

**Coronavirus Disease 2019 (COVID-19)  
Frequently Asked Questions (FAQ) for Education Partners**

**April 27, 2021**

This document provides recommendations from the New Hampshire Department of Health and Human Services, Division of Public Health Services. Educational institutions may implement additional measures to meet their school needs. If you need additional support, please do not hesitate to reach out to NH DHHS at 603-271-4496 or 603-271-5300, after regular business hours, and ask to speak to the Public Health Professional on call.

NH DHHS hosts a weekly *Educational Institution Partner Call* every **1<sup>st</sup> and 3<sup>rd</sup> Wednesday of the month beginning in April**. All our educational partners are invited to attend. This includes school nurses, administrators and staff:



- **BEGINNING APRIL: 1<sup>st</sup> and 3<sup>rd</sup> WEDNESDAY of the MONTH at 3:30-4:30**
- Zoom link: <https://nh-dhhs.zoom.us/j/98062195081>
- Call-in phone number: (646) 558-8656
  - Meeting ID: 980 6219 5081
  - Passcode: 197445



This FAQ document for Educational Institutions can be found under “Schools” on our COVID-19 Website:  
<https://www.nh.gov/covid19/resources-guidance/schools.htm>

NH DHHS hosts a weekly *Healthcare Partner Call* every Thursday partner that **focuses on new science, medical, and vaccine updates**.



- **Every THURSDAY 12:00–1:00**
- Zoom link: <https://nh-dhhs.zoom.us/j/98062195081>
- Call-in phone number: (646) 558-8656
  - Meeting ID: 948 4125 9025
  - Passcode: 003279

**PLEASE NOTE: This document will be updated frequently and new information will appear in orange text.**

## GENERAL INFORMATION

### Can NH DHHS review our school’s re-opening school plan?

We are unable to review every school plan; however, we included our public health guidance in the [NH Grade K-12 Back School Guidance](#). Guidance from the NH Department of Education Post –Secondary Workgroup can be found [here](#).

## How does the Family Educational Rights and Privacy Act (FERPA) apply to contact tracing?

The U.S. Department of Education released FERPA & Coronavirus Disease 2019 (COVID-19) Frequently Asked Questions (FAQs) to assist K-12 school officials in protecting student privacy and clarifying allowable disclosures of PII from education records under FERPA. The document highlights the FERPA exception **“to disclose, without prior written consent, PII from student education records to appropriate parties in connection with an emergency, if knowledge of that information is necessary to protect the health or safety of a student or other individuals.”** In the event the K-12 school determines that there is an “articulable and significant threat to the health or safety of the student or another individual,” such as may be the case during a public health emergency, this information may be disclosed to public health authorities without prior parental consent. This applies to contact tracing for COVID-19.

## CLINICAL INFORMATION

### How is the COVID-19 virus spread?

COVID-19 is primarily spread from person-to-person:

1. Between people who are in close contact with one another (within about 6 feet). Closer contact and longer durations of contact increase the risk of getting COVID-19 from someone who is infected.
2. Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
3. These droplets can land in the eyes, noses, or mouths of people nearby (within 6 feet), or possibly be inhaled into the lungs.

Aerosol-generating procedures (such as those performed in medical settings) can also spread COVID-19 over further distances. It may also be possible for a person to get COVID-19 by touching a surface or object that has the virus on it (e.g., a surface that is contaminated by an infected person’s respiratory secretions) and then touching their own eyes, nose, or mouth. This is not thought to be the main way the virus spreads.

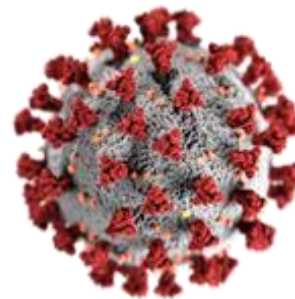
### Do other variants of COVID-19 exist?

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

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

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, and diarrhea



Older adults and people with certain medical conditions may be at [increased risk for severe illness](#) from COVID-19.

## How do the symptoms of COVID-19 overlap with other syndromes?

The table below illustrates some of the **overlap** between the symptoms of COVID-19 and other common illnesses.

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies	Norovirus
Fever or Chills	X		X			X
Cough		X	X	X	X	
Sore Throat	X	X	X		X	
Shortness of Breath or Difficulty Breathing				X		
Fatigue		X	X	X	X	
Nausea or Vomiting	X		X			X
Diarrhea	X		X			X
Congestion/Runny Nose		X	X		X	
Muscle or Body Aches	X	X	X			X
Loss of Taste/Smell						
Headache	X	X	X		X	X

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>

## What is the Multisystem Inflammatory Syndrome in Children (MIS-C)?

The Multisystem Inflammatory Syndrome in Children (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. Symptoms may include:

- Fever
- Abdominal pain
- Vomiting
- Diarrhea
- Neck pain
- Rash
- Bloodshot eyes
- Feeling extra tired

MIS-C can cause serious illness and require hospitalization, but most children recover with medical care. For more information on MIS-C, visit: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html>

## What should I say to a parent/guardian if they think their child is sick with MIS-C?

MIS-C can be serious, even deadly, but most children who were diagnosed with this condition have gotten better with medical care. If a child is sick with MIS-C or you hear they are showing symptoms encourage the parent/guardian to contact the child's doctor, nurse, or clinic right away. **Seek emergency care right away**, if your child is showing any of these **emergency warning signs of MIS-C** or other concerning signs:

- Trouble breathing
- Pain or pressure in the chest that does not go away

- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- Severe abdominal pain

## SCHOOL FACILITY PREVENTION

### What can educators and staff do to protect themselves and others from getting sick?

Everyone can protect themselves, and others, by being taught, encouraged and reminded to:

1. Wash hands often with soap and water for at least 20 seconds.
2. Use hand sanitizer that contains at least 60% alcohol when hand washing is not possible.
3. Cover coughs and sneezes with a tissue or inside of elbow then throw the tissue away, and wash hands.
4. Avoid touching one's eyes, nose, mouth, and cloth face covering.
5. Maintain social distance of at least 6 feet from other adults, and from students when feasible.
6. Wear a cloth face covering especially when other social distancing measures are difficult to maintain.
7. Clean and disinfect frequently touched surfaces, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
8. Stay home when sick, or after being in close contact with a person with COVID-19.
9. Limit the use of shared objects (e.g., gym or physical education equipment, art supplies, games) when possible, and clean and disinfect shared objects frequently and after each use.
10. **Get vaccinated.**

Find more on prevention here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>.

### What are the physical distancing recommendations for school classrooms?

All schools must still follow the existing [NH Grades K-12 Back-to-School Guidance](#).

New Hampshire allows for a minimum of 3 feet of physical distancing between students in the classroom with a recommendation to maximize physical distancing to the extent possible. Facemask use in classrooms continues to be strongly recommended, especially if students are seated within 3-6 feet of each other.

- Emerging evidence during the COVID-19 pandemic (see [CDC Science Brief: Transmission of SARS-CoV-2 in K-12 Schools](#) and [NH DPHS Considerations for Transitioning Between School Instructional Models](#)), and NH's experience with contact tracing in schools, continues to show schools are low-risk for spreading COVID-19.
- A [new study published](#) in the *journal Clinical Infectious Diseases* is the first to show that in the setting of universal facemask use in classrooms, COVID-19 infection rates were no different between schools implementing a minimum of 3 feet vs. 6 feet of physical distancing. Therefore, NH DHHS **will not recommend quarantine for students or staff if an exposure occurs in the classroom setting where students and staff are seated and spaced at least 3 feet apart with consistent and correct facemask use.**
- This guidance applies only to *controlled and monitored educational classroom settings* (including K-12 schools, colleges, and universities); otherwise "close contact" (i.e., requiring quarantine) for other settings continues to be defined as a person being within 6 feet of someone with COVID-19 for a cumulative time of 10 minutes or longer during the person's infectious period regardless of mask use.

