



CDC Updated Guidance: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing

The purpose of this document is to update guidance to Local Health Departments (LHDs) and Texas Department of State Health Services (DSHS) Public Health Regions (PHRs) regarding options for reducing quarantine for COVID-19 case contacts. This document is to be used in accordance with the DSHS Coronavirus Disease 2019 (COVID-19) Monitoring Instructions for Local and Regional Health Departments.

The current 14-day quarantine period conveys the lowest risk of a person exposed to COVID-19/SARS-CoV-2 from becoming positive and spreading the infection to others. CDC has identified two alternative quarantine periods, a 10-day quarantine period not requiring testing prior to early release, and a 7-day quarantine period requiring testing prior to early release. However, both reduced quarantine periods have a higher transmission risk compared to the standard 14-day period.

Listed below are CDC alternatives to a 14-day quarantine period that could be considered for use within local jurisdictions:

- **10-Day Quarantine Period:** No testing required AND only if no symptoms have been reported during daily monitoring.
 - Estimated residual post-quarantine transmission risk without testing - median of 1.4%, range of 0.1-10.6%.
- **7-Day Quarantine Period:** If a diagnostic specimen tests negative AND if no symptoms were reported during daily monitoring.
 - Estimated residual post-quarantine transmission risk for RT-PCR testing: median of 4%, range of 2.3-8.6%; for antigen testing: median of 5.5%, range of 3.1-11.9%.
 - Specimen collection and testing should be completed within 48 hours before the end of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7.
- **Both 10 and 7-Day Quarantine Period:** Discontinuation of quarantine can only occur if the following criteria are met:
 - There is no clinical evidence of COVID-19 during daily symptom monitoring throughout the entire quarantine period, and;
 - Daily symptom monitoring continues through quarantine Day 14; and,
 - Individuals are counseled to adhere strictly through quarantine Day 14 to all recommended public health interventions (mask wearing, social distancing etc.), and to



immediately self-isolate and contact the local public health authority or their healthcare provider should they develop any symptoms.

- **Note:** Community diagnostic testing for SARS-CoV-2 infection must be prioritized over early discontinuation of quarantine testing and should only be considered if it will have no impact on available resources and routine diagnostic efforts.
- Individuals can continue to be quarantined for 14 days without testing per existing recommendations (this option provides the lowest post-quarantine transmission risk, with estimated residual post-quarantine transmission risk: median 0.1% with a range of 0-3%).

Background:

Quarantine is used to separate contacts who have been exposed to COVID-19 from the general population, so that if they develop illness they do so in isolation without exposing others. The importance of quarantine for limiting the transmission of SARS-CoV-2 is due to the ability of infected individuals to transmit the virus before they become symptomatic, or due to an estimated 20% to 40% of cases being asymptomatic but still infectious.

The intent of quarantine is to reduce the risk of further transmission, and to allow for individuals who become symptomatic to seek medical attention and evaluation. Negative outcomes of a 14-day quarantine period can include: economic hardship and stress on an individuals' physical and mental health, that in turn may reduce compliance; excessive burdens on public health systems and communities; and avoidance of recently diagnosed individuals from naming contacts or cooperating with contact tracer outreach.

Testing at entry to quarantine:

Although testing at the time of entry into quarantine provides little benefit in reducing post-quarantine transmission risk, it can assist with identifying asymptomatic individuals for contact tracing efforts.

Testing during quarantine:

Due to the difficulty in determining the exact time of infection, timing of quarantine is based on the last known or possible exposure to an individual with SARS-CoV-2 infection. Daily monitoring for symptoms of COVID-19 illness can reduce the estimated post-quarantine transmission risk. The addition of diagnostic testing for an individual who has remained asymptomatic 48 hours prior to the end of quarantine can substantially reduce the estimated post-quarantine transmission risk even further.

Estimated post-quarantine transmission risk based on quarantine period and testing prior to discontinuation of quarantine.



