

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

October 25, 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

Table of Contents

INTRODUCTION	3
EPIDEMIOLOGY	3
CASE AND CLUSTER REPORTING.....	3
IMPLEMENTING PREVENTION STRATEGIES	4
STUDENT & STAFF SCREENING ALGORITHM	9
RESPONDING TO PEOPLE WITH SYMPTOMS OR A DIAGNOSIS OF COVID-19	11
IDENTIFYING AND RESPONDING TO A CLUSTER OR OUTBREAK	12
APPENDIX A: Sample Letter to Families at Start of School	15
APPENDIX B: Sample Letter to Families When a Single Case of COVID-19 is identified in the School or Child Care.....	17
APPENDIX C: Letter to Families of Students who are Screened Out or Develop COVID-19 Symptoms at School	19
Appendix D: Definition of Key Terms	21
POSTERS AND HANDOUTS	23

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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. For the 2021-2022 school year, there exist multiple sources of guidance that K-12 school and child care 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 child care 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 child care partners

School and child care COVID-19 prevention policies are intended to reduce, 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 child care settings reflect community transmission, but not that school and child care settings significantly contribute to community transmission. Therefore, as community transmission of COVID-19 increases, there will be an increasing number of COVID-19 cases identified in school and child care settings. Schools and child care programs should implement COVID-19 strategies based on community transmission and whether COVID-19 transmission occurs within the facility, and should be influenced by the facility's ability to implement the 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, and deaths.

CASE AND CLUSTER REPORTING

Under New Hampshire State Statute [RSA 141-C](#), COVID-19 must be reported to NH DHHS. Additionally, state statute requires that any suspect outbreak or cluster of illness, or any unusual occurrence of disease that may pose a threat to the public's health such as COVID-19, must be reported **within 1 business day** of recognition. All cases reported to DHHS that are identified with a specific school will be reported on the COVID-19 Schools Dashboard. Schools often learn about positive cases prior to DHHS. As a result, there is often a delay between when a school notifies the community about cases and when those cases appear on the Schools Dashboard. The timely reporting of positive cases to DHHS improves the data on the Schools Dashboard.

Report all confirmed cases of COVID-19 in a student or staff member 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. For clusters or outbreaks among students or staff, notify NH DHHS 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 cases or clusters/outbreaks, designate a facility primary point of contact (e.g., school nurse, director, principal or administrative staff) who is responsible for coordinating with the NH DHHS Congregate Setting Investigation (CSI) Unit.

If a cluster or outbreak is identified in your facility, a public health professional will assist your primary point of contact in controlling spread of disease, but each school system or child care should be prepared to implement enhanced prevention strategies in response to cases of COVID-19. In uncontrolled outbreak situations, NH DHHS may require quarantine of close contacts identified within a school or child care facility and recommend implementation of protocols for active case identification. 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

Educational institutions and child care facilities can protect themselves and others through a multi-layered approach. If protections in one area decrease, implement additional protection in another area.

The [NH Universal Best Practices](#) and [CDC's guidance](#) for K-12 schools and child care programs highlight the steps and actions to control the COVID-19 virus, 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 your community
- Regularly communicate to your students, families, and staff about expectations and steps you are taking to prevent the spread of COVID-19
- Assign a person to be 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 can help ensure the delivery of timely and accurate information
- Have a clear plan and method to communicate with your community if/when a case is identified
- Identify a person who is responsible for knowing this guidance and monitor 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 is responsible for communications with NH DHHS for any questions or concerns, and to help coordinate an investigation in the event of a cluster or outbreak
- Ensure contact information for parents/guardians of students is up to date

2. Promote vaccination against COVID-19

- Promote vaccination by communicating about the safety and effectiveness of the COVID-19 vaccines in preventing infection, controlling outbreaks, and limiting the severity 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. Face mask use