For additional information on physical distancing recommendations, see the NH [Grades K-12 Back-to-School Guidance](#) and [HAN #38](#).

### Our school would like to decrease the protection measures we have in place, as we have not seen many positive cases. Is this recommended?

No. This is not the recommendation of NH DHHS. At this time, we continue to recommend daily screening checks, social distancing, mask wearing, frequent hand hygiene and exclusion from school with new and unexplained symptoms.

### **Should school visitors and volunteers be allowed?**

School visitors and volunteers are discouraged. Further information can be found in the [NH Grades K-12 Back-to-School Guidance](#).

### **Is it safe for students to participate in extracurricular activities?**

The risk of spreading COVID-19 depends on the extracurricular activity, the location, and the ability to maintain social distance or use cloth face coverings. Activities that involve close or physical contact, crowded conditions, forced exhalation/breathing, or increased vocal cord vibration (e.g., singing) may increase the risk of COVID-19 transmission if there is someone present or participating in the activity who is infected with COVID-19. Because of the possible increased risk, some extracurricular activities may require additional precautions, and schools should consider how to conduct extracurricular activities as safely as possible. Guidance has already been developed that can be adapted to extra-curricular activities in the school setting: <https://www.covidguidance.nh.gov/>.

### **Should schools conduct sports activities?**

The State has issued guidance for how to conduct [Amateur & Youth Sports](#), and [Health and Fitness](#) activities, which should be adapted to the school setting. While close and physical contact sports are higher risk for COVID-19 transmission, the current guidance allows all sports to operate in some capacity. All sporting activities, however, should follow the guidance, which specifies that sports activities should be conducted to maintain a minimum of 6 feet of distance whenever possible, and that in circumstances where closer contact may occur, people need to wear cloth face coverings when possible.

It will be difficult for some close/physical contact sports to operate normally during the pandemic, so some sports may need to focus more on socially distanced training and skill building; however, school districts and athletics directors will need to consider how to safely conduct sports and competition activities to minimize risks to the extent possible.

### **Should student athletes be allowed to use locker rooms?**

Yes. Schools should create **policies** and procedures for safe locker room use. Additional information can be found in the following resources

- [NH Grade K-12 Back-to-School Guidance](#)
- [NH Amateur & Youth Sports Guidance](#)
- [NH Health & Fitness Guidance](#)

### **Is there any guidance for school spring sports?**

Yes. Guidance for sports can be found within the following:

- [NH Grade K-12 Back-to-School Guidance](#)
- [NH Amateur & Youth Sports Guidance](#)

### **Are school kitchen staff able to remove masks while cooking in the kitchen area with 3-6 foot distance between one another?**

Kitchen staff should follow school district staff masking policies. We recommended that all staff, including kitchen staff, wear cloth face coverings when in public settings and potentially within 6 feet of others, even in the kitchen.

### **What is best practice for students eating lunch and snacks?**

Ideally students eating lunch or snacks will be separated by at least 6 feet. While schools may look for creative ways to distance students 6 feet apart (e.g., separate lunch room, eating outside, etc.) some schools may not be able to accomplish this distance. In those situations, seek other layers of protection, including barriers between students (which

should be cleaned and sanitized between use/person). Each school is different, and schools need to work within their facility capacity.

## DAILY SCREENING

### How should schools perform the daily COVID-19 symptom and risk factor screening for students?

Parents/guardians should be instructed to screen their children for symptoms or risk factors of COVID-19 and take the child's temperature every day before allowing the child to travel to school. A checklist of symptom and risk factor screening questions should be provided to the parents/guardians. NH DHHS also recommends that educational facilities consider implementing a redundant, but simplified, screening process for identifying mildly symptomatic students before they enter their first class.

### How should schools perform the daily COVID-19 symptom and risk factor screening for staff and visitors?

Educational facilities should screen staff and visitors for symptoms or risk factors of COVID-19 every day before entry into the school facility. The NH [Grades K-12 Back-to-School Guidance](#) specifies that this screening should occur on educational facility grounds just prior, or upon entry, to the educational facility in order to maintain oversight of the screening process, but there is flexibility in how schools can implement staff screening. Schools should have a process of verifying that a staff member has a normal temperature and does not identify any symptoms or risk factors on a daily basis.

To conduct screenings on site, schools should:

1. Identify a location and assign a person who will screen employees and visitors every day before they enter the facility.
2. The person performing the screening should wear a cloth face covering/mask.
3. All employees and visitors should also wear a cloth face covering while entering the facility and undergoing screening.
4. Any temperature taking should be conducted with a non-touch thermometer.

### What questions should the screener ask?

COVID-19 screening should involve asking if the individual has any [symptoms of COVID-19](#), close contact to a person diagnosed with COVID-19, or international and cruise ship travel-related risks. You can find the most up-to-date screening questions in the NH DHHS: [COVID-19 School Toolkit](#).

### Who should be excluded from school?

Anybody who meets any of the following criteria should be excluded:

1. Any ***new or unexplained*** [symptoms of COVID-19](#); this includes even mild symptoms.
2. Close contact with someone diagnosed with COVID-19 in the prior 10 days.
3. Reports an international or cruise ship travel-related risk factor as identified on the daily screening questions for travel.

### What does it mean that someone is “suspected to have COVID-19”?

In the school setting, “suspected” refers to anyone with supportive laboratory evidence (antibody positive) of COVID-19. To learn more about COVID-19 case definitions, please refer to the [NH DHHS COVID-19 School Toolkit](#).

### How do we know if a symptom is “new or unexplained” and not due to a chronic condition (e.g., allergies)?

Schools should document and verify with parents and healthcare providers before the start of school if a student has any chronic health conditions and the typical symptoms the health condition presents with. This should be performed through any required annual health exam for school enrollment. If a student presents with symptoms during school, and



it is unclear (or undocumented in the student's medical record) if the symptoms are chronic, than the student should be excluded until they have met the return to school criteria, or a healthcare provider can document a chronic/stable condition that accounts for the student's symptoms and that there are not any new or unexplained symptoms of COVID-19.

**Are doctor notes required for a staff member or student that is unable to wear mask or refuse to wear a mask?**

The CDC has guidance on the [use of cloth face coverings](#), including who should NOT wear a cloth face covering. Schools/SAUs should develop policies on cloth face covering use and decide whether a healthcare provider note is required to exempt a student or staff member from cloth face covering use. Most students and staff should be able to tolerate cloth face covering use. Schools/SAUs should also develop and communicate policies about how students or staff members who are able to wear cloth face coverings but refuse to do so will be managed if in conflict with school/SAU cloth face covering policy.

**If a student receives a flu shot and develops mild symptoms (muscle aches, low fever, etc.) is it ok to accept a doctor's note to explain the new symptoms?**

This must be a case-by-case decision. You cannot be certain if symptoms are due to COVID-19 without testing. It is reasonable to associate symptoms with recent vaccine administration if the child usually has symptoms after vaccination, but, again, this is not certain. In circumstances where it is not clear whether a person's symptoms are new and unexplained and in the absence of documentation to explain chronic or recurring symptoms, DPHS recommends exclusion and testing for COVID-19.

