STATE OF NEW HAMPSHIRE
CORONAVIRUS DISEASE 2019 (COVID-19)
SCHOOL TOOLKIT

December 9, 2020

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

This document outlines the State of New Hampshire (NH) Department of Health and Human Services (DHHS), Bureau of Infectious Disease Control’s (BIDC) guidance on preventing, reporting and controlling outbreaks of COVID-19 in K-12 school and educational settings. This document also includes tools that a school nurse and administrative staff member may use to communicate recommendations and best practices to students, staff, and families.

Please note, updates to this document are indicated in orange text.

For questions about this document, please contact:
Bureau of Infectious Disease Control
Division of Public Health Services
NH Department of Health and Human Services 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/

Related Resources and Documents:
- NH DHHS Recommendations for Responding to COVID-19 in K-12 Schools
- NH DHHS Educational Institution COVID-19 FAQ
- Letter to Providers Concerning COVID-19 Testing and Exclusion
BACKGROUND

Schools, working together with local and NH DHHS, have an important role in slowing the spread of COVID-19 to help ensure students have safe and healthy learning environments. International educational setting experiences have demonstrated that even when a school carefully coordinates, plans and prepares, cases of COVID-19 may still occur within the community and schools. Expecting and planning can help the entire school community be prepared for when a case, or multiple cases, are identified.

COVID-19 is a newly identified disease caused by the virus SARS-CoV-2. COVID-19 is primarily spread through
1. Respiratory droplets released when people talk, cough or sneeze
2. Close contact (within 6 feet for 10 cumulative minutes or more, beginning 2 days prior to first illness onset or collection of positive test, whichever is earlier)
3. Prolonged duration of contact (longer the duration increases the risk)
4. Aerosol generating procedures (airway suctioning, administration of high-flow oxygen, intubation).

COVID-19 has an incubation period of 2-14 days from the last day of exposure and symptoms may develop even after a negative test. Symptoms of COVID-19 may include:
- Fever/chills
- 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

Children of all ages are at risk for developing symptoms of COVID-19; however, complications of COVID-19 appear to be less common among children compared to those of adults who make up most of the known cases to date. Some children have developed Multisystem Inflammatory Syndrome (MIS-C). MIS-C is a condition that causes inflammation in many parts of the body. Many children with MIS-C have had the virus that causes COVID-19. These symptoms may include:
- Fever
- Abdominal pain
- Vomiting
- Diarrhea
- Neck pain
- Rash
- Bloodshot eyes
- Feeling extra tired
## DEFINITIONS

For the purpose of school surveillance:

<table>
<thead>
<tr>
<th><strong>CONFIRMED CASE of COVID-19</strong></th>
<th>Anyone with confirmed laboratory evidence: detection of SARS-CoV-2 RNA in a clinical specimen using molecular amplification detection tests</th>
</tr>
</thead>
</table>
OR  
2. Meets presumptive laboratory evidence (positive antigen test) for COVID-19 AND either clinical criteria OR epidemiologic evidence.  
OR  
3. Meets vital records criteria with no confirmatory laboratory testing performed for COVID-19. |
| **SUSPECT CASE of COVID-19** | Anyone with supportive laboratory evidence: Detection of specific antibody in serum, plasma, or whole blood |
| **CLUSTER of COVID-19 in a SCHOOL** | ≥3 confirmed cases who are part of a related group of individuals (e.g., classroom) and who had the potential to transmit infection to each other through close contact |
| **OUTBREAK of COVID-19 in a SCHOOL** | ≥3 clusters in the same school |

## NH EPIDEMIOLOGY

The local epidemiology of COVID-19 is constantly evolving. For the most updated summary, visit the State of New Hampshire’s [COVID-19 Summary Dashboard](#), which displays the most recent data available from the NH DHHS regarding cases, hospitalizations, deaths, and with demographic detail and county of residence. This data is reported daily for public review while also protecting individual privacy.
CASE INVESTIGATION AND REPORTING

Under New Hampshire State Statute RSA 141-C, many communicable respiratory diseases and related positive laboratory results are reportable. 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 Department of Health and Human Services, Bureau of Infectious Disease Control (BIDC) within 24 hours of recognition (Appendix A).