- Communicate with your community about the two different important purposes of face masks, including to:
 - Protect the person wearing the face mask, and
 - Prevent spread of COVID-19 from the person wearing a face mask to others (i.e., “source control”)
- Factors to determine whether to enhance guidance regarding the use of facemasks:
 - [Level of NH community transmission](#) (reported at the County level with the cities of Manchester and Nashua separated out)
 - Number of cases and presence of clusters/outbreaks of COVID-19 occurring within your school or child care facility
 - 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
 - Proportion of your school population, city/town who are vaccinated (see [Vaccination Data Dashboard](#)) – we recommend a goal of *at least* 80% of the population fully vaccinated

NH DHHS Recommends face masks for any person who desires maximal protection for themselves or others, including people who:

- Have not been fully vaccinated
- Have a weakened immune system that makes them more susceptible to COVID-19, even after vaccination
- Want to protect a household member who is medically vulnerable or unvaccinated (i.e., to prevent the person wearing the face mask from picking up COVID-19 and bringing it home)
- Face mask recommendations do not extend to most outdoor locations, but school and child care facilities may consider for high-risk situations or activities (e.g., close/physical contact sports)

NH DHHS Recommends face masks for everyone when:

- [Level of NH community transmission](#) reaches “substantial” in the region where the school or child care program is operating
- Responding to cases or clusters of infection in a classroom or facility

- Require face masks on school buses and other forms of public transportation under the Federal [CDC Order](#)

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
- Do not use physical barriers such as Plexiglas in place of physical distancing (CDC no longer recommends physical barriers in school or child care settings 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 child care
- 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 implementing a screening testing program (i.e., 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
- Review the CDC K-12 school [screening testing guidance](#)
- Review the NH [Safer at School Screening \(SASS\) Program](#) guidance. SASS is available free of charge to K-12 schools, as well as child care programs that offer kindergarten.
- Consider enrolling in the NH SASS program even if routine screening testing is not planned, as SASS resources can make testing available for outbreak response at eligible facilities
- Consider screening testing for groups at high-risk of spreading COVID-19 (e.g., close contact sports teams)
- 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 child care with any new or unexplained [symptoms of COVID-19](#) that might be due to a viral infection, even with mild cold symptoms
- Ensure that such persons 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: [What to Do if a Student Becomes Sick or Report a New COVID-19 Diagnosis at School](#).
 - For students and staff who have tested positive in the last 90 days, clinical judgment must be used to determine whether or not the individual should be tested. Multiple factors should be weighed including the specific symptoms the individual is experiencing, risk factors, and whether the individual is immunosuppressed. Students and staff should refer to their providers for an assessment.
- Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill staff to stay home
- [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 or aerosols.