Quarantine period	Residual post-quarantine transmission risk (%) with/without diagnostic within 48 hours before discontinuation of quarantine		
	No testing	RT-PCR testing	Antigen testing
7 days	10.7 (10.3-22.1)	4.0 (2.3-8.6)	5.5 (3.1-11.9)
10 days	1.4 (0.1-10.6)	0.3 (0-2.4)	1.1 (0.1-9.5)
14 days	0.1 (0-3)	0.0 (0-1.2)	0.1 (0.0-2.9)

Individuals who must quarantine together:

The purpose of quarantine is to physically separate an individual exposed to COVID-19 from others. Secondary risk of transmission is elevated when housing is shared (i.e. family households, prisons, students, or military recruits), and every effort should be made to physically separate the quarantined individual from others. If possible, quarantined individuals should reside alone in a separate closed room or closed area and have exclusive use of their own bathroom.

When separation is not possible, all household members risk exposure to COVID-19 if the quarantined individual develops the illness. Individuals who are quarantined together should take steps to prevent spread of infection within the household. Mitigating strategies to prevent the spread of infection include: correct and consistent mask use, social distancing, hand and cough hygiene, environmental cleaning and disinfection, avoiding crowds, ensuring adequate indoor ventilation, and self-monitoring for symptoms of COVID-19 illness. If the quarantined individual is diagnosed with COVID-19, co-housed individuals will require evaluation as contacts.



SY 20-21 Public Health Planning Guidance

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tea.texas.gov/coronavirus

This guidance document is being provided based on the public health situation as we understand it today and takes effect immediately, regardless of whether a school system starts at the date currently planned or the local school board votes to change the school system's calendar to delay the start of the school year. Changes to the public health situation in the coming months may necessitate changes to this guidance.

This guidance addresses:

- On campus and virtual instruction
- Administrative activities by teachers, staff, or students that occur on school campuses or virtually
- Non-UIL extracurricular sports and activities
- Any other activities that teachers, staff, or students must complete that cannot be accomplished virtually
- Visits by parents and the general public

It is recommended that after-school providers and other programs that operate in conjunction with campuses follow this guidance in coordination with the campus(es) they serve.

Public Health Considerations

The virus that causes COVID-19 can infect people of all ages, and school system leaders should do everything feasible to keep students, teachers, staff, and our communities safe. That said, research from the Centers for Disease Control (CDC), among others, has found that while children do get infected by COVID-19 and some severe outcomes have been reported in children, relatively few children with COVID-19 are hospitalized or have severe symptoms. Furthermore, the American Academy of Pediatrics notes that COVID-19 risks must be balanced with the need for children to attend school in person, given that lack of physical access to school leads to a number of negative consequences, placing "children and adolescents at considerable risk of morbidity, and in some case, mortality."ⁱ

While it is not possible to eliminate all risk of furthering the spread of COVID-19, the current science suggests there are many steps schools can take to reduce the risks to students, teachers, staff, and their families significantly. This guidance document contains information on four sets of practices that minimize the likelihood of viral spread, including some that are requirements for all schools and others that are recommendations:ⁱⁱ

1. PROVIDE NOTICE: Requirements for parental and public notices
2. PREVENT: Required practices to prevent the virus from entering the school
3. RESPOND: Required practices to respond to a test-confirmed case in the school
4. MITIGATE: Recommended and required practices to reduce likely spread inside the school

The prevention and mitigation practices outlined in this document are designed to significantly reduce the likelihood that a coronavirus outbreak occurs on campus. Consistently implementing recommendations to the extent feasible is the best way to reduce the potential negative impact of infection on students' educational experiences. Additionally, systems should consider stringently applying recommended practices to adults on campuses, even when it might not be feasible to do so for students, to more fully protect adult teachers and staff who are generally at greater risk from COVID-19 than students.