Notify NH DHHS about all cases diagnosed with COVID-19 by PCR or antigen tests or any cluster of new-onset COVID-19 symptoms among students or staff by calling 603-271-4496 (after-hours, call 603-271-5300). When reporting COVID-19, designate a school primary point of contact (e.g., school nurse, principal or administrative staff) who is responsible for coordinating with DHHS. A COVID-19 public health professional will work closely with you if COVID-19 is identified in your school.

The public health professional will work closely with the school primary point of contact to learn more about the situation and to assist the school in determining how to control the spread of disease. This often involves the public health professional working with the school to establish methods to identify close contacts, additional needs for cleaning and disinfection and additional case identification.

When working with the DPHS public health professional during a potential outbreak, the school primary point of contact should communicate the following information:

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

Anyone with new or unexplained symptoms (NUS) of COVID-19 who has also indicated they will not seek testing and their household contacts should be managed according to the Screening Algorithm (page 9) and Management of Household Contacts (HHCs) of Persons with New and Unexplained Symptoms of COVID-19 Table (page 12). It is not necessary to notify NH DHHS of students and staff with NUS who do not seek testing. Local policies should be developed to manage the exclusion of these students and staff from school during their 10-day isolation period.

ONLINE ABSENTEE TRACKING AND SURVEILLANCE

Reporting absenteeism data to DHHS is also important during the COVID-19 pandemic. Absenteeism surveillance is the systematic collection and analysis of student absence data. These data should differentiate between absenteeism rates due to illness or from other causes. Data describing student absences due to illness may be used to monitor disease trends and to detect and respond to clusters and outbreaks.
Implementing an effective absenteeism surveillance system is key to monitoring acute respiratory illness in the student population and will help in instituting prevention measures. High absenteeism may help identify a COVID-19 outbreak. This level is often identified by the school health office surveillance system.

To inform public health activities and response in New Hampshire, all public, private and charter schools are asked to voluntarily report daily aggregate counts for student absenteeism and those absent with influenza like illness (ILI) or COVID-19. The NH DHHS has utilized the ILI Reporting System for NH Schools for many years. With the introduction of COVID-19, additional questions will be added to the ILI Reporting System for NH Schools to assist the nurse or school administrative staff in tracking the rates of absences related to ILI and COVID-19. At the end of the year this data could be supplied back to the school for their own seasonal surveillance.

These variables for the 2020-2021 school year will includes:

- Total number of students scheduled to be at school in-person
- Total students absent with ILI
- Total number of additional students absent with COVID or suspected COVID (do not include those with ILI)
- Total students absent due to COVID-19 quarantine/exposure (students who are not ill)
- Total students absent for unknown reason

Total time spent entering these data each day should be less than one minute in addition to the time spent collecting data. Your efforts will help identify health issues in the community, open a path to resources at BIDC should your school or community need assistance, and continue to strengthen the partnership between the Department of Education and the Department of Health and Human Services.

If you have any questions or concerns, or to request access to the reporting system please contact:

