appropriate COVID-19 viral testing includes molecular- (i.e., PCR) or antigen-based tests (antigen tests must be conducted within an appropriate time frame after symptom onset, as specified in manufacturer instructions). Antibody tests are not appropriate for diagnosing active infection.

† You do NOT need to stay home (quarantine) for 10 days if either of the following apply: (1) You are fully vaccinated against COVID-19 and more than 14 days have passed since you completed your COVID-19 vaccine series. (2) You have previously tested positive for active COVID-19 infection (by PCR or antigen testing) in the last 90 days (if you had a previous infection that was more than 90 days ago, then you still need to follow all of these guidelines). However, you still need to monitor yourself for symptoms of COVID-19, practice social distancing, avoid social and other group gatherings, and always wear a face mask when around other

- Provide the student a copy of the Letter in Appendix D and a copy of [Letter to Providers Concerning COVID-19 Testing and Exclusion](#)
- Notifications to the school community: Communication is essential to provide parents and staff with information to make important health behavior decisions. Ensure staff, and families are aware of your school’s expectations and direct them to resources for isolation, quarantine and self-observation

- Children and staff who were physically present in the same classroom or cohort with another person diagnosed with COVID-19 who was present in the facility while infectious should be advised to [self-observe](#) – this should be communicated to other students and families in a way that protects the identity of the person diagnosed with COVID-19. [Please see sample letter in Appendix B.](#)
- Keep the student or staff member home if a household member has been diagnosed with COVID-19 by PCR or antigen tests until both the household member’s isolation is complete **AND** the child/staff member’s quarantine is over

IDENTIFYING AND RESPONDING TO A CLUSTER OR OUTBREAK

Definitions of key terms:

<p>Close household contact</p>	<p>Any individual who lives and sleeps in the same indoor shared space as another person diagnosed with COVID-19 (either a temporary or permanent living arrangement), leading to close contact and potential repeated exposure to the person with COVID-19. This includes situations where there may be temporary but prolonged exposure such as occurs as sleep-over events, shared camp cabins, vacation rentals, etc.</p>
<p>“Close contact” in the K-12 school setting (see CDC definition):</p>	<ul style="list-style-type: none"> • If facemasks are not consistently and correctly used, then a close contact would include persons sitting within 6 feet adjacent on either side, in-front, or in-back of a person with COVID-19 (for each classroom, including during lunch and snack breaks, or on a bus) for a cumulative time of 15 minutes or longer over a 24 hour period • If facemasks ARE consistently and correctly used, then a close contact would include persons sitting within 3 feet adjacent on either side, in-front, or in-back of a person with COVID-19 (for each classroom, including during lunch and snack breaks, or on a bus) for a cumulative time of 15 minutes or longer over a 24 hour period • The entire classroom, if students are allowed to interact in close contact in an uncontrolled fashion • Persons part of a team or group that interacted with a person with COVID-19 during indoor recess or physical education when they come in close or direct contact • Any person in the same room (i.e., a closed confined space) as a person with COVID-19 while they were singing or playing a wind instrument (regardless of physical distancing). These situations will need to be investigated on a case-by-case basis with the NH DHHS CSI to identify risk of exposure, and may take into account the amount of physical distance, size of the room, and use of face masks during activities • Any person participating in indoor close contact sporting events (training sessions, practices, games) or any contact sports (whether indoors or outdoors) with a person with COVID-19. Because these situations may be higher risk, they will need to be investigated on a