There will almost certainly be situations that necessitate temporary school closure due to positive COVID-19 cases in schools. Parents, educators, and school administrators should be prepared for this in the event that it occurs, while actively working to prevent it through prevention and mitigation practices.

PROVIDE NOTICE: Parental and Public Notices

Developing a Plan for On-Campus Activities and Instruction

School systems must post for parents and the general public, one week prior to the start of on-campus activities and instruction, a summary of the plan they will follow to mitigate COVID-19 spread in their schools based on the requirements and recommendations outlined here. This summary document can follow any format the school system deems appropriate to communicate the information, should broadly address the major points in this guidance, and must be posted on the school system homepage or another easily found area on the system website. The document should be developed in consultation with teachers, staff, and parents to ensure the plan provides for the safety of teachers, staff, and students. Neither this summary document nor any local school systems' reopening plans are subject to approval by any government entity.

It is recommended that, within this summary, school systems designate a staff person or group that is responsible for responding to COVID-19 concerns and clearly communicate for all school staff and families who this person or group is and how to contact them.

Attendance and Enrollment

- Per Texas Education Code (TEC), §25.092, students must attend 90% of the days a course is offered (with some exceptions) in order to be awarded credit for the course and/or to be promoted to the next grade. This requirement remains in force during the 2020-21 school year.
- Given the public health situation, student attendance may be earned through the delivery of virtual instruction.
- Any parent may request that their student be offered virtual instruction from any school system that offers such instruction. If a parent who chooses virtual instruction wants their child to switch to an on-campus instructional setting, they can do so, but school systems are permitted to limit these transitions to occur only at the end of a grading period, if it will be beneficial to the student's instructional quality. If a parent requests virtual instruction and the

school does not offer it, the parent may enroll in another school that does offer it for transfer students.

- School systems must provide on-campus attendance as an option for students otherwise entitled to attend school who follow this document’s required public health procedures and whose parents wish them to attend on campus, subject to school closure and the exceptions listed in this document. In high school, school systems may offer a less than daily on campus instructional experience if there is a need to reduce the total count of people on campus at any one time to maintain social distancing.
- In order to facilitate a safe, effective back-to-school transition process, during a period up to the first four weeks of school, which can be extended by an additional four weeks by vote of the school board, school systems may temporarily limit access to on-campus instruction. As a result, some parents opting for their student(s) to attend on campus may be required to start with remote instruction temporarily, although any family who does not have Internet access and/or devices for distance learning at home is still entitled to have their student receive on-campus instruction each day during this transition period, as they are during the rest of the year. School systems must clearly describe this transition process in their posted summary of their plans to operate campuses safely, as required above.
- School systems are required to provide parents a notice of their public education enrollment and attendance rights and responsibilities during the COVID-19 pandemic using a document published by TEA. This information should be supplied at time of enrollment, or at the earliest practical time after enrollment. This notice is posted at <https://tea.texas.gov/coronavirus> and can be found in [English](#) & [Spanish](#).

PREVENT: Practices to Prevent the Virus from Entering the School

Stay-at-Home Period for Close Contacts of Individuals Who Tested Positive

For individuals who are close contacts to individuals who tested positive, a 14-day stay-at-home period was previously advised by the CDC based on the incubation period of the virus.

As of December 2, 2020, the CDC amended their guidance to allow two shorter options for the stay-at-home period. Based on current CDC guidance, the stay-at-home period can end for individuals experiencing no symptoms:

- On Day 10 after close contact exposure without testing,
- On Day 7 after close contact exposure and after receiving a negative test result.

If individuals return to school from these shorter stay-at-home windows, they should regularly monitor themselves for symptoms to ensure they remain symptom-free and take appropriate precautions (e.g., more consistent mask usage) for the duration of the 14-day incubation period.