Kenneth Dufault at 603-271-5165, Kenneth.Dufault@dhhs.nh.gov

OR

Sheryl Nielsen at 603-271-6996, Sheryl.Nielsen@dhhs.nh.gov.
CONTACT TRACING

Below is an overview of how Case Investigation and Contact Tracing in Congregate Settings, such as schools, is conducted:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Congregate Setting Case Investigation and Contact Tracing</strong></td>
<td><strong>Outbreak Exposures</strong></td>
<td><strong>Monitoring</strong></td>
</tr>
<tr>
<td>Collection of medical information and interview with COVID-19 case</td>
<td>CONGREGATE SETTING EXPOSURES</td>
<td>Monitoring the isolation of people diagnosed with COVID-19 and the 14-day quarantine period of contacts exposed to COVID-19</td>
</tr>
<tr>
<td><strong>Congregate Setting Role:</strong></td>
<td><strong>Congregate Setting Role:</strong></td>
<td><strong>Congregate Setting Role:</strong></td>
</tr>
<tr>
<td>• None</td>
<td>• Provide member contact info to DHHS</td>
<td>• Support remote/virtual learning/work, as appropriate</td>
</tr>
<tr>
<td><strong>NH DPHS Role:</strong></td>
<td>• Issue community or public messaging if warranted</td>
<td>• For people housed in the setting, provide safe location to live separately from others, including access to essential supports (e.g., food, laundry, medications, etc.), as appropriate</td>
</tr>
<tr>
<td>• Conduct case investigation</td>
<td><strong>Outside Exposures to Congregate Setting-Affiliated Persons</strong></td>
<td><strong>NH DPHS Role:</strong> Conduct monitoring check-ins with people on isolation or quarantine, except in some residential care facilities, where the facility takes on this role in partnership with DPHS</td>
</tr>
<tr>
<td>• Interview case to identify locations visited/contacts</td>
<td><strong>Congregate Setting Role:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• None</td>
<td>• None</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Case and contact investigation reviewed with Congregate Setting Liaison**

**DPHS contacts Designated Liaison at the Congregate Setting**

**DPHS Disease Investigator assigns investigation to Congregate Setting Investigation (CSI) Unit**

**DPHS Disease Investigator conducts case and contact investigation to identify locations/contacts**

**DPHS notifies exposed close contacts**

**DPHS monitors cases and exposed close contacts**

**Congregate Setting Liaison provides DPHS contact info if needed**

**DPHS issues any public notifications, as appropriate**

**Congregate Setting supports cases and exposed close contacts, as appropriate**

**Congregate Setting** issues any additional community or public notifications, as appropriate

**NH DPHS**

**Congregate Setting involvement**
STATE OF NEW HAMPSHIRE SCHOOL TOOLKIT FOR CORONAVIRUS DISEASE 2019 (COVID-19)

SCREENING ALGORITHM

Any new or unexplained symptoms of COVID-19?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclude &amp; instruct person to self-isolate and seek testing</td>
<td>Close contact with a person confirmed with COVID-19?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel outside of NH, ME, VT, MA, CT, or RI in the prior 14 days?</td>
<td>Allow entry into facility &amp; person should monitor for symptoms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person develops symptoms of COVID-19 during school</td>
<td>Permit entry into facility &amp; person should monitor for symptoms</td>
</tr>
</tbody>
</table>

Follow these steps:
1. Place a surgical mask on the symptomatic person
2. Escort (from a distance) the person to a designated private isolation room in the nurse’s office and close the door, if safe to do so
3. Record the person’s temperature and perform a brief assessment of the person’s symptoms:
   - Keep any assessment brief
   - Stay at least 6 feet away, to the extent possible
   - When in the same room as the person, nurse should wear a surgical face mask
   - Wear eye protection if within 6 feet of the person, or if the symptomatic individual is unable to wear a face mask (even if more than 6 feet away)
   - Avoid aerosol generating procedures
4. Send the person home by private transportation
5. Follow the algorithm for managing a symptomatic person
PREVENTION AND RESPONSE

This section is intended to assist schools in COVID-19 preparedness and response. This resource supplements but does not replace recommendations included in NH Department of Education’s NH Grades K-12 Back-to-School Guidance and Recommendations for Responding to COVID-19 in K-12 Schools. All institutions should adhere to current CDC Guidance for Schools and Childcare Programs, including universal source control measures; social distancing; screening of students and staff; and promptly notifying NH DHHS of or confirmed case(s) COVID-19 or any cluster of COVID-19 symptoms among students or staff by calling 603-271-4496 (after-hours, call 603-271-5300).

NH DHHS will work closely with you if COVID-19 is identified in your facility. The following checklist includes steps for preparation as well as immediate public health actions to take when a student or staff member with COVID-19 is identified.

**Checklist – Planning and Preparedness**

**Have a Written Plan:**
- □ Incorporate COVID-19 into school emergency management planning.
  - o Incorporate state and federal guidance.
- □ Make the COVID-19 preparedness plan available at the school and accessible to staff, students, and families.