	case-by-case basis with the DHHS investigator to identify risks for close contact exposure
K-12 school or childcare associated case	COVID-19 case (confirmed or probable) who is a student, teacher, or staff member physically present in the school setting or participated in a school sanctioned extracurricular† activity a. Within 14 days prior to illness onset or a positive test result OR b. Within 10 days after illness onset or a positive test result
Standardized K-12 school or childcare transmission definition	A subset of school-associated cases where the most likely place of exposure is determined to be the school setting or a school-sanctioned extracurricular activity.
A cluster in the school or childcare setting	Multiple cases comprising at least 10% of students, teachers, or staff within a specified core group* OR at least three (3) within a specified core group* meeting criteria for a school-associated COVID-19 case; with symptom onset or positive test result within 14 days of each other§ , AND NO likely known epidemiologic link to a case outside of the school setting.
An outbreak in a school or childcare setting	Multiple cases comprising at least 10% of students, teachers, or staff, within a specified core group* OR at least three (3) cases within a specified core group* meeting criteria for a probable or confirmed school-associated COVID-19 case with symptom onset or positive test result within 14 days of each other§ ; who were not identified as close contacts of each other in another setting (i.e. household) outside of the school setting; AND epidemiologically linked in the school setting or a school-sanctioned extracurricular activity.

* A “core group” includes but is not limited to extracurricular activity†, cohort group, classroom, before/after school care, etc.) † A school sanctioned extracurricular activity is defined as a voluntary activity sponsored by the school or local education agency (LEA) or an organization sanctioned by the LEA. Extracurricular activities include, but are not limited to, preparation for and involvement in public performances, contests, athletic competitions, demonstrations, displays, and club activities. § For onset, use symptom onset date whenever available. If symptom onset date is unknown or if a case is asymptomatic, use specimen collection date for the first specimen that tested positive. The 14-day period refers to 14 days before the date of first symptom onset or first positive test sample.

Action items for identifying and responding to a cluster or outbreak

- Promptly notify the NH DHHS COVID-19 Congregate Settings Investigation Unit (CSI), if more than once case is identified at your facility
- Review the above prevention strategies checklist and work with your public health investigator to determine if there are steps that need to be taken to increase precautions (e.g., more strict cohorting, increasing physical distancing, implementing face masks until the outbreak is over)

- Typical timeframes are to close a cluster or outbreak after 14 days have passed without new cases and 14 days have passed since the last date of exposure at the institution, whichever is longer
- Only allow the return of COVID-19 positive students or staff when [removal from home isolation](#) criteria have been met
- The incubation period for COVID-19 can be up to 14 days and the identification of new case within a week to 10 days of starting the interventions does not necessarily represent a failure of the interventions to control transmission
- The NH DHHS CSI will request the total number of staff and students at your school or childcare, as well as the total number of staff and students in the specific classroom or other physical locations shared with the person confirmed COVID-19
- In the event of a cluster or outbreak, identify close contacts – NH DHHS CSI may recommend quarantining close contacts in an outbreak situation:
 - o The NH DHHS will work directly with the individual diagnosed with COVID-19 or the individual’s parent or guardian to collect information about close contacts
 - o The NH DHHS CSI will likely request your assistance to identify additional close contacts for whom the case is not familiar (peers in classes, meetings, etc.)
 - o Close contacts who are NOT fully vaccinated will be instructed to quarantine for 10 days from the last date of exposure, get tested for COVID-19 on day 5-7 of their quarantine, and to call their pediatrician/primary care provider if health concerns arise while on quarantine
 - o Close contacts who ARE fully vaccinated are not required to quarantine, but they will be instructed to get tested on day 3-5 after their exposure and to use a face mask for 14 days or until the person tests negative
 - o The NH DHHS CSI will provide you with the format to complete a current list of all students and staff (called a line list) who are diagnosed with COVID-19 by PCR or antigen tests; please separate students and staff on the list
 - o If necessary, the NH DHHS CSI may request lists/diagrams of classrooms, cafeteria, school-sponsored transportation providers, and other room seating assignments to assist in identifying those who may have been exposed
- Confirm with NH DHHS CSI that the outbreak is under control and that outbreak control measures can be discontinued prior to discontinuing them

Sample Childcare/K – 12 School Student Close Contacts Line List

First Name	Last Name	Date of Birth	Grade	Exposure Location	Exposure Date (REQUIRED)	Parent/Guardian Name(s), Phone #(s), Email(s)	Who are they a contact of? (REQUIRED)

Additional Resources and Documents:

- CDC’s information about COVID-19, including:
 - [Symptoms of COVID-19](#)
 - [Multisystem Inflammatory Syndrome in Children \(MIS-C\) associated with COVID-19](#)
- NH public health [Letter to Providers Concerning COVID-19 Testing and Exclusion](#)
- NH [Testing Guidance and Resources](#) (including locations of various testing options)

APPENDIX A: Sample Letter to Families at Start of School

DATE

Dear Families:

We are asking for your help to prevent COVID-19 from impacting our school community.