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

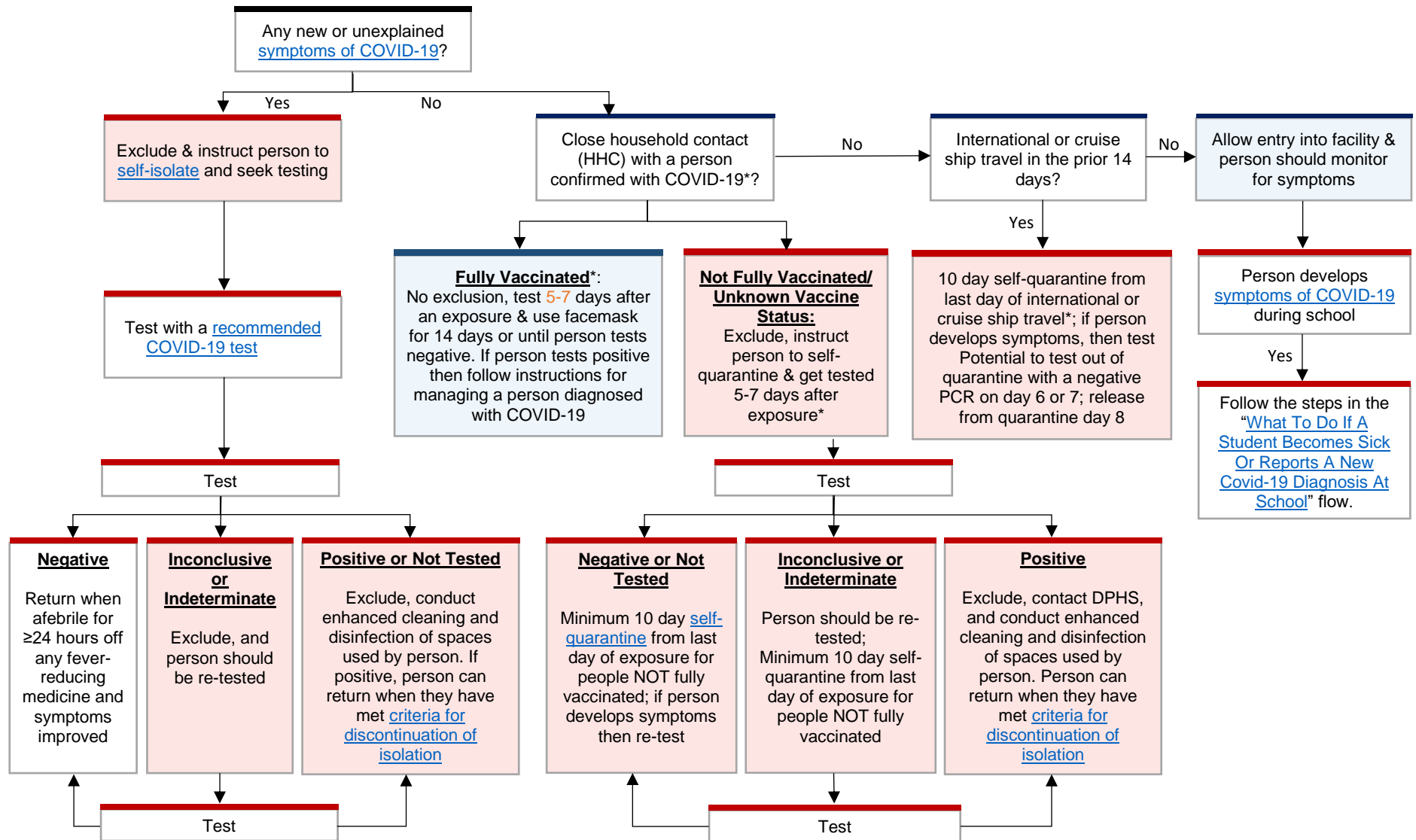
- See CDC guidance on [Cleaning and Disinfecting Your Facility](#)
- Cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces
- If a person with COVID-19 was in your facility within the last 24 hours, then clean AND disinfect spaces the person with COVID-19 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

- Report all positive cases to DHHS (including cases identified by at home test kits)
 - To report positive results, please submit either a [case report form](#) or call 603-271-4496
 - People who are diagnosed with COVID-19 (regardless of vaccination status) must still [isolate](#) at home until they have met criteria for [discontinuation of isolation](#)
 - **To report negative results for tests administered at school, please follow the instructions under "COVID-19 Rapid/Point of Care Test Reporting Guidance." Schools are not required to report negatives for tests not administered at school (e.g. home tests).**
- 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:

- [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 5-7 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 (e.g., classmates of a case) should [self-observe](#) and monitor for symptoms