**Facility Communications:**
- □ Assign a person (and a back-up who is available during off-hours) responsibility for monitoring public health updates (federal and state).
- □ Assign a person (and a back-up who is available during off-hours) to be the primary point of contact and responsible for communications with public health authorities during a COVID-19 outbreak.
- □ Identify key preparedness (e.g., healthcare coalition) points of contact during a COVID-19 outbreak.
- □ Assign a person responsibility for communications 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.)
- □ Ensure contact information for family members or guardians of students is up to date.

**Supplies and Resources:**
- □ Ensure that hand hygiene supplies are well stocked (e.g., alcohol-based hand sanitizer, soap, paper towels).
- □ Ensure that cough etiquette supplies are available (e.g., tissues, trash disposal bins).
- □ Ensure that staff have access to EPA-registered hospital-grade disinfectants to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.

**Occupational Health:**
- □ Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill staff to stay home.
Checklist – Responding to Individuals with New or Unexplained COVID-19 Symptoms or Confirmed COVID-19 Case

Immediate Actions

☐ Exclude any staff or students from the facility that are ill or have tested positive for COVID 19 until return to work criteria or removal from home isolation criteria have been met.

☐ 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:

<table>
<thead>
<tr>
<th>Risk Factor?*</th>
<th>Viral Testing Pending? †</th>
<th>Action:</th>
</tr>
</thead>
</table>
| 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, travel outside of the New England area, 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.

☐ Work with NH DHHS to identify close contacts who should be excluded from school until their 10 day quarantine period has ended.

☐ Do not permit those who are on quarantine or isolation to enter the school or campus.

☐ Notify NH DPHS about those diagnosed with COVID-19 by PCR or antigen tests, or a cluster of students or staff with symptoms of COVID-19 (a cluster is 3 or more students or staff within the same classroom with new-onset respiratory symptoms over 72 hours).


☐ Review Recommendations for Responding to COVID-19 in K-12 Schools

☐ For any person that is presenting with new or unexplained symptoms (NUS) of COVID-19 while at the education facility:

1. Mask the symptomatic person (unless they cannot do so safely). Be sure mask is properly covering the nose and mouth.

2. Place the symptomatic person in a private room with the door closed if safe to do so (at a minimum they should be separated from others).

3. If in the same room as the symptomatic person, the nurse should wear:

   a. A surgical face mask at all times.
b. Eye protection (googles or face shield) if the nurse is within feet of the person, OR if the symptomatic person is unable to wear a face mask (even if more than 6 feet away).
c. If prolonged close contact is anticipated (within 6 feet of the person for 10 cumulative minutes or more, beginning 2 days prior to first illness onset or collection of positive test, whichever is earlier), or if there is contact with the person’s secretions/excretions, then wear all appropriate recommended PPE, including: surgical face mask, eye protection, gown, and gloves.

4. Record the symptomatic person’s temperature.
5. Perform a brief assessment of the person’s complaints or symptoms. Keep any assessment brief and stay at least 6 feet away to the extent possible.
7. The symptomatic person should go home by private transportation.

☐ If an ill person requires immediate medical care, call 911. Notify 911 and transport personnel that the person has new or unexplained symptoms of COVID-19 or those diagnosed with COVID-19 by PCR or antigen tests.

☐ Students with new or unexplained symptoms of COVID-19 or those diagnosed with COVID-19 by PCR or antigen tests should NOT ride the bus home.

☐ Close off any areas where the person who is ill or has tested positive was prior to leaving the school. Wait up to 24 hours or as long as possible to perform environmental cleaning.

☐ Remove any transportation vehicles from use that the ill or positive person traveled on, until the vehicles have been cleaned.

☐ Using the format provided by the COVID-19 Congregate Settings Investigation Unit, complete a current list of all students and staff (called a line list) who are ill or those diagnosed with COVID-19 by PCR or antigen tests. Please separate students and staff on the list.