COVID-19 is most commonly spread through respiratory droplets when an infected person talks, coughs, sneezes or sings. As a school community we ask for your support to take the following precaution to prevent the spread of the disease:

- Know the symptoms of the COVID-19:
 - Fever/chills (measured 100.4F)
 - Cough
 - Shortness of breath or difficulty breathing
 - Sore throat
 - Runny nose or nasal congestion
 - Muscle or body aches
 - Fatigue
 - Headache
 - New loss of taste or smell
 - Nausea or vomiting
 - Diarrhea
- Please do not send your child to school if they have:
 - Any ***new or unexplained*** [symptoms of COVID-19](#) (listed above); this includes even mild symptoms. Please report this to the school nurse.
 - Shared a household (temporarily or permanently) with someone who has been diagnosed with COVID-19 in the prior 14 days.
 - International or cruise ship travel in the last 10 days
- Any person with new or unexplained symptoms of COVID-19 will be excluded from school, and instructed to isolate at home and seek testing for COVID-19. Symptomatic students or staff can be allowed to return to school when one of the following two conditions is met:
 1. Person receives an FDA-approved COVID-19 test that is negative, **AND** the person's symptoms are improving and they are fever-free for at least 24 hours off any fever-reducing medications. Approved tests include:
 - A PCR-based molecular test
 - Antigen testing conducted within an appropriate number of days since symptom onset
 2. Person has met CDC [criteria for ending of home isolation](#) (i.e., if person is not tested, they are managed assuming they have COVID-19).
- If a student has household (temporarily or permanently) contact with someone diagnosed with COVID-19 by PCR or antigen test in the prior 14 days or has an international or cruise ship travel-related risk, they are required to complete self-quarantine at home for 10 days from the last known exposure. More information on travel quarantine can be found [here](#).

Please also help us practice and promote that all students and staff:

- Get vaccinated, for those who are eligible.
- Frequently wash their hands. Hand washing for 20 seconds with soap and water, or using hand sanitizer that contains at least 60% alcohol, is the best way to reduce the spread of germs.
- Cover coughs and sneezes with a tissue or their elbow. Wash hands or use hand sanitizer after they discard of the tissue.
- Don't share personal items such as drinks, food or water bottles.

- Avoid touching their eyes, nose, or mouth with unwashed hands.

Children may worry about themselves, their family and friends getting sick with COVID-19. Tips for talking to children about COVID-19 can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>.

Our school works closely with the New Hampshire (NH) Department of Health and Human Services (DHHS) to monitor the newest information about COVID-19.

To learn more about COVID-19, please check these trusted resources:

- New Hampshire Department of Health and Human Services: <https://www.covid19.nh.gov/welcome>
- United States Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Thank you for your support and partnership to keep our school healthy this year!

Sincerely,

[School administrator's name and signature]

APPENDIX B: Sample Letter to Families When a Single Case of COVID-19 is identified in the School or Childcare

DATE

Dear Family:

We are notifying you because a case of COVID-19 has been identified in our school and your child may have been exposed on {INSERT DATE}.