STUDENT & STAFF SCREENING ALGORITHM

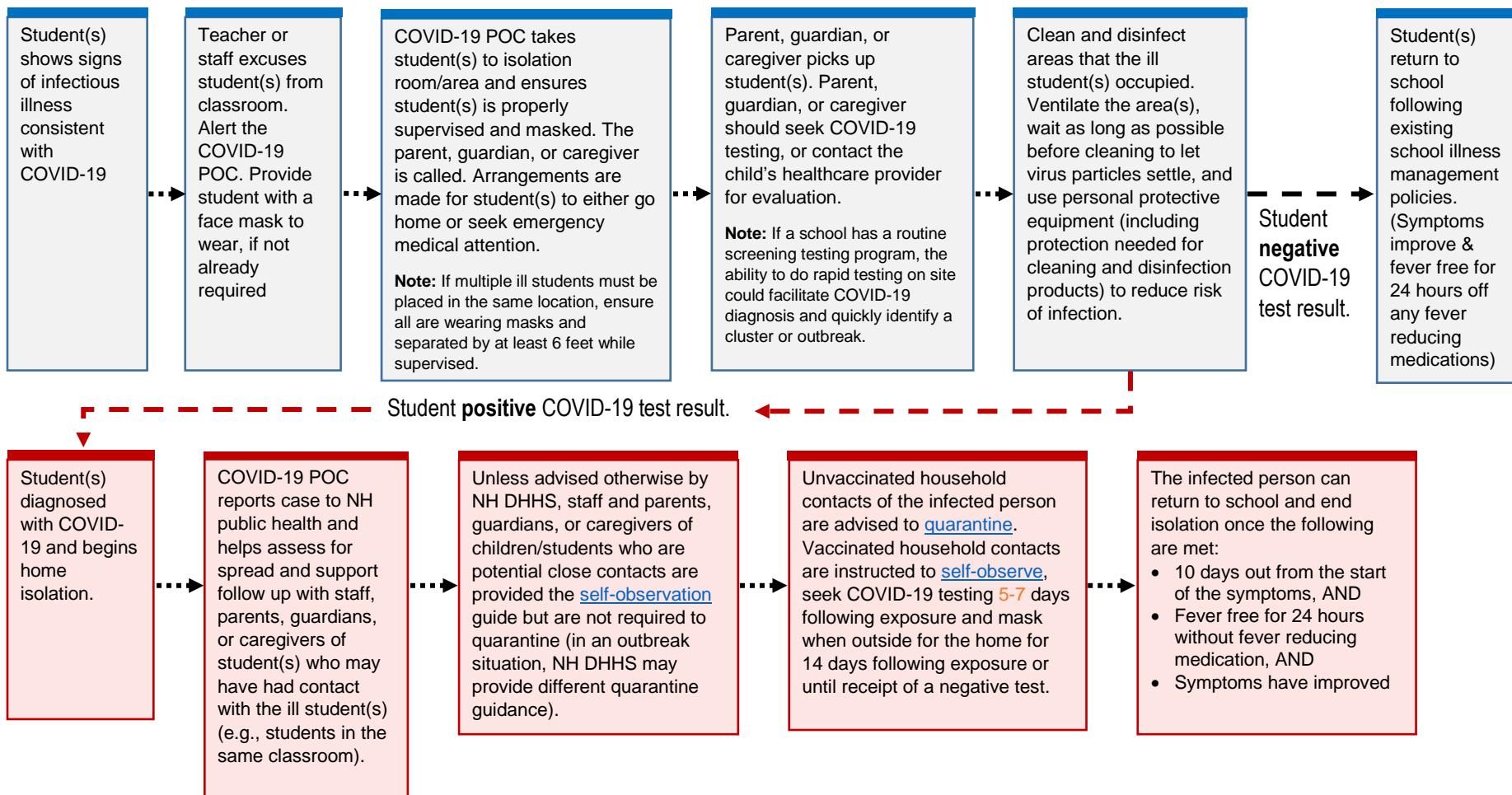


*The following people do not need to quarantine (see Checklist below for greater detail):

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

Risk Factor?*	Viral Testing Pending? †	Action:
Present	Yes	<ul style="list-style-type: none"> Symptomatic person isolates pending test result Unvaccinated 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 Unvaccinated 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 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

Action Steps for 1-2 Cases of COVID-19:

Action Step	NH DHHS	School/Child Care Facility
Exclude students/staff with confirmed COVID-19 from facility		X
Exclude persons with compatible symptoms from facility		X
Notify potential contacts to self-observe		X
Send case report form to NH DHHS		X
Exclude quarantined household contacts (e.g., unvaccinated siblings) from school. See Appendix C		X