Finally, the CDC has also advised that critical infrastructure services—which includes schools—may permit close contact staff members who are asymptomatic to continue to work in select instances when it is necessary to preserve school operations. Per the CDC, this option should be used only in limited circumstances. When using this option, school systems may consider adding additional protocols to increase monitoring for these individuals, which might include the use of COVID-19 tests (e.g., on Day 3 and/or Day 7 after the close contact exposure).

Taking into account all of the above, school systems may apply any of the following stay-at-home periods to those individuals who are identified as close contacts. Specifically, the stay-at-home period can be:

- 10 days after the last close contact, so long as they continue to monitor themselves daily for symptoms and take appropriate precautions through day 14
- 7 days after the last close contact, after receiving a negative test result (administered at least 5 days after the last close contact), so long as they continue to monitor themselves daily for symptoms and take appropriate precautions through day 14
- For staff who are necessary to preserve school operations, school systems can choose not to require any stay-at-home period, so long as the affected staff continue to monitor themselves daily for symptoms and take appropriate precautions through day 14, and schools can consider the use of rapid tests for these individuals
- 14 days after the last close contact

Screening Questions for COVID-19 Before Campus Access

1. School systems must require teachers and staff to self-screen for COVID-19 symptoms before coming onto campus each day. Symptoms are listed at the end of this document. The self-screening should include teachers and staff taking their own temperature. Teachers and staff must report to the school system if they themselves have COVID-19 symptoms or are test-confirmed with COVID-19, and, if so, they must remain off campus until they meet the criteria for re-entry as noted below. Additionally, they must report to the school system if they have had close contact with an individual who is test-confirmed with COVID-19, as defined at the end of this document, and, if so, must follow school system policy for the stay-at-home period, aligned to guidance in this document.
2. Parents must ensure they do not send a child to school on campus if the child has COVID-19 symptoms (as listed in this document) or is test-confirmed with COVID-19, and instead should opt to receive remote instruction until the below conditions for re-entry are met. Parents may also opt to have their students receive remote instruction if their child has had close contact with an individual who is test-confirmed with COVID-19 until the end of the school system's stay-at-home period, if no symptoms have been reported. School systems may consider screening students for COVID-19 as well. Screening is accomplished by asking questions by phone or other electronic methods and/or in person. The screening questions should also be asked of a student's parent if that parent will be dropping off or picking up their child from inside the school. Regularly performing a forehead temperature check of otherwise asymptomatic students in school is not recommended, but the practice is also not prohibited by this guidance.
3. Excluding parental drop-off and pick-up as discussed above, before visitors are allowed onto campuses, school systems must screen all visitors to determine if the visitors have COVID-19 symptoms (as listed in this document) or are test-confirmed with COVID-19. When practical, screening questions could be supplemented with temperature checks of adults. If a visitor has symptoms of COVID-19, or is test-confirmed positive with COVID-19, they must remain off campus until they meet the criteria for re-entry as noted below. Additionally, school systems must screen to determine if visitors have had close contact with an individual who is test-

confirmed with COVID-19, and, if so, the visitor must follow school system policy regarding the stay-at-home period, aligned to guidance in this document.