☐ The DPHS investigators will work directly with the individual diagnosed with COVID-19 by PCR or antigen tests or the individual’s parent or guardian to collect information about close contacts. The COVID-19 Congregate Settings Investigation Unit may request your assistance in identifying additional close contacts for whom the case is not familiar (peers in classes, meetings, etc.). This means all persons who were within 6 feet for a total of 10 cumulative minutes or more, beginning 2 days prior to first illness onset or collection of positive test, whichever is earlier. The COVID-19 Congregate Settings Investigation Unit will provide a format to collect this information, if needed.
  o Close contacts will be instructed to get tested for COVID-19, quarantine for 10 days from the last date of exposure, and to call their pediatrician/primary care provider if health concerns arise while on quarantine.

☐ Provide the COVID-19 Congregate Settings Investigation Unit with the total number of staff and students at your school, 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.

☐ Provide the COVID-19 Congregate Settings Investigation Unit lists/diagrams of classrooms, cafeteria, school-sponsored transportation providers, and other room seating assignments to assist in identifying those who may have been exposed.

**Notifying Parents and Students:**
Communication is essential to provide parents and staff with information to make important health behavior decisions.
□ NH DHHS will assist you in notifying staff and families of a COVID-19 exposure in your school. NH DHHS will contact anyone, or their guardian, who has been identified as a COVID-19 close contact.

□ Instruct asymptomatic close contacts to get PCR tested for COVID-19, quarantine for 10 days from the last date of exposure and to call their pediatrician/primary care provider if health concerns arise while on quarantine.

□ Ensure staff, and families are aware of your school’s expectations, which at a minimum should include:
  o Monitor themselves/their students for signs and symptoms of COVID 19 and follow required screening protocol for attending school (see pg. 5 of K-12 Guidance).
  o Stay home/keeping students home if ill or after testing positive for COVID-19 by PCR or antigen tests until return to work criteria or removal from home isolation has been fulfilled. Exclusion criteria should be adhered to for any alternative diagnosis with any required documentation.
  o Wear a mask within the school or public place in which other individuals are present, which includes student pick up and drop off.
  o 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. (See quarantine vs. isolation definitions).
    ▪ The individual is on quarantine for an identified exposure to a non-household member with COVID-19. Exclude the individual from the facility for 10 days from the last date of exposure.

Determining When a COVID-19 Outbreak is Over:

□ Maintain precautions for all students until the NH DHHS advises you that the outbreak may be closed. Typical timeframes are to close 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.

□ Allow the return of COVID-19 positive students or staff when return to work criteria or 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.

□ Confirm with NH DHHS that the outbreak is under control and that outbreak control measures can be discontinued prior to discontinuing them.
# APPENDIX A: NH Reportable Disease List