IDENTIFYING AND RESPONDING TO A CLUSTER OR OUTBREAK

Action Steps for [Clusters](#) (three or more cases involving individuals within a specified core group) or [Outbreaks](#) (two or more unrelated clusters within a school) of COVID-19:

FACILITY ACTIONS		
Action Step	Symptomatic and confirmed Individuals (non-outbreak)	Cluster/Outbreak
Review prevention strategy and try to fill gaps	X	X
Exclude staff or students/children from facility that have new or unexplained symptoms	X	X
Send case report form of cases to DHHS	X	X
Notify DHHS of 3 or more cases in a core group	X	X
Exclude quarantined household contacts (e.g., unvaccinated siblings) from facility. See Appendix C	X	X
Provide student and parent/guardian with “Letter to Providers Concerning COVID-19 Testing and Exclusion”	X	X
Notify school community (e.g., affected classroom, team)	X	X
Advise affected classroom/cohort to self-observe for symptoms	X	X
Provide a positive case list to DHHS, separated by students and staff		X
Provide outbreak related information (as able) to DHHS CSI Investigator in order to aide epidemiologic investigation like linkages between cases (case and contact information*)		X
Only allow the return of COVID-19 positive staff/students when removal of home isolation criteria has been met	X	x

Action Steps for Clusters (three or more cases involving individuals within a specified core group) or Outbreaks (two or more unrelated clusters within a school) of COVID-19

DHHS ACTIONS		
Action Step	Symptomatic and Confirmed Individuals (non-outbreak)	Cluster/Outbreak
Request total number of staff and/or students/children at facility		X
Provide resources to cases and household contacts regarding isolation , quarantine , and self-observation	X	X
Request positive case list, separated by students and staff		X
Verify epidemiologic linkages between cases from outbreak related information provided by facility		X
Determine appropriate next steps for mitigation of outbreak (e.g., Cleaning procedures, cohorting, etc.)		X
Confirm that the outbreak is under control and that the outbreak control measures can be discontinued prior to discontinuing them		X

- The typical timeframe to close a cluster or outbreak is after 14 days have passed without new cases or 14 days have passed since the last date of exposure at the institution, whichever is longer
- 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

***Note:**

- In the unlikely event of an unmitigated cluster or outbreak, NH DHHS may determine that quarantine of unvaccinated close contacts is an appropriate next step to containment of the outbreak. In this scenario:
 - 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.
 - The NH DHHS will likely request your assistance to identify additional close contacts for whom the case is not familiar (peers in classes, meetings, etc.)
 - There is no expectation that comprehensive close contact information has been maintained for each case
 - 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
 - Close contacts who ARE fully vaccinated are not required to quarantine, but they will should be encouraged to get tested **5-7 days** after their exposure and to use a face mask for 14 days or until they test negative
 - The NH DHHS 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
 - If necessary, the NH DHHS may request any lists/diagrams the school may have of classrooms, cafeteria, school-sponsored transportation providers, and other room seating assignments to assist in identifying those who may have been exposed

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 DPHS [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, although longer distance spread through aerosols is possible. 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 Child Care

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, although longer distance spread through aerosols is possible. 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 5-7 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 mask 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 mask 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]

Appendix D: Definition of Key Terms

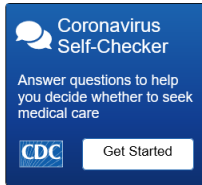
Close household contact	Any individual who lives and sleeps in the same indoor shared space as another person diagnosed with COVID-19 (either a temporary or permanent living arrangement), leading to close contact and potential repeated exposure to the person with COVID-19. This includes situations where there may be temporary but prolonged exposure such as occurs as sleep-over events, shared camp cabins, vacation rentals, etc.
“Close contact” in the K-12 school setting (see CDC definition):	<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 child care associated case	<p>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</p> <ol style="list-style-type: none"> 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 child care epidemiologic-linkage 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 child care setting	Three or more individuals confirmed with COVID-19 who are part of a related group of individuals (e.g., classroom) who had the potential to transmit infections to each other through close contact
An outbreak in a school or child care setting	Two or more unrelated clusters in the school with onset (based on source case symptom onset date) within 14 days of each other

* 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.