Individuals Confirmed or Suspected with COVID-19

1. Any individuals who **themselves** either: (a) are test-confirmed to have COVID-19; or (b) experience the symptoms of COVID-19 (listed below) must stay at home throughout the infection period, and cannot return to campus until the school system screens the individual to determine any of the below conditions for campus re-entry have been met:
 - In the case of an individual who is symptomatic and is diagnosed with COVID-19, the individual may return to school when all three of the following criteria are met:
 - i. at least one day (24 hours) has passed since recovery (resolution of fever without the use of fever-reducing medications);
 - ii. the individual has improvement in symptoms (e.g., cough, shortness of breath); and
 - iii. at least ten days have passed since symptoms first appeared.
 - In the case of an individual that is asymptomatic but has received a positive COVID-19 test result, the individual may not return to the campus until ten days have passed since a positive test.
 - In the case of an individual who has symptoms that could be COVID-19 and who is not evaluated by a medical professional or tested for COVID-19, such individual is assumed to have COVID-19, and the individual may not return to the campus until the individual has completed the same three-step set of criteria listed above.
 - If the individual has symptoms that could be COVID-19 and wants to return to school before completing the above stay at home period, the individual must either (a) obtain a medical professional's note clearing the individual for return based on an alternative diagnosis, though for health privacy reasons the note does not need to indicate what the alternative diagnosis is, or (b) obtain an acute infection test (at a physician's office, [approved testing location](#), or other site) that comes back negative for COVID-19.
 - If the individual has tested positive for COVID-19 and believes the test was a false positive, and wants to return to school before completing the above stay at home period, the individual must either (a) obtain a medical professional's note clearing the individual for return based on an alternative diagnosis, though for health privacy reasons the note does not need to indicate what the alternative diagnosis is, or (b) obtain two PCR acute infection tests (at a physician's office, [approved testing location](#), or other site) at least 24 hours apart that come back negative for COVID-19.

Identifying Possible COVID-19 Cases on Campus

- Schools must immediately separate any student who shows COVID-19 symptoms while at school until the student can be picked up by a parent or guardian.
- Schools should clean the areas used by the individual who shows COVID-19 symptoms while at school (student, teacher, or staff) as soon as is feasible.

- Students who report feeling feverish should be given an immediate temperature check to determine if they may be symptomatic for COVID-19.

RESPOND: Practices to Respond to a Test-Confirmed Case in the School

Required Actions if Individuals with Test-confirmed Cases Have Been in a School

1. If an individual who has been in a school is test-confirmed to have COVID-19, the school must notify its [local health department](#), in accordance with applicable federal, state and local laws and regulations, including confidentiality requirements of the [Americans with Disabilities Act \(ADA\)](#) and Family Educational Rights and Privacy Act (FERPA).
2. Schools must close off areas that are heavily used by the individual with the test-confirmed case (student, teacher, or staff) until the non-porous surfaces in those areas can be disinfected, unless more than 7 days have already passed since that person was on campus.
3. Consistent with school notification requirements for other communicable diseases, and consistent with legal confidentiality requirements, schools must notify all teachers, staff, and families of all students in a school if a test-confirmed COVID-19 case is identified among students, teachers or staff who participate on any on campus activities.
4. Upon receipt of information that any teacher, staff member, student, or visitor at a school is test-confirmed to have COVID-19, the school must submit a report to the Texas Department of State Health Services via an [online form](#). The report must be submitted each Monday for the prior seven days (Monday-Sunday).

MITIGATE: Practices to Mitigate the Likelihood of COVID-19 Spread Inside the School

Operational Considerations:

Health and Hygiene Practices: General

1. Schools should attempt to have hand sanitizer and/or hand washing stations with soap and water at each entrance. They should also attempt to provide hand sanitizer and/or hand washing stations with soap and water in every classroom.
2. Students, teachers, staff, and campus visitors should be encouraged to sanitize and/or wash hands frequently.
 - School systems are encouraged to have students engage in supervised handwashing for at least 20 seconds at least two times each day, in addition to being encouraged to wash hands after using the restroom and before eating.
 - School systems are encouraged to teach students good handwashing techniques.
 - Students, teachers, staff, and campus visitors should be encouraged to cover coughs and sneezes with a tissue, and if not available, covered in their elbows. Used tissues should be thrown in the trash, hands should be washed immediately with soap and water for at least 20 seconds, or hand sanitizer should be used.
3. Campuses should institute more frequent cleaning practices, including additional cleaning by janitorial staff
 - Schools should arrange for additional cleaning and disinfecting of surfaces that are touched in common throughout the day. This would include objects such as door