COVID-19 is most commonly spread through respiratory droplets when an infected person talks, coughs, sneezes or sings. The symptoms of the COVID-19 are:

- Fever/chills (measured 100.4F)
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Runny nose or nasal congestion
- Muscle or body aches
- Fatigue
- Headache
- New loss of taste or smell
- Nausea or vomiting
- Diarrhea

The current recommendation from NH Department of Health and Human Services for people who may be exposed to COVID-19 in the school setting is to:

- For 14 days from the last day of exposure:
 - Monitor for COVID-19 symptoms and
 - Wear a mask in indoor public settings and
- Consider testing 3-5 days following the last day of exposure

If your child develops symptoms please isolate them at home and seek testing for COVID-19. Symptomatic students or staff can be allowed to return to school when one of the following two conditions is met:

3. Person receives an FDA-approved COVID-19 test that is negative, **AND** the person's symptoms are improving and they are fever-free for at least 24 hours off any fever-reducing medications. Approved tests include:
 - A PCR-based molecular test
 - Antigen testing conducted within an appropriate number of days since symptom onset
4. Person has met CDC [criteria for ending of home isolation](#) (i.e., if person is not tested, they are managed assuming they have COVID-19).

Our school is working closely with the New Hampshire (NH) Department of Health and Human Services (DHHS) to follow the guidance they have provided for this situation and will provide updates should their recommendations change.

Because COVID-19 is most commonly spread through respiratory droplets, we should all take the following precautions to prevent the spread of the disease:

- Get vaccinated, for those who are eligible.
- Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

- Avoid high risk locations, especially ones that are indoors and crowded, and where people are unable to maintain physical distance from others.
- If there is [substantial community transmission in your area](#), wear a cloth face covering that covers your mouth and nose to protect others when in public areas.
- Cover your mouth and nose with a tissue when you cough or sneeze, then throw the tissue in the trash and wash your hands.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Stay home and seek testing if you have a fever or are not feeling well.

To learn more about COVID-19, please check these trusted resources:

- New Hampshire Department of Health and Human Services: <https://www.covid19.nh.gov/welcome>
- United States Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Should you have any questions or concerns, please contact {NAME, TITLE, SCHOOL PHONE NUMBER}.

Sincerely,

[School administrator's name and signature]

APPENDIX C: Letter to Families of Students who are Screened Out or Develop COVID-19 Symptoms at School

DATE

Dear Family,

Due to your child's symptoms, he or she must stay home on [self-isolation](#) and not return to school until they have met one of the requirements outlined by the New Hampshire Department of Health and Human Services (DHHS):

1. Seek FDA-approved COVID-19 PCR or antigen testing. You may also choose to seek out testing from your healthcare provider, other testing provider located throughout the state (<https://www.covid19.nh.gov/resources/testing-guidance>), or from a variety of home tests that are now available over the counter. If you choose to seek testing from a provider, you should bring this letter and the [Letter to Providers Concerning COVID-19 Testing and Exclusion](#) with you.
 - If the test is negative, **AND** your child's symptoms are improving and they are fever-free for at least 24 hours without fever-reducing medications, your child may return to school.
 - If the test is positive, your child may return to school once they complete their [self-isolation](#). This is typically at least 10 days from symptoms onset and at least one day from symptoms improvement and fever resolution without fever-reducing medication.
2. If you do not seek FDA-approved COVID-19 PCR or antigen testing:
 - Your child may return to school once they have completed the minimum COVID-19 isolation period, which is 10 days from symptoms onset and at least one day from symptoms improvement and fever resolution without fever-reducing medication.

If there are other household members at the school (e.g., siblings-students or adults who are staff), please follow the table below to determine if the household members may remain in school:

Risk Factor?*	Viral Testing Pending? †	Action:
Present	Yes	<ul style="list-style-type: none"> • Symptomatic person isolates pending test result. • HHCs quarantine pending test results.
	No	<ul style="list-style-type: none"> • Symptomatic person must remain on isolation until they have met CDC's criteria for discontinuation of isolation. • HHCs quarantine for 10 days from last day of exposure.
Absent	Yes	<ul style="list-style-type: none"> • Symptomatic person isolates pending test result. • HHCs can remain in school/work as long as they remain asymptomatic, but if test is positive then quarantine.
	No	<ul style="list-style-type: none"> • Symptomatic person must remain on isolation until they have met CDC's criteria for discontinuation of isolation. • HHCs can remain in school/work as long as they remain asymptomatic.

* Risk Factors for COVID-19 exposure include close contact to a person with COVID-19, international or cruise ship travel, or other high-risk activities as identified by an employer or public health in the 14 days before symptom onset.