## TESTING

**Where can a staff member or student go to be tested for COVID-19?**

Multiple testing options for COVID-19 exist around the State. If a person is having symptoms of COVID-19, we recommend they first reach out to their primary care provider to seek testing as rapid point-of-care options may exist through primary care. If a person is unable to access COVID-19 testing through their primary care provider, or if the person does not have a primary care provider, there are multiple other testing options available and a testing location can be identified through the [NH COVID-19 website](#). Multiple options also offer testing for people who are asymptomatic and want to know if they might be asymptotically infected.

**When should a staff member or student be tested for COVID-19?**

Testing is recommended for any person with new or unexplained symptoms of COVID-19 (even if only mild symptoms), and for anybody who is an identified close contact of another person diagnosed with COVID-19. Someone with symptoms should be tested as soon as possible after onset of symptoms.

**Can a student who is quarantining for 10 days because of an international or cruise ship travel related risk factor get a COVID-19 test and, if negative, return to school sooner?**

Yes. People meeting the criteria for high-risk international or cruise ship travel have the option of ending their quarantine after day 7 by getting a test on day 6-7 of their quarantine to test for active SARS-CoV-2 infection (SARS-CoV-2 is the novel coronavirus that causes COVID-19); this test must be a molecular test (e.g., PCR-based test); antigen tests are not accepted for this purpose. If the test is obtained on day 6-7 of quarantine, the person is asymptomatic, and the test is negative, then the person can end their quarantine after 7 days, but they must still self-observe for symptoms of COVID-19 and strictly adhere to COVID-19 mitigation measures (social distancing, avoiding social gatherings, wearing a face mask, practicing frequent hand hygiene, etc.) for a full 14 days after their last day of international or cruise ship. Any new symptoms of COVID-19 should prompt the person to isolate and seek testing again (even if the person recently tested out of travel quarantine).

### Is it necessary to extend to a 14 days quarantine in place of the recommended 10 day quarantine, recognizing that the maximum incubation period for COVID-19 is 14 days?

If a person on quarantine does not develop symptoms of COVID-19, they can stop quarantine after 10 days from date of their last exposure to a person with COVID-19. Day 0 being day of exposure, day 1 beginning day after exposure. They should continue to practice social distancing, avoid social and other group gatherings, always wear a facemask when around other people, and practice good hand hygiene.

In [Emergency Order #89](#) the Governor states he wants all education partners, public and private, to comply with the DHHS requirements, not any other recommendation including that of the CDC's. The [NH DHHS Quarantine guidance](#) provides for a 10-day quarantine period for exposed contacts to a positive case, and this is what schools should be implementing for students and staff.

Schools may request that student in quarantine remain remote for 14 days if they choose, however if a family does not want that option then schools must allow the students to return after 10 days, assuming there are no new/unexplained COVID-19 symptoms.

Whether a preschool/day care has to comply with the school's protocols is based on the relationship it has with the school and whether it agrees to follow the school's protocols. However, under EO 89, only K-12 grade levels are required to provide the full-time, in-person learning. So, if the preschool/day care does not have to follow the school's protocols, then it can extend the exclusions based on exposure or travel.

### If a student or staff member is refused to be tested by their PCP what should we encourage the individual to do?

There are a multiple testing options available:

- Calling back the healthcare provider and sharing the [Provider Letter Concerning COVID-19 Testing and Exclusion Letter](#)
- Calling Nashua City Health Department at 603-589-3456, if you live or work in Nashua.
- For resident who live in the Greater Manchester area, please call the Manchester COVID-19 Hotline at 603-668-1547, to explore options for testing locally.
- Calling Convenient MD 1-833-263-0131
- By registering through our [testing registration form](#) or calling 603-271-5980

### If a staff member or student is sent home sick, do we have to notify the entire school community?

No, you do not need to notify the entire school community of ill individuals who have not been confirmed to have COVID-19. Schools, however, know their community best and may choose to confront rumors or misinformation, even when there is not a confirmed case. NH DHHS can support schools in any communications and messaging about situations that may arise.

### Is COVID-19 testing able to be conducted at our school facility?

Point-of-care COVID-19 testing (e.g., antigen testing) can only be conducted at the school if you have a CLIA waiver. There may also be creative ways to collaborate with local health care providers to meet the testing needs of your school community. We encourage schools to work through their local healthcare system and providers to identify resources for testing for their school community. [More information on testing procedures can be found here.](#)

## VACCINATION

### Where can I learn more about the COVID-19 vaccine?

NH DHHS has multiple resources available for individuals to reach out to learn more.

- [NH COVID-19 Vaccine Website](#)



- [NH COVID-19 Vaccine Information Website](#)
- [Health Alert Network Messages](#)
- Email: [covidvaccine@dhhs.nh.gov](mailto:covidvaccine@dhhs.nh.gov)
- Call 211 (1-866-444-4211 or TTY: 603-634-3388)

#### **How can faculty and staff register for the vaccine?**

Vaccine is now available to anyone age 16 or older. You can register for an appointment by going to [www.vaccines.nh.gov](http://www.vaccines.nh.gov)

#### **Will someone who has been vaccinated test positive for COVID-19 on a rapid test because they received the vaccine?**

No, COVID-19 vaccines will not cause you to test positive on PCR or antigen tests.

#### **If someone has been vaccinated and develops new or unexplained symptoms should they be excluded and be tested?**

If new or unexplained symptoms develop after the first, second or prior to 14 days after the second vaccine, the individual should isolate and seek testing as they may have become infected prior to the vaccine being effective.

## **COVID-19 IN CHILDCARES & SCHOOLS**

#### **Is DHHS still investigating COVID-19 positive cases in our schools?**

Yes. COVID-19 cases identified in schools remain a priority group for NH DHHS investigations. We ask that new cases of COVID-19 in [students](#), [educators](#), and staff be reported to DHHS by calling [603-271-6996](tel:603-271-6996).

#### **Will NH DHHS continue to provide end of quarantine and end of isolation letters?**

No. As of December 5, 2020 NH DHHS has temporarily discontinued monitoring infected patients and exposed contacts and will no longer provide end of isolation and end of quarantine letters. NH DHHS will continue to provide **start** of isolation and quarantine for those infected patients in priority populations, including schools, and exposed contacts who are named as part of those contact investigations.

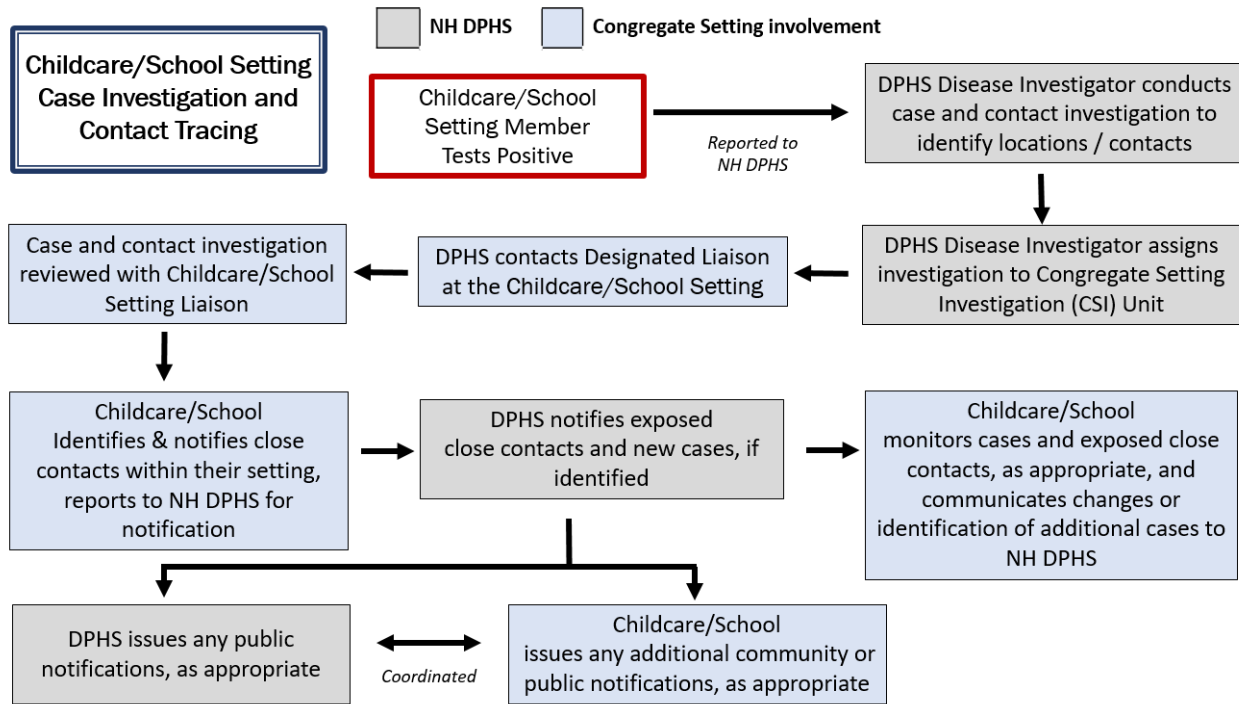
#### **Will we be contacted by NH DHHS for any COVID-19 positive case in our school?**

