NH DIVISION OF
Public Health Services
Department of Health and Human Services

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:

NH Department of Health and Human Services (DHHS)
Division of Public Health Services (DPHS)
Bureau of Infectious Disease Control (BIDC)
29 Hazen Drive, Concord, NH 03301-6504
Urgent Inquiries Phone: (603) 271-4496
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

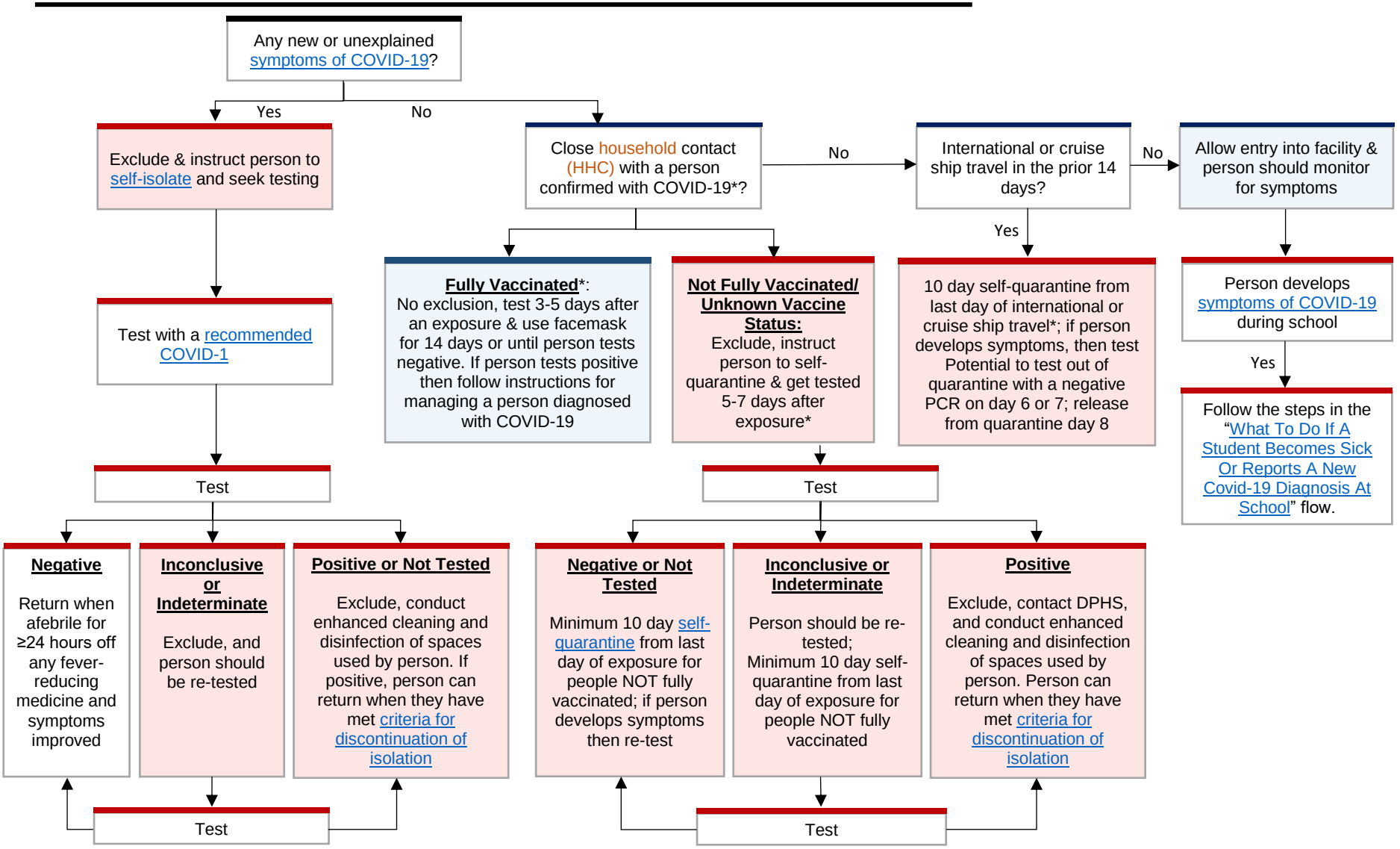
10. Clean and disinfect

- ☐ 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 contract 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.)