† Appropriate COVID-19 viral testing includes molecular- (i.e., PCR) or antigen-based tests (antigen tests must be conducted within an appropriate time frame after symptom onset, as specified in manufacturer instructions). Antibody tests are not appropriate for diagnosing active infection.

† You do NOT need to stay home (quarantine) for 10 days or get tested for COVID-19 if either of the following apply: (1) You are fully vaccinated against COVID-19 and more than 14 days have passed since you completed your COVID-19 vaccine series. (2) You have previously tested positive for active COVID-19 infection (by PCR or antigen testing) in the last 90 days (if you had a previous infection that was more than 90 days ago, then you still need to follow all of these guidelines). However, you still need to monitor yourself for symptoms of COVID-19, practice social distancing, avoid social and other group gatherings, always wear a face mask when around other people, and practice good hand hygiene at all times.

Because COVID-19 is most commonly spread through respiratory droplets, we should all take the following precautions to prevent the spread of the disease:

- Get vaccinated, for those who are eligible..
- Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid high risk locations, especially ones that are indoors and crowded, and where people are unable to maintain physical distance from others.
- If there is [substantial community transmission in your area](#), wear a cloth face covering that covers your mouth and nose to protect others when in public areas.
- Cover your mouth and nose with a tissue when you cough or sneeze, then throw the tissue in the trash and wash your hands.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Stay home and seek testing if you have a fever or are not feeling well.

To learn more about COVID-19, please check these trusted resources:

- [New Hampshire Department of Health and Human Services: https://www.covid19.nh.gov/welcome](https://www.covid19.nh.gov/welcome)
- [United States Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

Sincerely,

[School administrator's name and signature]

POSTERS AND HANDOUTS

The following resources have been developed by the CDC to support COVID-19 recommendations. All materials are free for download and may be printed. Click on any of the posters below to follow the link, choose the language, save and print.



Click the CDC Coronavirus Self-Checker icon to embed the self-checker into your newsletter or website.

CDC COMMUNICATION PUBLICATIONS IN VARIOUS LANGUAGES AVAILABLE

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:

Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

DON'T FEEL WELL? STAY HOME WHEN YOU ARE SICK

Tell your mom, dad, or caregiver before you come to school. Tell your teacher or an adult if you become sick at school.

OTHER SYMPTOMS INCLUDE:

fever, runny nose, diarrhea, feeling nauseous or vomiting, feeling tired, headache, and poor appetite

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Stop the spread of germs that can make you and others sick!

Wash your hands often

Wear a cloth face cover

Cover your coughs and sneezes

length of 1 jump rope
6 feet

Keep **6 feet** of space between you and your friends

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

GERMS are all around you.

Stay healthy. Wash your hands.

www.cdc.gov/handwashing

Wash YOUR HANDS!

Wet

Get Soap

Scrub

Rinse

Dry

Hands that look clean can still have sick germs!

www.cdc.gov/handwashing

CLASS RULES

- stay home if you feel sick
- keep 6 ft from others
- wash your hands with soap and water
- use hand sanitizer if you can't wash your hands
- cough or sneeze into a tissue or use your elbow, clean your hands after.

OTHER CLASS RULES

cdc.gov/coronavirus

Students: Let's work together to stop the spread of COVID-19

KEEP SPACE BETWEEN YOU AND OTHERS

when outside

6 FT

in the classroom

6 FT

on the bus

try to skip a row if possible

cdc.gov/coronavirus

Students: Let's work together to stop the spread of COVID-19

DID YOU WASH YOUR HANDS?

stop

think

wash hands

ASK YOURSELF:

- Did I just go to the bathroom?
- Am I about to eat?
- Did I just eat?
- Did I cough or sneeze?
- Did I touch supplies or objects that other people have touched?
- Did I touch garbage?
- Did I touch my cloth face cover?

If you can't wash your hands, ask your teacher or another adult for hand sanitizer.

cdc.gov/coronavirus

DON'T LET YOUR GERMS GO FOR A RIDE

COVER YOUR COUGHS AND SNEEZES

with a tissue or use the inside of your elbow. If you use a tissue, throw it in the trash, and wash your hands right away.