Most often, a childcare or school becomes aware of a student, educator or staff member who has tested positive for COVID-19 prior to NH DHHS. For this reason, you are encouraged to reach out to NH DHHS at [603-271-6996](tel:603-271-6996) if you identify a student, educator or staff member who has tested positive for COVID-19 and was present during their infectious period. These cases require contact tracing.

If a staff member or student, who was not in the school while infectious, tests COVID-19 positive, NH DHHS will not proactively notify the school unless NH DHHS requires assistance from the school to conduct contact tracing and notification.

#### **If a staff member or student tests positive, what should happens next?**

The school should reach out to NH DHHS by calling [603-271-6996](tel:603-271-6996) or [603-271-5300](tel:603-271-5300) (after hours). If the school is in Nashua or Manchester, please reach out to your respective city health departments (Nashua Division of Public Health and Community Services [603-589-4500](tel:603-589-4500); Manchester Health Department [603-624-6466](tel:603-624-6466)). Below is an overview of how Case Investigation and Contact Tracing in Congregate Settings, such as schools, is conducted:



### What will be the school’s role in COVID-19 contact tracing?

Schools should work collaboratively with public health by:

1. Being proactive in contacting NH DHHS when a person is confirmed with COVID-19 in your school community.
2. Assist in identifying those who had close contacts (within 6 feet for 10 minutes or more) with the person confirmed with COVID-19. This might include sharing seating charts, attendance records and bus rosters.
3. Assist in providing contact information for those identified as close contacts (including name, date of birth and phone number of parents/guardians).
4. Communicate with your school community. NH DHHS will assist you in the development of these communications.

### What is considered “close contact” in a controlled and monitored classroom setting?


In a classroom setting, a person is considered a “close contact” to a person with COVID-19 if they were within less than 3 feet of the infected person for at least 10 minutes or longer, regardless of mask use. The 10 minutes of contact can be at one time or cumulative over the course of the day.

**NH DPHS will not recommend quarantine for students or staff if a COVID-19 exposure occurs in the classroom setting where students and staff are seated and spaced at least 3 feet apart with consistent and correct face mask use.**

The decision to close schools for in-person learning should take into account a number of factors, such as:

1. The importance of in-person education to the social, emotional, and academic well-being of students
2. The level of community transmission
3. Whether cases have been identified among students and staff
4. Protective measures in place at the school

**NH DHHS recommends that schools use the following document to identify the least restrictive method of instruction:**

[Considerations for Transitioning Between School Instructional Models Based on Level of Community COVID-19 Transmission and Impact on Local Schools](#)  (January 26,2021)

NH DHHS has removed the number of hospitalizations as a criteria to assess level of transmission as new hospitalizations (# and rate of new hospitalizations) is not consistently reported and doesn't accurately reflect community burden of COVID-19.

**Where can we find state and community transmission data in relation to COVID-19 cases?**

This information can be found on the new COVID-19 School Interactive Dashboard on the [website](#).

**Why is our information on the school dashboard not up to date with our numbers?**

Information is added to the dashboard once the investigation has been completed so it may be a bit behind in reporting the most up to date case numbers.

## RESIDENTIAL, COLLEGE and UNIVERSITY GUIDANCE

**Should we cancel international study abroad programs?**

Given the global pandemic of COVID-19, it is recommended that schools postpone or cancel upcoming student international travel programs. The CDC has recommended that people avoid all nonessential travel to most international locations. Those overseeing student international travel programs should also be aware that students might face unpredictable circumstances, travel restrictions, challenges in returning home or accessing health care while abroad. (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>)

**Are parents from outside New England (NH, VT, ME, MA, RI, CT) allowed to move their student on/off a NH campus?**

NH has updated its [travel guidance](#) to state those traveling within the U.S. territories are no longer required to quarantine upon arrival to NH. Should the family have traveled internationally to campus they are required to quarantine upon arrival to NH, unless diagnosed with SARS-CoV-2 infection in the prior 90 days or fully vaccinated against COVID-19. Therefore, this is a school policy decision, but if you elect to have parents/guardians move their child onto campus, they should:

- Wear a [well-fitted, multi-layered facemask](#) or face covering.
- Maintain 6 foot physical distancing when in public settings and near people that are not immediate family.
- Perform frequent proper hand hygiene.
- Stay home if they have any symptoms of COVID-19.

If a person is staying over in NH, then they must follow:

1. [NH Lodging Guidance](#)
2. [NH Travel and Quarantine Guidance](#)

**Where can I find the most up to date travel guidance?**

NH DHHS has updated COVID-19 travel and guidance documents:

1. [NH Travel Guidance](#)
2. [Employer Travel, Screening and Exclusion Guidance](#)

**Will NH DHHS get test results for out-of-state students attending college in New Hampshire?**

Yes. An individual, who has come to live in NH for the school year and is tested in NH, will be reflected as a case associated with the NH town in which their school is located. To ensure NH DHHS is able to quickly respond to clusters of illness it is important that out-of-state students who are attending school in NH use their NH school address when being tested for COVID-19. If their out-of-state, home address is used, there will be a delay in NH DHHS receiving the test result(s), which may result in a delay in critical public health response. Schools are encouraged to reach out to NH DHHS

once they become aware of any positive case on their campus by completing a [NH COVID-19 Case Report Form](#). You may also call 603-271-6996 or 603-271-5300 (after hours) and ask for the public health professional on call.

## QUARANTINE and ISOLATION GUIDANCE

### What does it mean to quarantine?

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others during the period of time between exposure and when COVID-19 might develop. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in [self-quarantine](#) should:

1. Stay home
2. Separate themselves from others
3. Monitor their health
4. Follow directions from health care provider regarding [self-quarantine](#).

### What does it mean to isolate?

Isolation is used to separate people with suspected or confirmed COVID-19 from others who are not infected. People who are in [self-isolation](#) should:

1. Stay home
2. Separate themselves from others in the home by staying in a specific “sick room” or area and using a separate bathroom (if available)
3. Monitor their health
4. Follow directions from the health care provider regarding [isolation](#).