- handles, common tables/desks, shared supplies such as art supplies, and high touch devices such as shared laptops or tablets.
- Schools should arrange for cleaning of commonly-touched surfaces in classrooms between different class groups, if the same room will be used by multiple class groups.
 - The CDC has provided [guidance on cleaning community buildings](#) to prevent COVID-19 spread.
 - Schools should ensure these products are stored safely, including storing harmful products where children cannot access them, and ensuring that harmful cleaning products are not used near children.
4. Whenever possible, schools should open windows or otherwise work to improve air flow by allowing outside air to circulate in the building.
 5. If a building has remained dormant for an extended period, we recommend you review [CDC guidance on maintaining water system safety](#) when buildings are unused for extended periods of time, and apply this guidance as appropriate.
 6. The CDC provides a range of [printed resources](#) such as posters that promote protective measures and can serve as helpful reminders of best practices. Schools may use these or may create their own reminders.
 7. On the first day a student attends school on campus, school systems must provide instruction to students on appropriate hygiene practices and other mitigation practices adopted in the local school system.

Health and Hygiene Practices: Masks

1. For the purposes of this document, masks include non-medical and medical grade disposable face masks and cloth face coverings (over the nose and mouth). Full-face shields may be used in place of a mask to protect eyes, nose, and mouth whenever a mask is not feasible or whenever the education context may benefit from the ability to see an individual's full face.
2. Schools are required to comply with the governor's executive order regarding the wearing of masks.
3. In addition to the executive order, school systems may require the use of masks or face shields for adults or students for whom it is developmentally appropriate.
4. It may be impractical for students to wear masks or face shields while participating in some non-UIL athletic or other extracurricular activities. When it is impractical for students to wear masks or face shields during those activities, schools must require students, teachers, staff, and visitors to wear masks or face shields when entering and exiting facilities and practice areas and when not actively engaging in those activities. Schools may, for example, allow students who are actively exercising to remove masks or face shields, as long as they maintain at least six feet of distance from other students, teachers, and staff who are not wearing masks or face shields. However, schools must require students, teachers, and staff to wear masks or face shields as they arrange themselves in positions that will allow them to maintain safe distancing.

Student-Teacher Groupings

Where feasible without disrupting the educational experience, encourage students to practice social distancing.

1. In classroom spaces that allow it, consider placing student desks a minimum of six feet apart when possible.
2. In classrooms where students are regularly within six feet of one another, schools should plan for more frequent hand washing and/or hand sanitizing and should consider whether increased airflow from the outdoors is possible.

Use of Non-Classroom Spaces

1. When feasible and appropriate (for example, in physical education classes as weather permits), it is preferable for students to gather outside, rather than inside, because of likely reduced risk of virus spread outdoors.
2. Schools may continue to offer extracurricular activities, at their discretion and consistent with the guidance in this document, for non-UIL extracurricular activities and with the guidance found on the UIL website for all UIL activities.
3. As is the case in typical years, school systems with policies that allow it may open facilities to the public. Operation of the facilities should be done consistent with the governor's executive orders for similar activities.
4. Campuses must plan for entry, exit, and transition procedures that reduce large group gatherings (of students and/or adults) in close proximity. Consider staggering school start and end times, assigning students to entries to ensure even distribution of students entering/exiting at each door, providing guidance to students to enter one at a time and wait six feet apart outside the entrance, and, where appropriate, encouraging parents to remain outside during drop-off and pick-up.
5. Depending upon local conditions, school systems should consider eliminating assemblies and other activities that bring large groupings of students and/or teachers and staff together.
6. Consider adding dividers between bathroom sinks, especially when students cannot be at least six feet apart while using the sinks.
7. School systems should consider practices that reduce the likelihood that students meet the close contact definition (defined below) at lunch. This could include having students eat lunch at their desks or outside. It could include the use of seats that are spaced at least 6 feet apart. It could include the use of dividers on cafeteria tables if they can serve the purpose of shielding the students from respiratory droplets with which they might otherwise come into contact. For meal service itself, consider individually plated meals with disposable food service items for students who do not bring their own lunch.