## State of New Hampshire Reportable Infectious Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Reporting Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Flaccid Myelitis</td>
<td>- Diseases with an asterisk (*) and in red must be reported within 24 hours of diagnosis or suspicion of diagnosis.</td>
</tr>
<tr>
<td>Acquired Immunodeficiency Syndrome (AIDS)</td>
<td>- All suspect and confirmed cases must be reported within 72 hours of diagnosis or suspicion of diagnosis.</td>
</tr>
<tr>
<td>Anaplasmosis [Anaplasma phagocytophilum]</td>
<td>- Reports are handled under strict confidentiality standards.</td>
</tr>
<tr>
<td>Anthrax [Bacillus anthracis]</td>
<td>-</td>
</tr>
<tr>
<td>Arboviral infection, including EEE, WNV, Dengue, Powassan, Zika*</td>
<td></td>
</tr>
<tr>
<td>Borreliosis [Babesia microti]</td>
<td>-</td>
</tr>
<tr>
<td>Brucellosis [Brucella abortus]</td>
<td>-</td>
</tr>
<tr>
<td>Carbapenem-resistant enterobacteriaceae</td>
<td>-</td>
</tr>
<tr>
<td>Chlamydial infection [Chlamydia trachomatis]</td>
<td>-</td>
</tr>
<tr>
<td>Clostridium tetani</td>
<td>-</td>
</tr>
<tr>
<td>Coccidioidomycosis [Coccidioides immitis]</td>
<td>-</td>
</tr>
<tr>
<td>Creutzfeldt-Jakob Disease*</td>
<td>-</td>
</tr>
<tr>
<td>Cryptococcosis [Cryosporum parvum]</td>
<td>-</td>
</tr>
<tr>
<td>Cytomegalovirus infection [Cytomegalovirus]</td>
<td>-</td>
</tr>
<tr>
<td>Diphtheria [Corynebacterium diphtheriae]</td>
<td>-</td>
</tr>
<tr>
<td>Ehrlichiosis (Ehrlichia species)</td>
<td>-</td>
</tr>
<tr>
<td>Escherichia coli O157 infection and other shiga toxin producing E. coli</td>
<td></td>
</tr>
<tr>
<td>Glanders [Glanders bacillus]</td>
<td>-</td>
</tr>
<tr>
<td>Gonorrhea [Neisseria gonorrhoeae]</td>
<td>-</td>
</tr>
<tr>
<td>Hemophaga influenzae, invasive disease, sterile site*</td>
<td></td>
</tr>
<tr>
<td>Humanitarian Pulmonary Syndrome [Hantavirus]</td>
<td>-</td>
</tr>
<tr>
<td>Hemolytic Uremic Syndrome (HUS)</td>
<td>-</td>
</tr>
<tr>
<td>Hepatitis, viral A*, E, and C,</td>
<td>-</td>
</tr>
<tr>
<td>Hepatitis, viral B surface antigen in a pregnant woman</td>
<td>-</td>
</tr>
<tr>
<td>HIV, Human Immunodeficiency (HIV) including perinatal exposure</td>
<td>-</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus-related CD4+ counts and all viral loads</td>
<td>-</td>
</tr>
<tr>
<td>Legionnaires Disease [Legionella pneumophila]</td>
<td>-</td>
</tr>
<tr>
<td>Leprosy, Hansen’s disease [Mycobacterium leprae]</td>
<td>-</td>
</tr>
<tr>
<td>Leprosy, Hansen’s disease [Mycobacterium leprae]</td>
<td>-</td>
</tr>
<tr>
<td>Listeriosis [Listeria monocytogenes]</td>
<td>-</td>
</tr>
<tr>
<td>Lyme disease [Borrelia burgdorferi]</td>
<td>-</td>
</tr>
<tr>
<td>Malaria [Plasmodium species]</td>
<td>-</td>
</tr>
<tr>
<td>Measles [Rubella virus]</td>
<td>-</td>
</tr>
<tr>
<td>Murine*</td>
<td>-</td>
</tr>
<tr>
<td>Naissser meningitidis, invasive disease, sterile site*</td>
<td></td>
</tr>
<tr>
<td>Pertussis [Bordetella pertussis]</td>
<td>-</td>
</tr>
<tr>
<td>Plague [Yersinia pestis]</td>
<td>-</td>
</tr>
<tr>
<td>Pneumococcal disease, invasive [Streptococcus pneumonia]</td>
<td></td>
</tr>
<tr>
<td>Pneumocystis pneumonia [Pneumocystis jirovecii pneumonia]</td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis [Poliomyelitis]</td>
<td>-</td>
</tr>
<tr>
<td>Postpolitis [Chlamydia psittaci]*</td>
<td>-</td>
</tr>
<tr>
<td>Rabies in human or animals*</td>
<td>-</td>
</tr>
<tr>
<td>Rocky Mountain Spotted Fever [Rickettsia rickettsii]</td>
<td></td>
</tr>
<tr>
<td>Rubella, including Congenital Rubella Syndrome*</td>
<td>-</td>
</tr>
<tr>
<td>Salmonellosis [Salmonella species] report <em>Typh</em> within 24 hours</td>
<td></td>
</tr>
<tr>
<td>Shigellosis [Shigella species]</td>
<td>-</td>
</tr>
<tr>
<td>Syphilis, including Congenital Syphilis Syndrome [Treponema pallidum]</td>
<td></td>
</tr>
<tr>
<td>Tetanus [Clostridium tetani]</td>
<td>-</td>
</tr>
<tr>
<td>Toxic Shock Syndrome (TSS) [streptococcal or staphylococcal]</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis [Tuberculosis spiro]</td>
<td>-</td>
</tr>
<tr>
<td>Tuberculous infection, latent (lab reporting only, no provider reporting)</td>
<td>-</td>
</tr>
<tr>
<td>Typhoid fever [Salmonella Typhi]</td>
<td>-</td>
</tr>
<tr>
<td>Typhus [Rickettsia prowazekii]*</td>
<td>-</td>
</tr>
<tr>
<td>Vibrio dysenteriae [Vibrio fetus species]</td>
<td>-</td>
</tr>
<tr>
<td>Verrucae [Verruca oncrotica]</td>
<td>-</td>
</tr>
<tr>
<td>Any suspect outbreak, cluster of illness, unusual occurrence of communicable disease, or other incidents that may pose a threat to the public health must be reported within 24 hours of recognition.</td>
<td></td>
</tr>
<tr>
<td>Any investigation of suspected or actual incident of diversion of injectable medications in a health care setting must be reported within 72 hours of initiation of such investigation.</td>
<td></td>
</tr>
</tbody>
</table>