### When can a staff member or student return to school after being diagnosed with COVID-19?

Any person diagnosed with COVID-19 can end their isolation and return to school when they have met CDC’s [criteria for ending home isolation](#), which requires a person with mild to moderate illness, who is not severely immunocompromised, to meet all of the follow criteria:

1. At least 10 days have passed since symptoms first began
2. At least 24 hours have passed with resolution of fever off any fever-reducing medications
3. Other symptoms have improved

Persons diagnosed with COVID-19 who never develop COVID-19 symptoms (asymptomatic infection) may discontinue isolation after 10 days from the date of their first positive test.

### If we identify a staff member or student as a close contact to a positive case do we quarantine them?

It is important to identify those who are considered close contacts to a positive case (in the controlled classroom setting, those who were less than 3 feet of the infected individual for more than ten minutes from two days before the infected individual developed symptoms, or two days before your test if you don’t have symptoms through your last day of isolation) and to exclude them from school to follow the quarantine guidance that will be provided by NH DHHS. NH DHHS will work with the school to determine whom NH DHHS need to notify of their need to quarantine.

### If a staff member or student is excluded from school due to symptoms of COVID-19, but they have not been tested for COVID-19, when can they return to school?

Any person with new or unexplained symptoms of COVID-19 should 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:

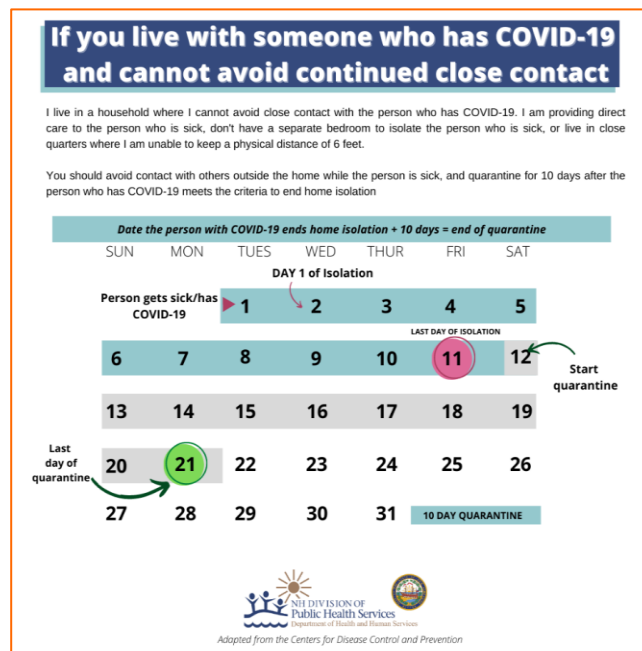
- Person receives an approved COVID-19 test that is negative, **AND** the person's symptoms are improving and they are fever-free for at least 24 hours off any fever-reducing medications. Approved tests include:
  - A PCR-based molecular test
  - **Antigen testing** is conducted within 5 days of symptom onset
- 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).

**Can a staff member or student with confirmed COVID-19 get a doctor's note to return to school before their isolation period ends?**

No. NH DHHS is the only entity with the authority to release an individual from quarantine or isolation.

**How does isolation and quarantine work within a household with a positive case?**

**Determining isolation period:** In the example below, the 10-day isolation period begins the *day after symptom onset* or, for asymptomatic persons, the *day after the date of specimen collection*. The case can discontinue isolation on the 10th day following the onset or specimen collection date, as long as they have had an improvement of any symptoms and they have been fever free for at least 24-hours or, for the asymptomatic person, the person remains asymptomatic.



**Determining quarantine period:** In the example above, the close contact's last date of exposure to the COVID-19 positive person is the 11<sup>th</sup>. The household contact(s) 10-day quarantine period begins the day after the last exposure. In the example above, day 1 of quarantine begins on the 12<sup>th</sup>. The last day of quarantine is the 21<sup>st</sup>. Household contact(s) should continue to monitor for days 11-14 as they could still develop symptoms during this infectious period.

Should anyone in the household test positive during the quarantine period, the family will transition back to follow isolation/quarantine guidance. See [CDC guidance to learn more](#).

\*Symptom onset is defined as the date on which symptoms first began, including non-respiratory symptoms.

**When a student has symptoms that may be COVID-19, should their sibling(s) be sent home and attend school remotely until the sick student has tested negative?**

Management of Household Contacts (HHCs) of Persons with New and Unexplained Symptoms of COVID-19, Based on the Symptomatic Person’s COVID-19 Risk Factors and Testing Status:

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

\* 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 10 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.

**If a student or staff member has tested positive within the last 90 days do they need to quarantine for 10 days upon return from international or cruise ship travel or following an exposure to someone who has tested COVID-19 positive?**

No, quarantine is not required, however, monitoring for symptoms of COVID-19, practice social distancing, avoid social and other group gatherings, always wear a facemask when around other people, and practice good hand hygiene at all times.

**If a staff member has received the vaccine, do they have to quarantine for 10 days upon return from international or cruise ship travel area or following an exposure to someone who has tested COVID-19 positive?**

No, quarantine is not required, however, monitoring for symptoms of COVID-19, practice social distancing, avoid social and other group gatherings, always wear a facemask when around other people, and practice good hand hygiene at all times.

**If a staff member is looking to travel internationally or by cruise ship prior to completion of their vaccine series (14 days post final vaccine dose)?**

Yes. Calculating the need to quarantine should be done through what is considered their last day of exposure (14-day post vaccine completion). This will require the individual to start counting their quarantine from 14-day post vaccine completion.

***Travel scenario:***

A person (Joe) has been vaccinated but is not yet 14 days beyond vaccine completion and he travels internationally. During Joe’s travel (say on day 5), Joe reaches day 14 day beyond vaccine completion. At the end of day 14, Joe is considered fully vaccinated. Joe’s last day of possible exposure, therefore, was day 5.

Question: When does Joe’s final 10-day quarantine period begin?



Answer: The day after Joe is 14 days from his vaccine completion (day 6 becomes day 1 of their final 10-day quarantine due to international travel).

**If a staff member or student has tested positive in the past 90 days do they need to quarantine if identified as a close contact?**

No. Individuals who are within 90 days of a prior COVID-19 infection would not need to quarantine unless they develop new or unexplained symptoms. Should symptoms develop then they should be excluded to isolate, reach out to their medical provider and seek testing.

**If a staff member or student who has tested positive in the past 90 days, when does the count start to allow for exclusion from quarantine?**

The 90 days from symptom onset date or 90 days from the test date if the individual was asymptomatic at time of infection, is what should be used to determine exclusion from quarantine following travel or an exposure.

**Are the exceptions to quarantine requirements?**

The following people ***DONOT need to quarantine*** after close contact exposure to a person with COVID-19 nor after international or cruise ship travel:

1. Persons who are **14 days beyond second dose of Moderna or Pfizer vaccine or receipt of Johnson & Johnson** COVID-19 vaccine (i.e., 14 days after full vaccination).
2. Persons who are **within 90 days** of a prior SARS-CoV-2 infection that was diagnosed by PCR or antigen testing (if a person had a previous infection that was more than 90 days prior, then they are still subject to quarantine).

Such persons, however, still need to monitor themselves for symptoms of COVID-19 daily, practice social distancing, avoid social and other group gatherings, always wear a facemask when around other people, and practice good hand hygiene at all times. All infection control and other business COVID-19 mitigation guidance must be followed. For health care workers, this includes continuing to use all appropriate personal protective equipment (PPE) when evaluating or treating patients (including patients with suspect or confirmed COVID-19).

For a complete list of exceptions, see the [New Hampshire COVID-19 Employer Travel, Screening, and Exclusion Guidance](#)

**Can household members of people under quarantine leave their home?**

Yes. Household members and other close contacts of persons under quarantine are not required to stay home. As long as the person under quarantine does not show any symptoms, and the household members and other close contacts are well, those living in the same house as someone on quarantine can leave the home. If the person being quarantined develops illness, household members and other close contacts must then also stay home on quarantine.