Transportation Recommendations

1. School systems should consider requiring students and staff to use hand sanitizer upon boarding the bus.
2. When possible, schools should open windows to allow outside air to circulate in the bus.
3. School systems should encourage families to drop students off, or walk with their student to school to reduce possible virus exposure on buses.
4. Buses should be thoroughly cleaned after each bus trip, focusing on high-touch surfaces such as bus seats, steering wheels, knobs, and door handles. During cleaning, open windows to allow for additional ventilation and air flow.

Visits to Schools

- Parents and other adults can visit schools, as permitted by local school system policies. During these visits, parents and other visitors must follow virus prevention and mitigation requirements of the school.
- Schools systems should restrict visits in schools to only those essential to school operations.

Staffing

1. Employees of school systems, like employees of any organization, must continue to meet the work expectations set by their employers, subject to any applicable employment contract terms or legal requirements. However, school systems should work with teachers and other staff to ensure the safety of students, teachers, and staff. This could include allowing those staff, including teachers, who may fulfill their work duties remotely to do so. It could include modification of schedules to ensure, where feasible, that staff members, including teachers, interact with smaller and/or more consistent cohorts of individuals to further mitigate risk. In addition, teachers and staff who are in high risk categories may be entitled to paid leave under the federal [Families First Coronavirus Response Act \(FFCRA\)](#) in addition to leave already accrued.
2. School teachers and staff should be trained specifically on the protocols outlined in this document and the practices adopted by their school system. Additionally, while not developed with this exact guidance in mind, Texas Agri-Life Extension offers a free online course on [Special Considerations for Infection Control During COVID-19](#) (2hrs). This course is intended for frontline childcare workers, but the principles of the course apply equally to those working in school settings.
3. School systems should attempt to reduce in-person staff meetings or other opportunities for adults to congregate in close settings. When those meetings are necessary and cannot be done via electronic means, everyone must follow the mask protocols in this guidance, remain at least 6 feet apart where feasible, consider the use of dividers, and consider whether increased airflow from the outdoors is possible in those settings.

COVID-19 Symptoms

In evaluating whether an individual has symptoms consistent with COVID-19, consider the following question:

Have they recently begun experiencing any of the following in a way that is not normal for them?

- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Chills
- Sore throat
- Congestion or runny nose

- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

Close Contact

This document refers to “close contact” with an individual who is test-confirmed to have COVID-19. The definition of close contact is evolving with our understanding of COVID-19, and individual scenarios should be determined by an appropriate public health agency. In general, close contact is defined as:

- a. being directly exposed to infectious secretions (e.g., being coughed on); or
- b. being within 6 feet for a total of approximately 15 minutes throughout the course of a day ; however, additional factors like case/contact masking (i.e., both the infectious individual and the potential close contact have been consistently and properly masked), ventilation, presence of dividers, and case symptomology may affect this determination.

Either (a) or (b) defines close contact if it occurred during the infectious period of the case, defined as two days prior to symptom onset to 10 days after symptom onset. In the case of asymptomatic individuals who are test-confirmed with COVID-19, the infectious period is defined as two days prior to the confirming test and continuing for 10 days following the confirming test.

Screening Questionnaire Information

4. When asking individuals if they have symptoms for COVID-19, school systems must only require the individual to provide a “Yes” or “No” to the overall statement that they are symptomatic for COVID-19, as opposed to asking the individual for specific symptom confirmation. School systems are not entitled to collect information during screening on the specific health information of an individual beyond that they are symptomatic.
5. Once it is determined that individuals who responded “Yes” to either of these questions have met the criteria for re-entry, school systems must destroy those individuals’ responses.

¹ <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

² Within sections that primarily contain requirements, there are some recommended practices (indicated with “should”). Likewise, within sections that primarily contain recommendations, there are some required practices (indicated with “must”).