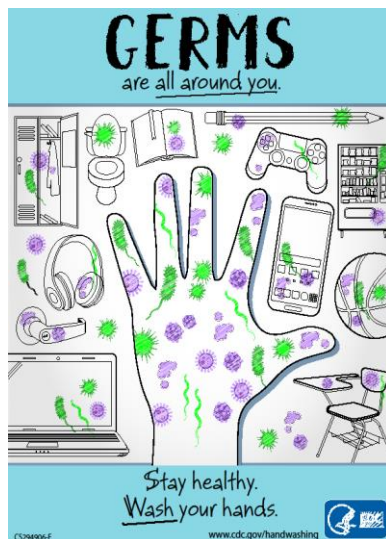
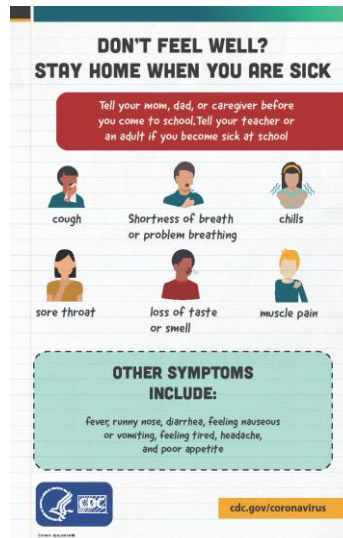
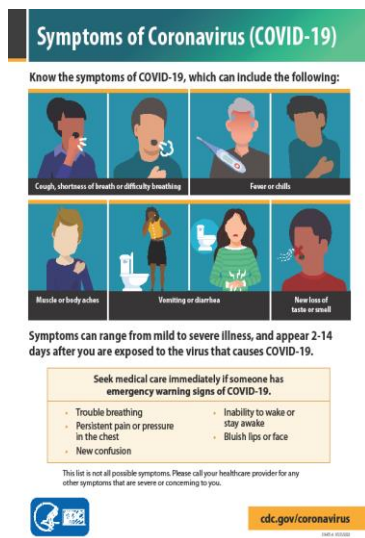
POSTERS AND HANDOUTS

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](#)



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/you-are-sick/how-when-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 taxi.
- 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 60% 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.
- 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 spray 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/pesticide-registration 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 students' reach and sight.

cdc.gov/coronavirus

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

Wash your hands often

Cover your coughs and sneezes

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 are key to limiting 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 the 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. Disinfecting works best by using chemicals, as directed, on surfaces after they've been properly cleaned.

Which Disinfectant Products Should I Use?

You can use any EPA-approved disinfectant against COVID-19. Visit www.epa.gov/pesticide-registration 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 compatibility for products for use on electronic devices.

Consider cleaning surfaces and object including but not limited to:

- Door handles and knobs
- Desks and chairs
- Calendars, lockers, and bookshelves
- Shared computer keyboards and mice
- Light switches
- Small dispenser handles
- Stairs 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 of 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 rooms and while students are not present
- Between use of shared surfaces or objects
- Before and after food service
- Before students return from recess or breaks
- After students leave for the day

Store 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 **u-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?

Yes. 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 these data, along with information from the manufacturers, to assess the safety and effectiveness of a vaccine. FDA then decides whether to approve a vaccine or authorize it for emergency use in the United States.

After a vaccine is either approved or authorized for emergency use by FDA, more assessments are done before a vaccine is recommended for public use. The goal of these assessments 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 further assess their effectiveness. These real-world assessments will compare groups of people who do and don't get vaccinated and people who do and don't get COVID-19 to find out how 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.

- Care-control 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 care-control study will provide information on whether they received a COVID-19 vaccine or not. Experts will look to see if the cases were less likely to have 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 specific 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