If you can't wash your hands, ask your teacher or another adult for hand sanitizer.

cdc.gov/coronavirus

10 things you can do to manage your COVID-19 symptoms at home

Available from: <https://www.cdc.gov/coronavirus/2019-ncov/when-to-ask.html>

If you have possible or confirmed COVID-19:

- Stay home from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ride-sharing, or taxis.
- Monitor your symptoms carefully. If your symptoms get worse, call your healthcare provider immediately.
- Get rest and stay hydrated.
- If you have a medical appointment, call the healthcare provider ahead of time and tell them that you have or may have COVID-19.
- For medical emergencies, call 911 and notify the dispatch personnel that you have or may have COVID-19.
- Cover your cough and sneeze.
- Wash your hands often with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 70% alcohol.
- As much as possible, stay in a specific room and away from other people in your home. Also, you should use a separate bathroom. If available, if you need to be around other people in or outside of the home, wear a cloth face covering.
- Avoid sharing personal items with other people in your household, like dishes, towels, and bedding.
- Clean all surfaces that are touched often, like counters, tables, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

cdc.gov/coronavirus

Six Steps for Properly Cleaning and Disinfecting Your School

Protect Your School Against COVID-19
Properly cleaning and disinfecting surfaces and objects can help safely and effectively reduce the spread of disease in your school or facility.

- Always wear gloves and other personal protective equipment (PPE) appropriate for the chemicals being used.
- Cleaning and disinfection products should not be used by or near students.
- Make sure that there is adequate ventilation (air flow) when using chemical products to prevent yourself or others from inhaling toxic fumes.

- Use an EPA-approved disinfectant against COVID-19. Visit www.epa.gov/825 or scan the QR code with your smart phone to check EPA's list of approved disinfectants.
- Always follow the directions on the label. Check "use sites" and "surface types" to find out where the product can be used. Pay close attention to "precautionary statements."
- Clean surfaces and determine how areas will be disinfected. Clean surfaces with soap and water prior to disinfection. Routinely clean and disinfect frequently touched surfaces at least daily.
- Follow the specified contact time. Apply the product (e.g., spray or wipe a surface) and allow it to dry according to the specified contact time on the label.
- Wear gloves and wash your hands with soap and water. Discard disposable gloves after each cleaning and disinfection. For reusable gloves, dedicate a pair to disinfecting surfaces to prevent the spread of COVID-19. After removing gloves, wash your hands with soap and water for at least 20 seconds.
- Store chemicals in a secure location. Keep product lids closed tightly and store products in a location away from student reach and sight.

cdc.gov/coronavirus

Stop the spread of germs that can make you and others sick!

Cover your coughs and sneezes

Wash your hands often

Wear a mask

Get a COVID vaccine

Keep 6 feet of space when possible

cdc.gov/coronavirus

Cleaning and Disinfecting in School Classrooms

Cleaning and disinfecting can help to limit exposure to germs and maintaining a safe environment during the COVID-19 pandemic. Reduce the spread of germs by keeping surfaces clean and reminding students of this importance of hand hygiene.

The Difference Between Cleaning and Disinfecting

- Cleaning reduces germs, dirt, and impurities from surfaces or objects and works by using soap for detergent and water to physically remove germs from surfaces.
- Disinfecting kills or inactivates germs on surfaces or objects, a best practice measure for prevention of COVID-19 and other viral respiratory illnesses.

Which Disinfectant Products Should I Use?
You can use any EPA-approved disinfectant against COVID-19. Visit www.epa.gov/825 or scan the QR code with your smart phone to check EPA's list of approved disinfectants.

Where Should I Clean and Disinfect?
Clean and disinfect frequently touched surfaces and objects within the classroom. Check responsibility for products for use on electronic devices.