Reporting requirements are in accordance with Administrative Rules 01 P 301 adopted Fall 2016

www.dhhs.nh.gov/dphs/cdc
APPENDIX B: 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:

- Keep sick children home and report their illness to the school nurse if your child has a fever or is not feeling well.

- 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

- Prior to arriving to school, please screen your student for:
  - Any new or unexplained symptoms of COVID-19 (listed above); this includes even mild symptoms.
  - Close contact with someone who has been diagnosed with COVID-19 in the prior 14 days.
  - Travel outside of NH, VT, ME, MA, RI and CT.

- Any person with new or unexplained symptoms of COVID-19 will be excluded from school, and instructed to isolate at home and contact their primary care provider for COVID-19 testing. Symptomatic students or staff can be allowed to return to school when one of the following two conditions is met:
  1. Person receives an 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 close contact with someone diagnosed with COVID-19 by PCR or antigen test in the prior 14 days or has a travel-related risk, they are required to complete self-quarantine at home for 10 days from the last known exposure.

Together, with you, we will teach and promote all students to:

- 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. And to wash their hands or use hand sanitizer once they discard of the tissue.
• Not to share personal items such as drinks, food or water bottles.
• Practice social distancing by maintaining at least 6 feet between people when outside their home.
• Properly wear a cloth face covering that covers their mouth and nose to protect others when in public areas.
• Avoid touching their eyes, nose, or mouth with unwashed hands.


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

Sincerely,

[School administrator’s name and signature]
APPENDIX C: Sample Letter to Families Once a Case is Identified

DATE

Dear Families,

We were informed today of a case of COVID-19 at our school.

We are actively working with and following guidelines from the New Hampshire Department of Health and Human Services (DHHS).

NH DHHS has requested we provide contact information for anyone who has been identified as having had close contact (within 6 feet for a total of 10 cumulative minutes or more, beginning 2 days prior to first illness onset or collection of positive test, whichever is earlier) with the infected person. NH DHHS will contact these individuals or their parent/guardian and will instruct them how to self-quarantine at home. Those families and staff will be directed to get tested and keep themselves or their children quarantined until 14 days following their last possible exposure. A guide for self-quarantine can be found here.

If you or your child are experiencing symptoms of COVID-19, such as a fever, chills, respiratory illness, aches or change in taste and smell, please stay home and away from others and get a COVID-19 test. You may also choose to seek out testing from your healthcare provider or at one of the testing sites located throughout the state (https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/covid-testing-options.pdf). If you choose either of those options, you should bring this letter with you.

Please note that if you or your child are currently quarantined, you must complete quarantine, even if your test is negative. This is because the maximum amount of time from being exposed to the virus that causes COVID-19 and testing positive is 10 days. Therefore, even if your child tests negative today, they would need to quarantine until they reach the 10th day following exposure.