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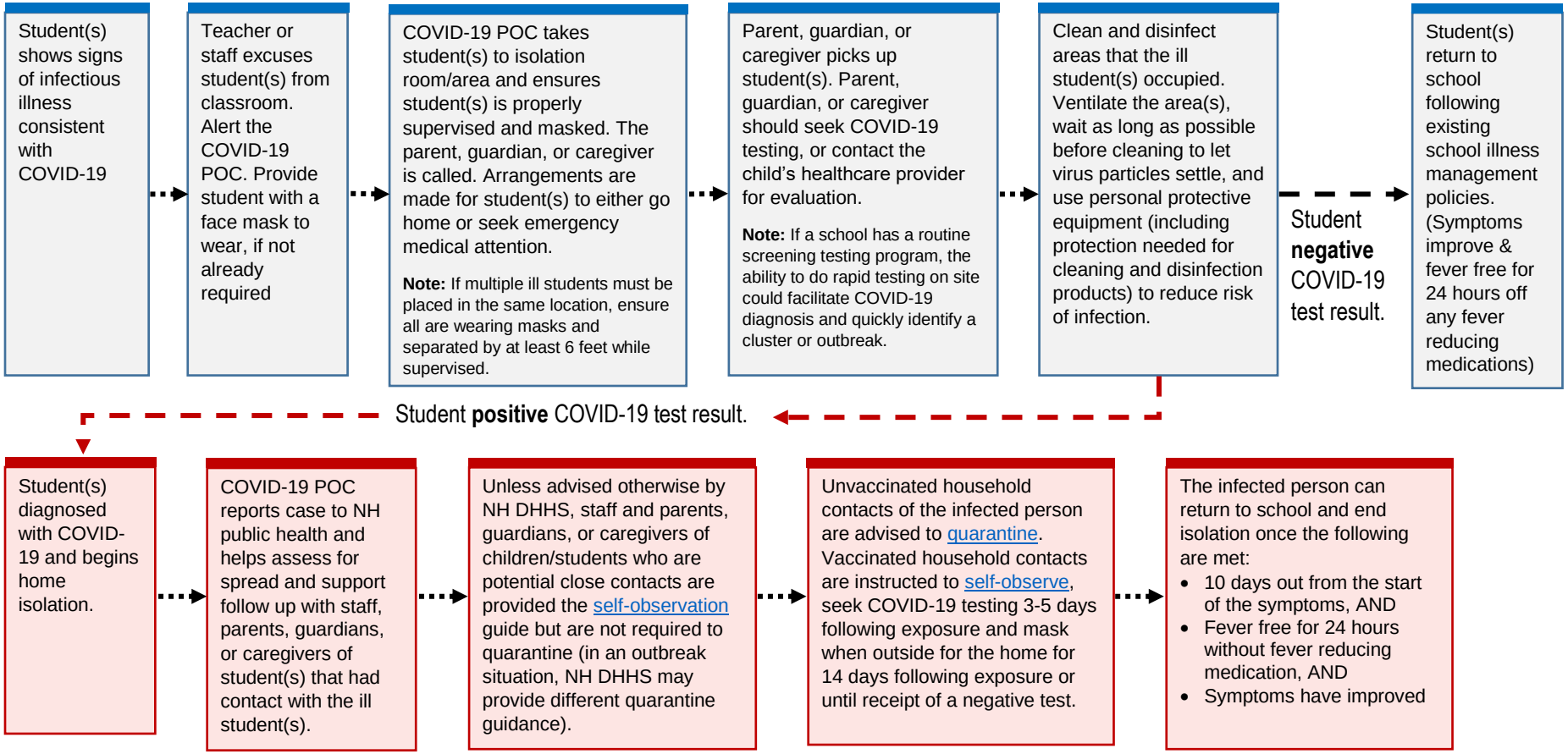
WHAT TO DO IF A STUDENT BECOMES SICK OR REPORTS A NEW COVID-19 DIAGNOSIS AT SCHOOL



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.