**Are US territories considered foreign countries for the purposes of the travel quarantine recommendation?**

**No, U.S. territories including American Samoa, Guam, the Northern Mariana Islands, the Commonwealth of Puerto Rico, and the US Virgin Islands, and are NOT considered foreign countries. Therefore, there is no requirement to quarantine after travel to these locations. To learn more, please refer to the [New Hampshire COVID-19 Travel Guidance](#).**

**Can a staff member, or student, who travelled internationally or by cruise ship test to be released from quarantine early?**

Yes. An individual may shorten their quarantine as long as they have remained asymptomatic and obtain a PCR test on day 6-7 of their quarantine (return from international travel). Antigen (rapid) tests are not accepted for this purpose. If the test is negative and symptoms have not developed, they may end their quarantine. Individuals must [self-observe](#) for symptoms and strictly adhere to the mitigation measures (social distancing, avoiding social gatherings, wearing a facemask, practicing frequent hand hygiene, etc.) for a full 14 days after their last day of travel. To learn more, please refer to the [New Hampshire COVID-19 Travel Guidance](#).

**If a staff member or student has someone staying at their home who is required to self-quarantine (e.g., due to international, cruise ship travel, or close contact to someone with COVID-19), does the staff member or student also need to quarantine for 10 days?**

No. There is no recommendation that people who are close or household contacts of people who are quarantining need to themselves quarantine.

**If a close household contact of a staff member or student tests positive for COVID-19 should the staff member or student be excluded from school?**

Any person identified as a close household contact to a family member diagnosed with COVID-19 needs to [self-quarantine](#) for 10 days from their last contact to the person while they are considered infectious. They will also be contacted by a public health professional from the NH DHHS to be advised of their need to self-quarantine

**Are there any NH DHHS documents that we can send home with students, staff or parents to explain isolation and quarantine?**

Yes, the following documents are available for reference and distribution:

- [What is isolation, quarantine and self-observation?](#)
- [Self-Quarantine Guidance](#)
- [Self-Isolation Guidance](#)
- [NH DHHS COVID-19 Frequently Asked Questions](#)
- [New Hampshire COVID-19 Travel Guidance](#)

## MASKS

**What is the recommendation on cloth masks in schools?**

[Cloth face coverings](#) are intended to prevent the person wearing the cloth face covering from spreading the COVID-19 virus to other people in the event the person is unknowingly infected. Cloth face coverings are not primarily intended to be used as personal protective equipment (PPE).

Review the NH [Grades K-12 Back-to-School Guidance](#) for specific recommendations on cloth face mask use in schools. In general, students and staff should wear cloth face coverings in circumstances where physical distancing cannot be maintained and in circumstances where students and staff are at increased risk of coming into close contact with others (e.g., transiting through hallways). Ultimately, the decision on how to implement cloth face covering use is left to the discretion of local school districts, but cloth face covers should be considered in the context of other layers of protection and ability to social distance. If at least 6 feet of physical separate is unable to be consistently maintained in the classroom setting, then cloth face coverings should be considered where feasible.

Through [Emergency Order #74](#), enacted on November 20, 2020, New Hampshire mandated the use of masks for all persons over the age of five when in public places. This emergency order expired on April 16, 2021 and residents are no longer required to mask in public. However, mask use remains a highly effective mitigation strategy in preventing the spread of COVID-19. All New Hampshire residents are still advised to wear a mask or cloth face covering over their noses and mouths any time they are in public spaces, indoors or outdoors, where they are unable to or do not consistently maintain a physical distance of at least six feet from persons outside their own households.

**Are there people who should NOT be required to wear cloth face coverings?**

See CDC guidance on [use of cloth face coverings/masks](#). The CDC states that masks should not be worn by children under the age of 2; or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. However, even people with underlying respiratory conditions, such as asthma, are usually able to tolerate cloth face covering/mask use.

### What are the mask recommendations for young children in childcare settings?

Children two years of age and older, should wear face masks at all times when within the facility and around other people unless there is a valid medical or developmental reason a child cannot wear a face mask (per [CDC Guidance](#)).

- See NH [Safer at Home: Child Care](#) for guidance on use of face cloth coverings/masks.

### What is the appropriate way to teach students to take off their masks?

1. Wash hands or use alcohol based hand sanitizer.
2. Grasp the ear loops and pull forward over your ears to remove.
3. Do not touch your eyes, nose and mouth when removing.
4. Fold the cloth face covering so that the area facing outward is folded over itself.
5. Store cloth face covering properly in a container or paper bag for later reuse (if temporarily removed for a mask break, eating, etc.), or for laundering (for re-usable cloth face coverings).
6. Immediately wash your hands or use alcohol based hand sanitizer after removing mask.



For additional masks guidance visit:

- How to Wear Masks <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wearcloth-face-coverings.html>
- Masking in Childcare Guide <https://www.nh-connections.org/uploads/2021/02/2.5.21-Masking-Guidebook.pdf>

### How should masks be stored while at school?

Cloth face coverings should be stored in a space designated for each student when not being worn (e.g., in individually labeled containers or plastic bags, personal lockers, or cubbies). Students' cloth face coverings should be clearly identified with their names or initials, to avoid confusion or swapping. Students' face coverings may also be labeled to indicate top/bottom and front/back.

### Are masks with exhale valves acceptable for students and staff to wear?

No. Masks with exhale valves are NOT appropriate for "source control" because they release a person's droplets into the air through the exhale valve.

### Can an educator wear a face shield or hooded wrap instead of a cloth face covering/mask?

In general, no. A clear face shield is eye protection for the person wearing the face shield and not intended as source control to prevent spread of a person's respiratory droplets to others. NH DHHS recommends educators wear cloth face coverings/masks and if the educator is more than 6 feet away from others and needs to remove their mask, they may temporarily remove and store their cloth face covering/mask.

In certain circumstances, face shields can be used to supplement cloth face coverings use, especially if an educator is within 6 feet of a student and the student has difficulty controlling respiratory secretions. In this situation the educator can utilize a face shield as eye/face protection (i.e., the face shield is being used as PPE).

Here are some considerations for individuals who must wear a face shield instead of a mask:

- Although evidence on face shields is limited, the available data suggest that the following face shields may provide better source control than others.
  - Face shields that wrap around the sides of the wearer's face and extend below the chin.
  - Hooded face shields.
  - Face shield wearers should wash their hands before and after removing the face shield and avoid touching their eyes, nose and mouth when removing it.

- Reusable face shields should be cleaned and disinfected after each use according to manufacturer instructions or by following [CDC face shield cleaning instructions](#).
- **Plastic face shields for newborns and infants are NOT recommended.**

For additional information on masks visit: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wearcloth-face-coverings.html>

### Is there an approved clear mask for when working with speech and language students?



The FDA recently approved the Clear Mask. More information can be found on <https://www.theclearmask.com/faq>

### When masks become a challenge or distraction or students just need a break, can students take them off?

Yes, when students are able to maintain at least 6 feet distance between themselves and others the masks may be removed and properly stored. Students and staff who are required to wear cloth face coverings for prolonged periods of time should be given time for periodic mask breaks. For additional mask guidance please refer to the [NH Grade K-12 Back-to-School Guidance](#).

### Who will provide masks to educators, staff and students?

Cloth facemasks may be provided by parents/guardians for students. These are also easy to make at home and instructions can be found [here](#). Schools may choose to provide cloth face coverings to students and staff. Schools should have disposable facemasks available if students or staff arrive without one to wear.