Caution: Cleaning surfaces and objects including but not limited to:

- Door handles and knobs
- Desks and chairs
- Children's lockers and bookshelves
- Shared computer keyboards and mice
- Light switches
- Food preparation handles
- Sinks and surrounding areas
- Countertops
- Shared electronics such as printers
- Other shared learning materials

When Should I Clean and Disinfect?
Clean and disinfect frequently touched surfaces at least daily or between use by different students. Limit the use of shared objects when possible, or clean and disinfect between use.

Options for cleaning and disinfection include:

- In the morning before students arrive
- Between classes if students change classes and/or students are not present
- Between use of shared surfaces or objects
- Before and after food service
- Before students return from recess or lunch
- After students leave for the day

Some cleaning and disinfection products out of the reach of students. Cleaning and disinfection products should not be used by or near students, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

cdc.gov/coronavirus

VACCINATION EDUCATION

Getting 'Back to Normal' Is Going to Take All of Our Tools

If we use all the tools we have, we stand the best chance of getting our families, communities, schools, and workplaces "back to normal" sooner:

Get vaccinated.



Wear a mask.





Stay 6 feet from others, and avoid crowds.



Wash hands often.

 www.cdc.gov/coronavirus/vaccines

Why Get Vaccinated?

To Protect Yourself, Your Coworkers, Your Patients, Your Family, and Your Community

Building defenses against COVID-19 in this facility and in your community is a team effort. And you are a key part of that defense. Getting the COVID-19 vaccine adds **one more layer of protection** for you, your coworkers, patients, and family.



Here are ways you can **build people's confidence** in the new COVID-19 vaccines in your facility, your community, and at home:

- **Get vaccinated** and enroll in the **safe text messaging program** to help CDC monitor vaccine safety.
- **Tell others why** you are getting vaccinated and encourage them to get vaccinated.
- **Learn how to have conversations** about COVID-19 vaccine with coworkers, family, and friends.

It all starts with you.

 www.cdc.gov/coronavirus/vaccines

Answering Your Questions About the New COVID-19 Vaccines

Do clinical trial results show whether vaccines are effective?

Clinical trials provide data and information about how well a vaccine prevents an infectious disease and about how safe it is. The Food and Drug Administration (FDA) evaluates this data, along with information from the manufacturer, to assess the safety and effectiveness of a vaccine. FDA then decides whether to approve a vaccine for authorized emergency use in the United States.

After a vaccine has been approved or authorized for emergency use by FDA, more information is shared before a vaccine is recommended for public use. The goal of these investments is to understand more about the protection a vaccine provides under real-world conditions, outside of clinical trials.

After COVID-19 vaccines are approved or authorized for emergency use by FDA and recommended for public use, CDC will continue to monitor their effectiveness. These real-world assessments will compare groups of people who do and don't get COVID-19. If that data shows well COVID-19 vaccines are working to protect people.

Why would the effectiveness of vaccines be different after the clinical trials?

Many factors can affect a vaccine's effectiveness in real-world situations. These factors can include things such as how a vaccine is transported and stored or even how patients are vaccinated. Vaccine effectiveness can also be affected by differences in the underlying medical conditions of people vaccinated as compared to those vaccinated in the clinical trials.

Assessments of vaccine effectiveness can also provide important information about how well a vaccine is working in groups of people who were not included or were not well represented in clinical trials.

How will experts evaluate the COVID-19 vaccines in real-world conditions?

Experts are working on many types of real-world studies to determine vaccine effectiveness, and each uses a different method.

- **Cohort studies** will include cases (people who have the virus that causes COVID-19) and controls (people who do not have the virus that causes COVID-19). People who agree to participate in a cohort control study will provide control data on whether they received a COVID-19 vaccine or not. Experts will look at the cases versus the data to find out how many of the cases were in people who had received the vaccine than controls, which would show that the vaccine is working.
- **A test-negative design study** will enroll people who are seeking medical care for symptoms that could be due to COVID-19. In this type of case-control study, experts will compare the COVID-19 vaccination status of those who test positive (meaning they have COVID-19) to those who test negative (meaning they do not have COVID-19).



 www.cdc.gov/coronavirus/vaccines