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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	• Symptomatic person isolates pending test result. • HHCs quarantine pending test results.
	No	• 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	• 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	• 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

- ☐ 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:

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):	• 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:
    - 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 CSI will likely request your assistance to identify additional close contacts for whom the case is not familiar (peers in classes, meetings, etc.)
    - 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 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
    - 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
    - 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	• Symptomatic person isolates pending test result. • HHCs quarantine pending test results.
	No	• 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	• 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	• 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
- United States Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/index.html

Sincerely,

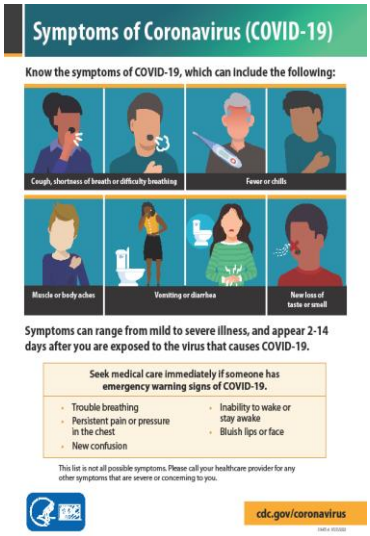
[*School administrator's name and signature*]

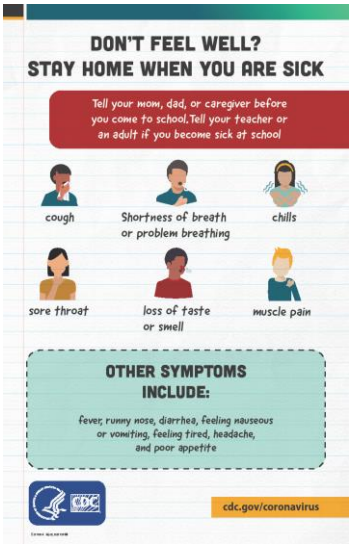
POSTERS AND HANDOUTS

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.

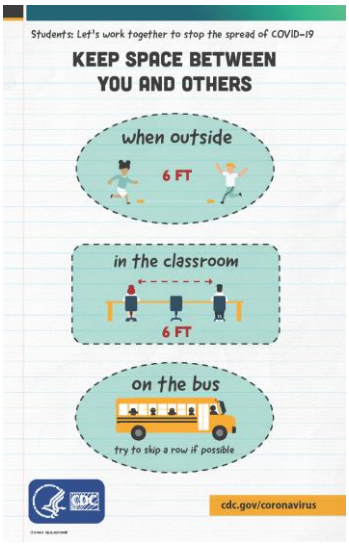
Click the CDC Coronavirus Self-Checker icon to embed the self-checker into your newsletter or website.

CDC COMMUNICATION PUBLICATIONS IN VARIOUS LANGUAGES AVAILABLE






CLASS RULES
stay home if you feel sick
6 FT
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

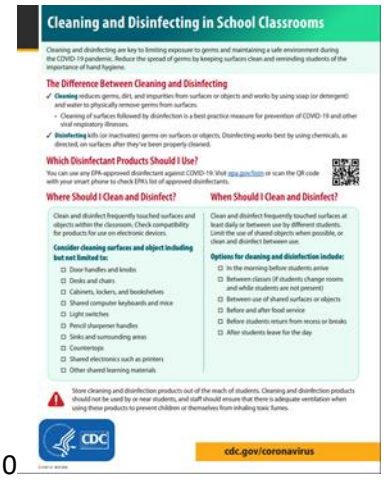

Students: Let's work together to stop the spread of COVID-19
DID YOU WASH YOUR HANDS?
stop
think
wash hands
ASK YOURSELF:
Did I just go to the bathroom?
Am I about to eat?
Did I just eat?
Did I cough or sneeze?
Did I touch supplies or objects that other people have touched?
Did I touch garbage?
Did I 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
If you have possible or confirmed COVID-19:
1. Stay home from work and school.
2. Monitor your symptoms
3. Get rest and stay hydrated.
4. If you have a medical appointment, call the healthcare provider
5. For medical emergencies, call 911 and notify the dispatch personnel
6. Cover your cough and sneezes.
7. Wash your hands often with soap and water
8. As much as possible, stay in a specific room and away from other people in your home.
9. Avoid sharing personal items with other people in your household, like dishes, towels, and bedding.
10. Clean all surfaces that are touched often, like counters, tabletops, and doorknobs.
911
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.
1. Use an EPA-approved disinfectant against COVID-19.
2. Always follow the directions on the label.
3. Clean surfaces and determine how areas will be disinfected.
4. Follow the specified contact time.
5. Wear gloves and wash your hands with soap and water.
6. Store chemicals in a secure location.
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
at least 6 feet
Keep 6 feet of space when possible
cdc.gov/coronavirus


Cleaning and Disinfecting in School Classrooms
The Difference Between Cleaning and Disinfecting
Which Disinfectant Products Should I Use?
Where Should I Clean and Disinfect?
When Should I Clean and Disinfect?
cdc.gov/coronavirus

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VACCINATION EDUCATION