## HEALTH CARE IN CHILDCARE AND SCHOOLS

### Where can **childcare** and school health staff stay up to date on current NH DHHS and CDC PPE recommendations?

Health staff are encouraged to sign up for the NH [Health Alert Network \(HAN\)](#). If you are not signed up for the HAN, visit the [Health Alert Network](#) documents posted on the DHHS website, and check the [CDC PPE webpage](#) often.

### What if a student must undergo an [aerosol generating procedure](#) while at school?

We recommend avoiding aerosol generating procedures to the extent possible. If a student needs a breathing/nebulizer treatment, for example, see if an albuterol metered dose inhaler (MDI) with a spacer can be used instead of a nebulizer. If an aerosol generating procedure must be performed on a student at school, even for an existing chronic condition (e.g., asthma), we recommend the nurse wear full PPE to be maximally protective, including using an N95 or higher level of respiratory protection, eye protection, gown, and gloves. When the aerosol generating procedure has been performed, the room must be cleaned and disinfected after use.

School nurses should be aware that this NH State guidance deviates from [CDC recommendations](#) on PPE use when nebulizers and “breathing treatments” are performed for people with asthma, which specifies that if a nebulizer treatment is necessary at school, that appropriate PPE would include a medical or surgical face mask, gloves, and eye protection. Therefore, there is some flexibility for nursing staff that may not be fit tested for an N95 respirator or for those who do not have access to N95 respirators.

### Should school nurses consider delivering student medications to the classroom to keep "healthy kids" out of the health office?

Yes, this is consistent with our guidance to minimize the movement of students throughout the school. However, make all reasonable efforts to maintain student health confidentiality.

## What is your position about giving medications (i.e., analgesics) at school during the pandemic?

We suggest you encourage parents/guardians and older children to consider alternative ways to schedule their medications to be taken at home, whenever possible.

## How do I manage a staff member or student who develops symptoms of COVID-19 during the **childcare/school day**?

NH DHHS recommends that any person with even mild symptoms be excluded from school and tested for COVID-19.

When evaluating a symptomatic person:

1. Mask the symptomatic person (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. Record the symptomatic person's temperature.
4. 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.
5. If in the same room as the symptomatic person, the nurse should wear:
  - a. A surgical facemask at all times.
  - b. Eye protection (goggles or face shield) if the nurse is within feet of the person, OR if the symptomatic person is unable to wear a facemask (even if more than 6 feet away).
  - c. If prolonged close contact is anticipated (within 6 feet of the person for 10 total minutes or more), or if there is contact with the person's secretions/excretions, then wear all appropriate PPE recommended below, including surgical face mask, eye protection, gown, and gloves.
6. The symptomatic person should go home by private transportation.

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

**What PPE is recommended for a school health professional evaluating a person with symptoms of COVID-19?** See the NH DHHS Health Alert Network (HAN) messages (specifically [HAN Update #18](#)) for most updated recommendations on COVID-19 PPE for healthcare providers. For outpatient evaluation of persons with symptoms of COVID-19, NH DHHS generally recommends baseline PPE consisting of a surgical facemask, eye protection, gown, and gloves). An N95 respirator can be considered instead of a surgical facemask if the person has significant frequent symptoms that may increase the risk of aerosolizing respiratory droplets (e.g., sneezing, coughing). If an aerosol generating procedure is being performed than an N95 or higher-level respirator should be used in place of a surgical facemask.

## Who should wear personal protective equipment (PPE)?

Some roles that may require certain elements of PPE include:

1. School nursing and healthcare staff caring for students and staff.
2. Educators working with special education students who may have difficulty controlling oral and respiratory secretions or who exhibit behaviors that put educators at risk of exposure (e.g., biting, spitting, etc.).
3. Health employees engaged in symptom and risk factor screening.
4. Staff responsible for deep cleaning and disinfecting of the school facility and grounds **should wear a mask and gloves while cleaning and disinfecting.** [More information can be found on the CDC website.](#)

## There are a variety of new types of N95 masks available, how do we know if these options are a good product and acceptable to use?

We continue to encourage cloth masks for source control and N95 masks when needed to be used as PPE for specific situations. The National Institute for Occupational Safety and Health (NIOSH) at CDC offers the following website that lists approved N95 respirators: [https://www.cdc.gov/niosh/npptl/topics/respirators/disp\\_part/n95list1.html](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html).

### **Does NH DHHS provide fit testing for N95 respirators?**

No. If fit testing for N95 respirators is needed, schools should look to what occupational medicine resources are offered locally.

### **Are there state resources for obtaining PPE donations?**

The NH Department of Education in collaboration with the NH Department of Administrative Services is providing schools the opportunity to utilize State contracts for purchasing PPE that may be needed for the upcoming school year. The State has negotiated and established contracts and Blanket Purchase Orders (POs) for these purposes. Schools may purchase PPE through the State contract by using these POs. Public schools may be able to utilize CARES Act and ESSER funding for these PPE purchases. Nonpublic/private schools should contact the vendors and discuss/confirm that they will honor and pass along the state pricing to them.

K-12 public schools are encouraged to consolidate orders by district to maximize aggregate volume. Provisions should be in place to ensure timely planning and execution for PPE replenishment. It is recommended that reordering occur a minimum of 30-days prior to anticipate depletion of on-hand inventory. Some vendors will be able to provide products before the start of school, while others may not, so please consider delivery times before making purchasing decisions. The link below is live and updated regularly to accurately reflect the availability of products. Click on the contract number for detailed information on the products listed. School PPE Guidance:

[https://prd.blogs.nh.gov/dos/hsem/?page\\_id=9445](https://prd.blogs.nh.gov/dos/hsem/?page_id=9445)

## **CLEANING AND DISINFECTING**

### **How do I clean and/or disinfect in a school setting?**

CDC provides guidance for [cleaning and disinfection for community facilities](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html) such as schools, institutions of higher education, offices, daycare centers, businesses, and community centers. All frequently touched surfaces, or hard surfaces that may be contaminated through touching or respiratory droplets (e.g., barrier shields in close proximity to children, doorknobs, computer key boards, desktops, stairway railings, etc.) need to be routinely cleaned and disinfected per established guidance. <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>

### **How do I disinfect electronics such as tablets, touch screens, remote controls, and ATM machines?**

The CDC guidance linked above has recommendations for cleaning and disinfecting electronics:

- If present, remove any visible contaminants.
- Follow the manufacturer's instructions and recommendations for all cleaning and disinfection products.
- Consider using covers for electronics that can be easily wiped clean.
- If no manufacturer guidelines are available, consider using alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Be sure to dry surfaces thoroughly to avoid pooling of liquids as this could damage electronics, screens, etc.

### **What is the recommendation for increasing building/classroom ventilation and air filtration?**

1. Check the buildings ventilation system to increase air exchanges with outdoor air, and maximize air filtration.
2. Open windows and doors to enhance fresh air circulation when safe to do so.
3. Fan use that simply circulates internal air should be avoided. Any fan use should be to facilitate bringing in outdoor air (e.g., through an open window).
4. Encourage use of outdoor spaces, where possible.

### **Other helpful indoor air resources:**

- [EPA Frequent Questions about indoor Air and COVID-19](https://www.epa.gov/indoor-air-quality-iaq)
- World Health Organization: [Guidance on Ventilation and Air Conditioning](https://www.who.int/publications/m/item/guidance-on-ventilation-and-air-conditioning) in public spaces and buildings.