The safety of our children, employees and visitors is our top priority. To ensure your health and safety, we have been following CDC guidelines for cleaning and disinfecting for our high-traffic areas and frequently touched surfaces. In addition, to prevent further spread of the disease in our community, please:

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

- 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 close contact with others. When outside your home, keep a distance of at least 6 feet between yourself and others. This is known as social distancing.
- 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 if you have a fever or are not feeling well.

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

- New Hampshire Department of Health and Human Services: https://www.nh.gov/covid19/index.htm

Sincerely,

[School administrator's name and signature]
APPENDIX D: Letter to Families of Students who are Screened Out or Develop COVID-19 Symptoms at School

DATE

Dear Family,

Due to your child’s development of COVID-19 symptoms they 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 COVID-19 PCR or antigen testing. You may also choose to seek out testing from your healthcare provider or at one of the testing sites located throughout the state (https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/covid-testing-options.pdf). If you choose either of those options, 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 the NH DHHS releases them from 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. Do not seek 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 your ill child has household members also in school, please follow the table below to determine if the household members may remain in school:

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:

<table>
<thead>
<tr>
<th>Risk Factor?*</th>
<th>Viral Testing Pending? †</th>
<th>Action:</th>
</tr>
</thead>
</table>
| 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, travel outside of the New England area, 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.

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

- 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 close contact with others. When outside your home, keep a distance of at least 6 feet between yourself and others. This is known as social distancing.
- 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 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.nh.gov/covid19/index.htm](https://www.nh.gov/covid19/index.htm)

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.
Please wear a mask.

Maintain a distance of 6 feet whenever possible.


COVID-19 Screening Poster

If your answer is “YES” to any of the following questions, please do not enter the building, and contact the office for more information. Thank you!

1. Do you have any of the following symptoms of COVID-19?  
   a. Temperature of 100.4 F or greater, or have you felt feverish?  
   b. Respiratory symptoms such as cough, sore throat, runny nose, nasal congestion, or shortness of breath?  
   c. General body symptoms not due to another chronic medical condition, such as fatigue, muscle aches, joint aches, headache?  
   d. Nausea, vomiting, or diarrhea?  
   e. Change in your sense of taste or smell?

2. Have you had close contact with anyone who was diagnosed with COVID-19 in the last 14* days?  (Note: healthcare providers caring for COVID-19 patients while wearing all appropriate PPE should answer “no”)

3. Have you traveled in the prior 14* days outside of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island?

*While NH DHHS decreased the required quarantine period for people potentially exposed to COVID-19 from 14 to 10 days, which is consistent with new CDC quarantine guidance, the incubation period for COVID-19 remains up to 14 days, therefore screening should ask about exposure within the previous 14 days.
Tips for Staying Healthy, Manténgase sano (Español)

**STAY HEALTHY**
FOLLOW THESE TIPS EVERYDAY

- **C**over your mouth and nose with your sleeve!
- **O**nly use your own utensils - don't share.
- **U**se soap and water to wash hands often.
- **G**et plenty of sleep, exercise, & eat a healthy diet.
- **H**ome is where to stay when you're sick - Not work or school!

To contact DHHS call 2-1-1 or visit www.dhhs.nh.gov.
Cover Your Cough, Cubra su tos (Español)

Cover your Cough

Use a tissue to cover your mouth and nose.

If you don’t have a tissue, cough or sneeze into your elbow. Not your hand!

Put your used tissue in the trash can.

Wash your hands with soap and water for 20 seconds. If not available, use hand sanitizer.
How To Clean and Disinfect Schools To Help Slow the Spread of COVID-19

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 (or detergent) and water to physically remove germs from surfaces.
  - Cleaning of surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses.
- **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 [epa.gov/list](https://epa.gov/list) 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 objects including but not limited to:
  - Door handles and knobs
  - Desks and chairs
  - Cabinets, lockers, and bookshelves
  - Shared computer keyboards and mice
  - Light switches
  - Pencil sharpener handles
  - Sinks and surrounding areas
  - Countertops
  - Shared electronics such as printers
  - Other shared learning materials

When Should I Clean and Disinfect?

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

Options for cleaning and disinfection include:

- In the morning before students arrive
- Between classes (if students change 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](https://www.cdc.gov/coronavirus)