### **What is the recommendation on how to clean and disinfect playgrounds and other outdoor areas?**

- Have student's clean hands before and after playground use with soap and water for at least 20 seconds or use an alcohol based hand sanitizer with at least 60% alcohol if soap is not readily available.
- Outside playground equipment exposed to sun and other weather elements poses a lower risk for fomite transmission and does not require the same frequent cleaning and disinfection as shared indoor equipment and surfaces, but equipment should still be routinely cleaned as per your normal cleaning schedule.
- Routine disinfection should occur of outdoor hard surfaces and objects made of plastic or metal that are frequently touched by multiple individuals, such as grab bars and railings. Of note, if surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.

Additional guidance resources:

1. [NH Dept. of Education's New Hampshire Grades K-12 Back-to-School Guidance](#)
2. [CDC: Cleaning and Disinfecting Your Facility](#)

## **CLASSROOM GUIDANCE**

### **Where can I find guidance for talking to students about COVID-19?**

Teachers can play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC has [created guidance to help adults have conversations with children about COVID](#) and ways they can avoid getting and spreading the disease.

### **Should we discontinue allowing household pets, such as dogs, from visiting the school?**

Yes. Unnecessary animals (i.e., non-service animals) should remain home and not be allowed in schools. Please see CDC guidance related to service/therapy animals: <https://www.cdc.gov/coronavirus/2019-ncov/animals/service-therapy-animals.html>.

### **Can I use a fan in my classroom?**

Yes. The fan should be placed in an open window to increase ventilation of outdoor air (bringing in outdoor air) while avoiding blowing air across students and minimizing recirculation of indoor air.

### **Can students work in group settings for activities?**

Classroom activities should be conducted to minimize close contact and avoid groups whenever possible.

### **How should I arrange my classroom?**

Classrooms should be arranged to minimize close contact and maximize physical distance between students. For additional guidance please refer to the [NH Grade K-12 Back-to-School Guidance](#).

### **Can students share supplies in the classroom?**

It is recommended that **when possible** classroom supplies **avoid being shared**. If classrooms supplies must be shared, **then focus on hand hygiene before and after each educational session and** properly disinfect between uses. For additional guidance please refer to the [NH Grade K-12 Back-to-School Guidance, and](#) the CDC website for [best cleaning and disinfection practices](#).

### **What are the thoughts on the use of Plexiglas to create barriers between students?**

In areas where it is difficult for individuals to remain physically distanced schools can consider additional strategies such as installing physical barriers, such as sneeze guards and partitions. Plexiglas barriers might be considered if they can be arranged in a safe and sturdy way.

**With Plexiglas is in place will students be identified as a close contact if they are eating and within 3’ of each other?**

NH DHHS will not quarantine students seated within 3-6’ to each other with an appropriate barrier (non-porous, impenetrable to respiratory droplets, rigid and appropriate height) during a controlled lunch setting. As always, it is recommended to look at each scenario case by case.

**What are the fire safety recommendations around Plexiglas in the classroom?**

According to the NH State Fire Marshal’s Office guidance, Plexiglas partition height should not exceed 60” in classrooms. For further clarification and assistance, please contact the NH State Fire Marshal’s Office 603-223-4289.

**Can a child have a mask break if seated within 3 feet of each other but divided by a cardboard barrier?**

No. Cardboard is not easily cleaned and not favored as a barrier between students seated less than 6 feet apart. Mask breaks should occur when students are spaced at least 6 feet apart. Outdoor mask breaks are also preferred.

**With good handwashing, is it safe for students to turn in daily paper journals and classwork to teachers?**

Yes. This virus does not survive well outside the human body respiratory tract. There is no need to “quarantine” journals or classwork, but students and teachers should practice frequent hand hygiene both before and after handling assignments. Adding in frequent hand hygiene is an appropriate new normal for many of our daily tasks that provides additional protection.

**The librarian travels from classroom to classroom with a small selection of books. Can students check out books to keep for a week? Do all returned books undergo quarantine for 72 hours?**

Students can/should be able to check out books from the library; access to books is important for students. Mask wearing and social distancing should occur while selecting books and students should practice hand hygiene before/after handling books. Upon return, books do not need to be quarantined for 72 hours, and we recommend simply promoting good hand hygiene before/after handling shared items like books. For additional information, see the [NH Library Guidance](#).

**Can students use hallway lockers?**

Yes. Schools should consider how the lockers are assigned and spaced to prevent crowding and congregating. For additional guidance please refer to the [NH Grade K-12 Back-to-School Guidance](#).

## **NH DHHS, DIVISION OF PUBLIC HEALTH SERVICES (DPHS) RESPONSE**

We care deeply about the health and wellbeing of the people of NH. We are committed to sharing accurate information with the public to ensure the optimal health and wellbeing of all NH residents while also ensuring we uphold the highest privacy standards for individual patients. As an organization, we rely on the best available science and evidence-based practices. In rapidly evolving situations such as this, we will provide updated information as it becomes available.

NH DHHS has been working closely with the CDC since the first case of COVID-19 was detected in the United States. We are working very closely with our healthcare and public health partners. Visit our website for our full [case investigation and contact tracing plan](#).

In outbreaks such as this, public health recommendations may change. We encourage you to check these key resources frequently for updates:

- [U.S. Centers for Disease Control and Prevention \(CDC\)](#)
- [NH Department of Health and Human Services \(NH DHHS\)](#)

- [NH DHHS Novel Coronavirus 2019 \(COVID-19\) Frequently Asked Questions \(FAQ\)](#)
- [NH DHHS Novel Coronavirus 2019 \(COVID-19\) Provider Frequently Asked Questions \(FAQ\)](#)
- [NH DHHS Coronavirus Disease 2019 \(COVID-19\) School Toolkit](#)
- [NH DHHS Recommendations for Responding to COVID-19 in K-12 Schools](#)
- [NH DHHS Recommendations for Responding to COVID-19 in Residential Schools, Colleges and Universities](#)
- [NH DHHS Vaccine Information Page](#)
- [NH DHHS Vaccine FAQ](#)
- [Vaccine Registration](#)
- [NH DHHS Considerations for Transitioning Between School Instructional Models](#)

## KEY CONTACTS AND RESOURCES

Topic/Inquiry	Contact	Phone/Email
<ul style="list-style-type: none"> <li>▪ General Information</li> <li>▪ <a href="http://www.nh.gov/covid19">www.nh.gov/covid19</a></li> </ul>	2-1-1 New Hampshire	1-866-444-4211 TTY: 603-634-3388
<ul style="list-style-type: none"> <li>▪ NH Resources for Families: How to access resources, links and services to strengthen families</li> </ul>	NH Division for Children, Youth and Families	<a href="#">NH COVID-19 Parent Resource Guide</a>
<ul style="list-style-type: none"> <li>▪ Clinical Questions and Reporting a positive case of COVID-19</li> </ul>	Division of Public Health Services Bureau of Infectious Disease Control	603-271-6996
<ul style="list-style-type: none"> <li>▪ Media Inquiries</li> <li>▪ Requests for Media Support</li> </ul>	State of NH Joint Information Center	603-223-6169 <a href="mailto:JIC@dos.nh.gov">JIC@dos.nh.gov</a>
<ul style="list-style-type: none"> <li>▪ Questions regarding preventing COVID-19 in educational settings</li> </ul>	Sheryl Nielsen, M.Ed. NH DPHS Education Liaison	603-271-6591 <a href="mailto:Sheryl.Nielsen@dhhs.nh.gov">Sheryl.Nielsen@dhhs.nh.gov</a>
<ul style="list-style-type: none"> <li>▪ Questions regarding COVID-19 vaccine</li> <li>▪ <a href="http://www.vaccines.nh.gov">www.vaccines.nh.gov</a></li> </ul>	2-1-1 New Hampshire	1-866-444-4211 TTY: 603-634-3388